CHAPTER – IV

DATA ANALYSIS

4.1.0 Introduction

'Data analysis' is a means of tabulation or arrangement of raw data/ information into meaningful order in order to determine the inherent facts or meanings from such data/information. Data analysis is the proper method or strategy through which the results of a study can be presented to its readers/ clients. It involves breaking down the existing gathered complex factors/ data/ information into simpler parts, and putting/arranging the parts together for the purpose of interpretation.

The main aim of this chapter is to present the results of the present study. Data analysis is a careful procedure in which the researcher has to be very much alert and cautious. While analyzing the data, the researcher must judge the pros and cons of the study. Since present piece of study is a documentary-cum-survey type of study, so the researcher has analyzed and interpreted the data of the present study with the help of both qualitative and quantitative methods of data analysis according to the objectives of the study. The data of the present study have been analyzed and interpreted under the following five broad headings:

1) Identification of the Different Categories of Special Group Children Who Need to be cared at Pre-school Level.
2) Study of the Rehabilitation Mechanisms for Special Group Children under ICDS Projects.
3) Comparison of the Attitude of ICDS Functionaries (CDPOs, Supervisors and Anganwadi Workers) and Parents towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects.
4) Study of the Role and Functions of NIPCCD in the Context of Rehabilitation of Special Group Children.
5) Study of the Role and Functions and Policies of Different Ministries (MHRD, MSJE and MWCD) in the Context of Rehabilitation of Special Group Children at Pre-school Level.

4.2.0 Data Analysis and Interpretation

The details of the data analysis and interpretation are given below:

4.2.1 Identification of the Different Categories of Special Group Children Who Need to be Cared at Pre-school Level

Special group children are those children who are abnormal or beyond normal (either below normal or above normal) or have sub-average psycho-physiological development that requires special care, attention as well as treatment to cope up with

the changing society. The term 'special group children' refers to those children who are diagnosed and identified as mentally retarded, hard-of-hearing, deaf, speech impaired, visually impaired, emotionally disturbed, orthopedically handicapped, deaf-blind, multiple handicapped etc. This group of children needs special care, rehabilitation, education and other related services. The different categories of special group children who need to be cared and rehabilitated at pre-school level are discussed below:

A) Physically Challenged Children: Developmental problems that interfere in normal living like walking, sitting, lifting or other body movement/coordination etc., are considered as physical impairment. Physically challenged children are those who have some kind of deformity or defect of body structure such as problem of joints/bones, muscles etc., that adversely affect their normal body functions. In other words, the physical challenges or physical disabilities refers to conditions that interfere with normal functioning of bones, joints, muscles etc., which require some kind of medical as well as therapeutical rehabilitation services for smooth functioning and easy movement. The common physically challenged children are: orthopedically handicapped and cerebral palsy. A brief description regarding orthopedically handicapped and cerebral palsy is given below:

a) *Orthopedically Handicapped/ Locomotor Disability*: Orthopedically handicapped or locomotor disability is a condition of physical impairment characterized by deformities of fingers, legs, bones, joints or muscles leading to substantial restriction of the movement and motor coordination. Orthopedically handicapped means a severe orthopedic impairment that adversely interferes the motor activity, educational performance, and social participation and interaction of a child. Children with orthopedically handicapped/locomotor disability are categorized from mild to profound, depending on their degree of impairments.

b) *Cerebral Palsy:* Cerebral palsy is one of the most prevalent physical impairments found in children. It is a motor impairment caused by brain damage or abnormal brain growth that leads to a variety of disorders of movement and posture. Children with cerebral palsy have disturbances of voluntary motor functions which may include paralysis, extreme weakness, problems of coordination, involuntary convulsions and other motor disorders. Children with severe cerebral palsy may not have control over their arms, legs, speech and even head also. Cerebral palsy varies in severity and type. The common types of cerebral palsy are: spasticity, hypotonocity, athetosis, ataxia, diplegia, hemiplegia, paraplegia etc.

It is an urgent need to facilitate early diagnosis and identification throughout the developmental period of the children with physical challenges for their intervention and prevention. Compared to other disabled children like hearing impaired, learning

disabled, emotional disordered etc., it is very easy to diagnose and identify children with physical challenges because most of the disabilities are visible/apparent. Identification of physically challenged children can be done with the help of scientific process of screening/behavioural checklists at home, Anganwadi centers, schools, health centers, rehabilitation centers etc., by the parents, pre-school teachers, pediatricians and care takers.

The behavioural characteristics that the physically challenged children possess are:

- The child is not able to raise both the arms fully without any difficulty,
- The child is not able to grasp objects without any difficulty,
- The child has a difficulty in walking,
- The child has poor motor coordination/control,
- The child falls frequently,
- The child manifests pain while doing physical exercise,
- The child faces difficulty in sitting, standing, lifting things etc.,
- The child manifests jerks while walking etc.

Indeed, it is very important to have a system/procedure from pre-school onwards to ensure that children with physical disabilities are identified and appropriate rehabilitation services as well as educational supports are provided for them. As such, the optimal approach is to provide assistance as early as possible for the identification of the children who are physically challenged. After identification, appropriate intervention would be provided for the physically challenged children in their life. In order to be victorious in the struggle of life, physically challenged children require special care, rehabilitation, education and other support services at home, school and society from early age. They basically require mobility trainings and supportive devices/aids such as special wheel chairs (i.e., motorized, computerized, race wheel chair), tricycle etc., through which they can move independently. However, someone may require artificial limbs or electrical walking machines for walking and movement.

Systems for early identification and assessment are needed throughout early life/early years of the children. In this regard, parents and/or classroom teachers need to be aware of the symptoms of difficulties that a child is encountering due to physical abnormalities. Parents as well as care givers sincerely and minutely need to observe the behaviours of such children and try to understand their difficulties. For this purpose, specialized assessment is required for formal diagnosis and identification of physically challenged children who need to be cared at pre-school level.

B) Sensory Impaired Children: Sense organs are the gateway of acquisition of knowledge and learning. We learn/experience and receive information almost everything about ourselves and the world through a complex sensory system, and every aspect of development such as cognitive, motor, emotional, social etc., largely

depends on this system of good functioning. Sensory impairment refers to a condition of loss/defect of sense organs which affects the ability to understand the environment accurately. Sensory impaired children are those who have defect or impairment in sense organs (i.e., eye, ear, tounge or speech, hearing etc.) that adversely affect their day-to-day activities. There are many categories of sensory impairment and among them the most serious and prevalent are hearing and vision losses. Here is given a brief note about the different categories of sensory impairments:

a) Visually Impaired Children: Visual impairment refers to a condition of vision loss or inability to see within normal limits. Visually impaired children are those who have significant impairment of vision acuity or inability to see within normal limits that has adverse effect in every walk of their life. However, vision losses vary as to cause, type and severity. Children with visual impairment can be classified into three categories viz., functionally blind, low vision and total blindness. These categories are discussed below:

i) *Functionally Blind Children*: Functionally blind children are those whose vision loss is severe enough that it is not possible on their part to read print materials. Due to severe vision loss, they use Braille method for reading and writing and other devices in the form of touch or sounds.

ii) *Low Vision Children*: The low vision children are those whose visual acuity is between 20/200 and 20/70 (i.e., impairment of vision is less than 6/18 to 6/60) in the better eye with correcting lenses. In other words, low vision children are those who have some remaining useful vision and can use Braille and other visual devices like eye glasses, lenses etc., as part of the educational programmes.

iii) *Total Blindness*: Total blindness is the inability to distinguish between light and dark. It is a condition where a person suffers from any of these conditions namely: (i) total absence of sight or (ii) visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses, (iii) limitation of the field vision subtending an angle of 20 degree or worse. The totally blind children completely depend on tactual and auditory sensory devices for adjustment with the environment.

The visually impaired children confront many problems in their day-to-day life cycle. Vision loss results in poor intelligence, poor academic achievement, poor personality and problems of social adjustment. Moreover, visual impairment adversely hinders cognitive development, motor development, language development and social development. Consequently, children with visual impairment face difficulty to cope up with the changing society and they suffer from anxiety, insecurity, depression and other psycho-physical problems.

Hence, it is very important to assess and identify the children with visual impairment accurately as early as possible for cure, prevention, intervention and rehabilitation. Total blindness can easily be recognized, but partial vision losses are more difficult to recognize and hence require a comprehensive assessment to identify the partially blind children. The Snellen chart, photo screening, behavioural checklist etc., are widely used for identifying the children with visual impairment for prevention and intervention. Also, many children with visual impairments are identified through routine screening at home, pre-schools and in child care centers by the parents as well as care givers.

b) Hearing Impaired Children: Hearing impairment is another serious sensory disability that adversely affects the development of language skills, cognitive power, emotional traits and social skills of the children. Hearing impaired children refers to the children who have loss or reduction of hearing ability of 60 decibel (dB) or more in the better ear in the conversional range of frequencies. In other words, children with hearing impairment include those who experience a significant loss in hearing, even if they use hearing aids. Hearing impairment is also called hardness of hearing or hearing loss. Hearing losses are categorized in various ways through various kinds of assessments like screening, testing, medicating etc., and accordingly children with hearing loss may be broadly classified into two categories: deafness and hard-of-hearing. A brief description of these categories is given below:

i) *Deafness*: Deafness refers to a hearing loss so severe that the individual cannot process spoken language even with amplification devices. In other words, deafness means a hearing loss to the extent that hearing cannot be used for the purpose of normal life of an individual. Again, deafness is categorized into two types: the congenitally deaf- those who are born as deaf; and the adventitiously deaf- those who are born with normal hearing but sense of hearing became non-functional later through illness or accident. So, it can be generalized that deafness is a profound hearing loss, in which children are unable to perceive sounds in the environment with or without hearing aids and also unable to use hearing as a way to gain information.

ii) *Hard-of-hearing*: Hard-of-hearing refers to a lesser hearing loss, where hearing is functional, although defective. This type of impairment may or may not require some special adaptations and hearing aids. In other words, hard-of-hearing means hearing loss where sufficient residual hearing is there through which one can/ may comprehend others' speech and oral communication.

Notably, hearing impairment is one of the most common disabilities present at the time of birth, and it is very difficult to detect it during the period of infancy; but it can be detected after the age of 3 years very easily. All hearing losses are serious and have more or less negative effects on children's cognitive, speech, social, emotional

and language development. Many children with moderate to severe hearing loss are educationally delayed, socially isolated and cognitively backward. Hence, early identification and intervention is very essential for preventing the defects of hearing impaired children, because early diagnosis/identification and appropriate treatment can minimize the negative effects of hearing loss on all aspects of a child's development. Above all, early identification and appropriate treatment can prevent further disabilities in speech, language, affective and cognitive aspects in the child's development.

C) Speech Impaired Children: Speech impairment is a condition wherein the child/person is incapable of properly pronouncing and speaking of any word. Speech impaired children refers to those children who have communication disorders such as deviant articulation, fluency, language, voice, and/or comprehension (verbal/oral) etc., which impedes the acquisition of basic cognitive and affective skills that has adverse effect on a child's educational performance. In fact, speech impairment can be classified into four major categories such as- language impairments, articulation impairment, voice impairment and fluency impairment. Here is given a brief account of the different categories of speech impairments:

a) *Language Impairments*: Language impairments are disorders of language that interfere with communication; adversely affect performance and/or functioning in the student's typical learning environment. Language impairment is defined as a disorder in one or more of the basic learning processes involved in understanding or in using spoken or written language. It is a significant deficiency of pronunciation and expression of language and a common communication disorder that includes:
    - a deficiency in receptive language skills to gain information
    - a deficiency in expressive language skills to communicate information
    - a deficiency in processing (auditory perception) skills to organize information

   The language impairments may manifest significant difficulties which affect listening, comprehension, oral expression, social interaction, reading, writing, spelling etc.

b) *Articulation Impairment*: Articulation impairment is a deficiency in the ability to produce sounds in conversational speech. It is the typical production of speech sounds that may interfere with the intelligibility. Articulation impairments are characterized by omission, distortion, substitution, addition and/or incorrect sequencing of speech sounds.

c) *Voice Impairment*: Voice impairment is an excessive and/or significant deficiency characterized by the abnormal production of vocal quality, pitch, intensity, loudness, resonance, and/or duration resulting from pathological conditions or inappropriate use of the vocal mechanism.

d) *Fluency Impairment*: Fluency impairment is an abnormal interruption in the flow of speech and rhythm characterized by repetitions or prolongation of sounds, syllables, words, phrases and sentences that interfere with effective communication.

It is widely recognized that children with speech impairment confront with a number of difficulties in the way of communication and adjustment with others. They are unable to express their heartiest feelings and affections with others satisfactorily. The speech and language problems also accompany other developmental disorders. Therefore, it is very essential to facilitate early identification and intervention to speech impaired children as early as possible. But it is not an easy task and this requires active involvement of parents, caregivers, audiologists, neurologists, electro-physiologists, pathologists, nurses and social workers in the process of conducting diagnostic assessment. Speech-language delays and disorders may occur due to variety of causes. Early detection, intervention and treatment can prevent the communication problems of speech impaired children, and also helps to develop comprehension and expression skills, social interaction and academic performance.

D) Mentally Challenged Children: Mentally challenged is a cognitive problem manifested during the developmental period of a child. It is a condition whereby a child's intelligence and adaptability are significantly below the average level of his/her peers. Mentally challenged children refers to the children having cognitive limitations or lower mental ability/capacity characterized by sub-average intellectual function combined with limitations relating to adaptive behaviours/skills such as self-care, social skills, communication and functional academics. The terminology 'mentally challenged' is also known by many other related terms like 'feeble-minded', 'moron', 'imbecile', 'mentally deficient', 'mentally retarded', 'mentally sub-normal', 'mentally sub-average' etc., all these terms by and large convey the same meaning and idea. Mentally challenged children are classified on the basis of physical dimensions, degree of retardation, degree of dependency, rate of learning etc. On the basis of degree of retardation, psychologists have classified the mentally challenged children/people in these categories: mild (IQ: 50-70), moderate (IQ: 35-55), severe (IQ: 20-40) and profound (below 20 IQ). Again, on the basis of degree of educational ability and dependency, sociologists have classified the mentally challenged children into three broad categories viz., educable mentally retarded, trainable mentally retarded and custodial mentally retarded. A brief note on the above mentioned categories (on the basis of educational ability and dependency) is given below:

a) *Educable Mentally Retarded (EMR)*: Children with mild mental retardation are considered as educable mentally retarded because their intellectual ability remain below the average level (IQ: 50-75) of normal children. The programmes for EMR children generally focus on giving basic academic

skills like reading, writing, arithmetic, language and vocational training etc. These basic skills are taught to prepare the EMR children for independent living and adjustment with the changing society.

b) *Trainable Mentally Retarded (TMR)*: The trainable mentally retarded children are those who are unable to learn the basic academic skills of reading, writing, arithmetic etc., but they can be trained the basic self-help skills such as brushing, bathing, dressing/clothing, eating, toileting etc., for daily living and survival. The TMR children generally focus on the development of self-care skills necessary for communication. The IQ of TMR children ranges around 35-55, and their motor development is very slow during infancy and childhood period.

c) *Custodial Mentally Retarded (CMR)*: Children with severe and profound mental retardation come under the category of custodial mentally retarded children because their intellectual level is extremely low i.e., less than 20 IQ. They are unable to learn the basic academic as well as self-care skills but are totally dependent on others for survival.

Mentally challenged children encounter many difficulties in their day-to-day life. They basically face problems of adjustment in terms of social interaction, educational setting etc. Therefore, it is very important to identify the mentally challenged children from very early age, and facilitate them with appropriate intervention and treatment for the prevention of their disability. Parents, caregivers, pediatricians, neurologists and social workers need to participate actively in the process of assessment and observation for minimizing the degree of retardation among the mentally challenged children.

E) Children with Learning Disabilities: Learning disabilities means disorder and/or delayed development in the psycho-cognitive dimension that affects in the process of acquisition of speech, language, reading, writing, arithmetic etc. Children with learning disabilities are those who have difficulty in learning and performing certain skills/tasks such as reading, writing, listening, speaking, reasoning, directing attention, doing mathematical calculations and coordinating movements. Learning disabilities are extremely varied and complex, which include specific difficulties in learning to read, write, calculate and comprehend. Furthermore, learning disability refers to a disorder in the psychological processes related to understanding and use of language. It is sometimes possibly neurological in origin and manifests itself in poor academic achievement on specific task. There are many categories of learning disabilities, but the common types of learning disabilities are: dyslexia, dyscalculia, dysgraphia, dyspraxia, and attention deficit hyperactivity disorder. A brief account of these learning disabilities is given below:

a) *Dyslexia*: Dyslexia is a language-based disability in which a person has trouble in understanding words, sentences or paragraphs. The problem of

dyslexia affects a person's ability to acquire, process, and/or use spoken, written or non-verbal information (organization/planning, functional literacy skills, memory, reasoning, problem solving, perceptual skills etc.).

b) *Dyscalculia*: Dyscalculia is another learning disability which is concerned with specific computational deficits like problem in addition, subtraction, multiplication etc. In other words, dyscalculia means difficulty with arithmetical calculations.

c) *Dyspraxia*: Dyspraxia is a developmental disorder of the brain in childhood, causing difficulty in activities requiring coordination and movement related to motor skill development. It is the inability to motor plan, to make an appropriate body response. Besides, children with dyspraxia have trouble in planning and completing fine motor tasks.

d) *Dysgraphia*: Dysgraphia is a writing disability in which a child faces difficulty in forming letters or writes within a defined space. It is the difficulty with the act of writing both in the technical as well as the expressive terms. There may also be difficulty in spelling.

e) *Attention Deficit Hyperactivity Disorder (ADHD)*: It is another most serious learning disability that is concerned with hyperactivity, distractibility and impulsivity characterized by short attention span accompanied by excessive activity. Children with ADHD can manifest several signs of being consistently inattentive and experience serious consequences which include poor self-esteem, academic failure, poor social skills and interpersonal interactions.

In fact, children with learning disabilities face enormous difficulties in the socio-emotional as well as psychological domains of life. They are seen normal in their daily living activities, but exhibit remarkable problems in academic performances. In order to prevent the disabilities confronted by learning disabled children, early identification and appropriate intervention is very essential. Accordingly, identification procedures should include assessment of learning environment and observation of learner's behaviour with the help of parents/guardians, pre-school teachers, professionals and psychologists, which in turn will produce accurate diagnostic results.

F) Behavioural Disordered Children: The term 'behavioural disorder' connotes a disability characterized by behavioural responses that are significantly different in terms of age, ethnic, cultural or community norms. Behavioural disordered children are those who exhibit extremely difficult and challenging behaviuors that are outside the norm for their age which adversely affect educational performances of children including social, vocational and personal skills. The causes of behavioural disorders are of biological, psychological, social, educational, organizational, political, economical etc., or combination of two or more of these factors. Behaviour

difficulties often arise out of the frustrations that young children experience while trying to master basic developmental skills such as learning to eat, dress, using toilet etc. There are two main types of behevioural disorder i.e., oppositional defiant disorder and conduct disorder. A brief account of the above mentioned types of behavioural disorder is given below

a) *Oppositional Behaviour Disorder*: Oppositional behaviour disorder is a type of behaviour problem in which children are openly hostile, uncooperative and irritable. The behaviour of such children always exhibit anger and are malicious towards others. They often do things intentionally to irritate others. Most of their hostile behaviour is directed towards people who try to control/ rectify them. But they also sometimes show the same attitude/behaviour towards their siblings and peers.
b) *Conduct Disorder*: Conduct disorder is another serious behaviour problem. Children with conduct disorder are aggressive all the time that causes problem for them and others. They often lie, try to harm others and even frequently skip school. It is a serious psychiatric disorder that requires professional help as well as care and affection of parents and peers.

Hence, diagnosis and identification of behavioural disordered children is crucial for their mainstreaming. Parents, family members, community as well as rehabilitation professionals should be aware of the emotional as well as behavioural aspects of the children and accordingly due care should be given for better adjustment.

G) Autism Spectrum Disordered (ASD) Children: Autism spectrum disorder refers to a group of childhood disabilities usually evident by the age of 3 years. It includes autistic disorder (autism), asperger's syndrome and childhood disintegrative disorder. Autism spectrum disordered children are those who have a lifelong developmental disability and nuerological problems characterized by difficulties in social interaction, communication, restricted and repetitive interests/behaviours and sensory sensitivities. These behaviours often manifest in an intense and focused interest on a particular subject matter; a stereotyped body movements like hand flapping and spinning; and an unusual and heightened sensitivity to everyday sounds or textures. Autism spectrum disorders range from a mild form (called asperger's syndrome) to severe form (called autism). It can be reliably diagnosed in most children attaining the age of 3 years. The autism spectrum disorders are classified into two broad categories i.e., autism and asperger's syndrome. A brief description of these two types of ASD is given below:

a) *Autism*: Autism is the most severe form of ASD that appears during the beginning of early childhood period. It is a complex neuro-behavioural disorder that includes impairments in social interaction and development of language and communication skills combined with rigid and repetitive behaviours. It is a condition of uneven skill development primarily affecting

the communication and social abilities of a child, marked by repetitive and ritualistic behaviours. Children with autism exhibit a moderate to severe range of communication, socialization and behavioural problems.

b) *Asperger's Syndrome*: This is a developmental disorder of autism spectrum disorder characterized by lack of social skills, difficulty in social relationships, poor concentration and restricted interests, but with normal intelligence and adequate language skills.

Children with autism spectrum disorders experience variety of difficulties with social interaction interrupted in almost every aspect of life cycle and exhibit unusual verbal and non-verbal communication. It can also affect the smooth functioning and development of the brain, and can have different impact upon the children. Hence, early identification and intervention is needed as early as possible, which is very difficult due to its complexity. The quality of life for many children with ASD can be significantly improved by an early diagnosis and providing appropriate treatment, care, education and a variety of services aiming at meeting the specific needs of each child.

H) Children with Multiple Disabilities: Multiple disabilities refer to a combination of two or more impairments or children having more than one disability. In other words, children with multiple disabilities have a combination of various disabilities or concomitant impairments such as cerebral palsy, severe autism, speech-learning, physio-mobility, mental retardation-blindness, visual-hearing, brain injury etc. These children may exhibit weakness in auditory processing, speech limitations, attaining and remembering skills etc. It is noteworthy that the term 'deaf-blindness' does not come under the fold of multiple disabilities.

Hence, children with multiple disabilities need to be identified and cared at early stage of life. For that, a team of competent caregivers including parents, medical personnel, psychologists, teachers and social workers should give need-based rehabilitation services like medication, therapeutic measures, psychological supports, social interaction, affectional supports and possibly other positive supports for the welfare and quality life of the children with multiple disabilities.

4.2.2 Study of the Rehabilitation Mechanisms for Special Group Children under ICDS Projects

Number of Special Group Children in Anganwadi Centres and their Category of Deficiency: The present study was conducted in 36 ICDS projects of Assam, out of which 12 ICDS projects were from Upper Assam (i.e., 4 ICDS projects were from Dibrugarh district, 4 ICDS projects were from Sivasagar district, and the rest 4 ICDS projects were from Golaghat district), 12 ICDS projects were from Lower Assam (i.e., 4 ICDS projects were from Kamrup rural district, 4 ICDS projects were from Goalpara district, and the remaining 4 ICDS projects were from

Dhubri district) and the rest 12 ICDS projects were from South Assam (i.e., 4 ICDS projects were from Cachar district, 4 ICDS projects were from Karimganj district, and the rest 4 ICDS projects were from Hailakandi district). Further, from the 36 ICDS projects, total 108 Anganwadi Centres (three from each ICDS project) were selected for the study. Furthermore, 36 AWCs under 36 ICDS projects were taken which have special group children. In the 36 Anganwadi Centres, total 1581 pre-school children were found. Out of these 1581 pre-school children, 417 children were from 12 AWCs under the 12 ICDS projects of Upper Assam, 617 children were from 12 AWCs under the 12 ICDS projects of Lower Assam, and 547 children were from 12 AWCs under the 12 ICDS projects of South Assam. Out of total 1581 pre-school children, 75 children were found as special group children. Out of these 75 special group children, 24 children belong to 12 AWCs under the 12 ICDS projects of Upper Assam, 26 children belong to 12 AWCs under the 12 ICDS projects of Lower Assam, and 25 children belong to 12 AWCs under the 12 ICDS projects of South Assam. Out of total 75 special group children, maximum number of children was found in the category of orthopedically handicapped i.e., 23 and this is followed by 11 speech impaired children, 11 visual impaired children, 8 mentally retarded children, 7 hearing impaired children, 7 multiple handicapped children, 3 children with mental illness, 2 children with cerebral palsy and 3 learning disabled children.

Personnel Involved to Take Care of the Heath Problems of Special Group Children in case of their Emergency: The respondents of 16 AWCs stated that Anganwadi workers (AWWs), doctors/medical officers, health supervisors, Auxiliary Nurse of Midwife (ANM), Accredited Social Health Activist (ASHA) workers, Multipurpose health workers (MPWs), community/local people and NGO workers are generally involved to take care of the health problems of special group children in case of their emergency. The respondents of 14 AWCs stated that Anganwadi workers and doctors are generally involved to take care of health problems of special group children in case of their emergency. The respondents of 6 AWCs stated that only Anganwadi workers and Anganwadi helpers are involved to take care of the health problems of the special group children in case of their emergency. Hence, it is summarized from the responses of the respondents that the personnel like health officers, doctors, health supervisors, Anganwadi workers, ANM, ASHA, Anganwadi helpers, community/local people, NGO workers and other health service providers are generally involved to take care of the health problems of special group children in case of their emergency.

Special Health Related Facilities available in Anganwadi Centres for Special Group Children: The respondents of 19 AWCs stated that they generally use Mother and Child Protection (MCP) card, screening checklist and behavioural checklist for the identification and detection of developmental delays and other impairments in children. The respondents of 17 AWCs stated that they make in-

depth/thorough observation of behaviours of the children and apply case study method to diagnose and identify the special group children. Further, the respondents of all the 36 AWCs said that when they cannot confirm the category of special group children then they refer such suspected children to doctors/health officers or to nearby public health centres/community health centres for the confirmation of the categories of disability. Hence, it is summarized from the responses of the respondents that Mother and Child Protection (MCP) card, screening checklist, behavioural checklist, case study technique, observation method etc., are used for screening and identification of special group children in AWCs.

The respondents of all the 36 AWCs stated that they organize regular health check-up campaign to check-up the health condition/status of all children including special group children. The respondents of 26 AWCs stated that they check-up the health condition of the special group children with the help of health visitors/health supervisors, multipurpose health workers (MPWs), ANM and ASHA workers at least once in every month. The respondents of 10 AWCs stated that they check-up the health of the special group children twice in every month. The health workers such as ANM, MPWs, ASHA, health supervisors etc., generally check-up/measure the weight, blood pressure, fever, heart pulse and overall health condition of the special group children. Further, the respondents of all the 36 AWCs stated that each Anganwadi centre keeps a medicine kit for first-aid service with basic medicines for common diseases like- fever, cold, cough, diarrhea, worms, skin and eye infections etc., which they dispense regularly when required. And, accordingly they provide basic treatment facility to the special group children. Hence, it is summarized from the responses of the respondents that regular health check-up facility is available in the AWCs for special group children. For health check-up and treatment of special group children in AWCs, the health officers/health supervisors, ASHA, ANM, MPWs, AWWs and AWHs are generally involved.

The respondents of all the 36 AWCs stated that they have the provision of proper immunization and nutrition facility for all children including the special group children. The respondents of 20 AWCs stated that multi-purpose health workers, health visitors/health supervisors, ANM and Anganwadi workers give regular immunization in the six vaccine preventable diseases such as poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles. The respondents of 16 AWCs stated that AWWs, health supervisors, Anganwadi helpers and ASHA workers provide immunization to the special group children. Because, immunization helps in preventing the child mortality, disability, morbidity and other related malnutrition. Further, all the respondents of 36 AWCs said that they provide nutrition facility to the special group children, which includes ‘Hot Cooked Meal’ in the form of mix vegetable khichiddi, payash, rice with egg curry etc. The respondents of all the 36 AWCs also stated that they give morning snacks containing milk, banana, boiled egg, seasonal fruits, dry fruits and micronutrient fortified foods etc., as nutrition to all

children including the special group children in order to overcome their vitamin deficiency. Hence, it is summarized from the responses of the respondents that proper immunization and nutrition facilities are available in the AWCs for all children including special group children which are provided by the health workers and Anganwadi workers.

The respondents of all the 36 AWCs stated that they have the provision of parent-doctor consultation facility in their AWCs. The respondents of 23 AWCs said that the parent-doctor consultation programme is held regularly once in every month in their AWCs. The respondents of 13 AWCs stated that they organize parent-doctor consultation programme when they get time that means not regularly. Further, the respondents of all the 36 AWCs said that the health visitors/ health supervisors/ doctors pay regular visits to the Anganwadi centres and call/invite the parents of special group children at Anganwadi centres for the consultation about the health condition of their special group children. Hence, it is summarized from the responses of the respondents that regular parent-doctor consultation programme is held in the AWCs where doctors/ health visitors/ health supervisors and parents make open discussion regarding the health related issues of their (parents) special group children, and accordingly necessary suggestions are given to the parents for taking care of their special group children.

Special Teachers/Workers Appointed to take Care/Teach the Special Group Children: The respondents of all the 36 AWCs stated that special teachers/workers are not appointed in their Anganwadi centres to take care and teach/educate the special group children. The respondents said that they themselves provide education and rehabilitation services to the special group children with utmost care. The respondents of all the 36 AWCs stated that they face a number of difficulties/problems (communication problem, emotional problem, problem of adjustment etc.) to deal with the special group children. The respondents of all the 36 AWCs stated that they do not have experience/expertise on special education or issues of disability; and have not got any training and orientation in the field of disability, that is why they encounter various problems to deal with the special group children effectively. The respondents of all the 36 AWCs demanded/ appealed that they require special teachers/trained workers in their Anganwadi centres, who will understand the behaviour, nature, needs and demands, aspirations etc., of special group children easily, and accordingly they can deal with them effectively. Hence, it is summarized from the responses of the respondents that special teachers/workers are not appointed/ engaged in the AWCs to take care/ teach the special group children. It is demanded/ appealed by the respondents that the government or concerned authority should appoint the special teachers/workers in the AWCs to take care/teach the special group children in order to cater their multiple demands.

Special Qualification (or Certificate) of Teachers/ Workers of Anganwadi Centres to deal with Special Group Children: The respondents of all the 36 AWCs stated that they do not posses/have any special qualification (or certificate) to deal with the special group children. But, out of total respondents of 36 AWCs, the respondents of 7 AWCs said that they have been given training on the issues of disability/special education such as how to know the symptoms of disability, how to identify/detect the special group children/disabled children, how to deal with them, how to fulfill their needs and requirements etc. The respondents of all the 36 AWCs said that they need orientation and training in the field of disability and special education to deal with the special group children effectively. The respondents of all the AWCs also demanded that special teachers/trained workers should be engaged in AWCs by the concerned authority in order to deal with the special group children effectively. Further, the respondents of all the AWCs stated that due to lack of knowledge, experience and training in the field of disability, they face a number of problems to deal with the special group children. Hence, it is summarized from the responses of the respondents that the AWWs/teachers do not possess/ have any special qualification (or certificate) to deal with the special group children. It is demanded by the respondents that the government/ stakeholders should arrange/ organize training programmes and orientation courses in the area of special education/ issues of disability to sensitize the AWWs in order to deal with special group children efficiently.

Door-to-Door Campaign to Identify the Special Group Children and bring them to Anganwadi Centres: The respondents of all the 36 AWCs stated that they make door-to-door campaign or pay home visit to identify and detect the special group children. The respondents of 15 AWCs stated that they pay home visit/make door-to-door campaign twice in a month to identify and detect the special group children in their respective population areas. The respondents of 5 AWCs stated that they make home visit once in a month for the identification and detection of special group children. The respondents of 7 AWCs said that they pay home visit or make door-to-door campaign once in a weak to identify the special group children. The respondents of 4 AWCs stated that they make daily door-to-door campaign to detect and identify the special group children in their respective population areas. The respondents of 5 AWCs stated that they make door-to-door campaign when they get free time to identify and detect the special group children. The respondents of all the 36 AWCs stated that the special group children are generally referred to nearby PHC/CHC for confirmation of the categories of disabilities, and are accordingly provided treatment and rehabilitation services in order to prevent disability and overcome difficulties. The respondents of 9 the AWCs stated that some of the parents/guardians do not want to send their special group children to the Anganwadi centres. These respondents said that the parents claim that they do not get any special facility and package for the treatment and rehabilitation of their special needs

children in AWCs. The respondents of 3 AWCs stated that some parents feel ashamed and also hesitate to send their special needs children to the outside world. Parents want their special needs children to be confined within home boundary. Hence, it is summarized from the responses of the respondents that all the Anganwadi workers make door-to-door campaign/pay home visit to identify/detect the special group children in their respective population areas and also bring them to Anganwadi centres to take care, and provide rehabilitation services for their holistic development.

Type of Subjects/ Content Materials that Special Group Children Generally Learn/Study in Anganwadi Centres: The respondents of all the 36 AWCs stated that there is no provision of separate subjects/content materials for the education and rehabilitation of special group children. The same subjects/content materials are taught to all children including the special group children. The subjects/ content materials which are generally taught includes basic literary knowledge such as alphabets (English, Assamese and Bengali), basic numericals, poems, painting, drawing, concept of different colours, name of things (animals, flowers, fruits, vegetables etc.). Besides, different types of picture charts (animals, flowers, vegetables, fruits, historical monuments, human body parts etc.), picture books, counting balls, colour pencils, maps, puzzles, block designs etc., are also used to teach/educate all children including the special group children. The respondents of all the 36 AWCs said that the extra-curricular activities like indoor and outdoor games are also facilitated for all children including special group children for their all round development. The play equipments/materials which include different toys, models, pyramid ring, ball, ludo, puzzles etc., are generally provided for indoor-outdoor games. The respondents of all the 36 AWCs demanded as well as appealed that separate subjects/content materials for the education/learning of special group children should be developed by the concerned authority/government and should be supplied in the AWCs. Hence, it is summarized from the responses of the respondents that there is no provision of separate subjects/content materials to teach/educate the special group children in AWCs. The same subjects/ content materials such as alphabets (English, Assamese and Bengali), basic numericals, poems, painting, drawing, concept of different colours, name of things (animals, flowers, fruits, vegetables etc.), different types of picture charts (animals, flowers, vegetables, fruits, historical monuments, human body parts etc.), picture books, counting balls, colour pencils, puzzles, models, block designs etc., are taught and used for the education and rehabilitation of all children including the special group children in the AWCs.

Learning Technique/ Strategy used for Special Group Children in Anganwadi Centres: The respondents of the 7 AWCs stated that along with common learning techniques/strategies (i.e., play way approach, child-centered approach, learning by doing method, storytelling, dictation technique, learning

through singing etc., used for all category children) some special/ separate learning techniques/strategies are used for special group children while teaching and imparting knowledge to them. The special/ separate learning techniques/ strategies which are generally used include individualized instruction technique, joyful learning technique, sign/body language, gestures etc. The respondents of 29 AWCs stated that they generally use the common learning techniques/ strategies for imparting knowledge to all categories of children including the special group children. They do not apply any special learning technique/strategy while educating and dealing with the special group children. Hence, it is summarized from the responses of the respondents that in most of the AWCs common learning techniques/strategies like play way approach, child-centered approach, learning by doing method, storytelling, dictation technique, learning through singing etc., are used for all children including special group children. But in some AWCs along with common learning techniques/ strategies, some special or separate learning techniques/ strategies like individualized instruction technique, joyful learning technique, sign/ body language, gestures etc., are used for special group children.

Learning Style of Special Group Children in Schools/Anganwadi Centres: The respondents of all the 36 AWCs stated that there is no provision of separate seating arrangement for special group children in their Anganwadi centres. All the children including special group children sit together on the floor, because there is no facility of desk, bench, chair, table etc., for sitting. Mats/plastic carpets are generally spread on the floor and all children including the special group children sit on the mats/plastic carpets. Both normal as well as special group children sit together in a row and also in square/ round shapes. The respondents of all the 36 AWCs said that they face many difficulties/problems while educating and dealing with the special group children and normal children in a single room. They appealed that the government should provide adequate grants to construct separate room, resource room etc. The respondents also demanded that the facilities of scientific and sophisticated disabled-friendly infrastructures like desk-bench, chair-table, learning aids and appliances etc., should be provided for dealing with special group children effectively. Hence, it is summarized from the responses of the respondents that there is no provision of separate seating arrangement for special group children in AWCs. All the children including special group children sit together on the floor in a row and also in square/round shapes. It is demanded by the respondents that the government should facilitate separate room, resource room, disabled-friendly infrastructures (desk-bench, chair-table, learning aids and appliances) etc., for dealing with special group children effectively.

Special Promotional Facilities Available for Special Group Children in Anganwadi Centres: The respondents of all the 36 AWCs stated that there is no provision of scholarship/learning aid facility, recreational centres and financial aid to the parents of special group children for the education and rehabilitation of the

special group children. The respondents of all the 36 AWCs stated that the provision of counseling to the parents of special group children is available in the AWCs. Sometimes AWWs, supervisors, health advisors etc., pay home visit to meet the parents and make open discussion regarding the various issues of disability. The counselors strive to make the parents aware towards the value and dignity of their special group children, and accordingly advise them how to treat, take care, behave and talk with their special group children keeping in mind of their needs and demands. Further, the respondents of all the 36 AWCs demanded that the government as well as concerned authority should facilitate some basic special promotional facilities like scholarships, special learning aids and appliances, recreational centres, disabled-friendly subjects/ content materials, infrastructures etc., for special group children. Hence, it is summarized from the responses of the respondents that the special promotional facilities like scholarships/ learning aid facility, recreational centres, financial assistance to the parents of special group children etc., are not available in the AWCs for better rehabilitation of special group children. However, the facility of counseling for the parents of special group children is available in the AWCs. It is demanded by the respondents that for better education and rehabilitation of special group children, special promotional facilities such as financial support/ assistance, scholarship, special learning aids/ materials, disabled-friendly infrastructures etc., should be made available in the AWCs for their holistic development.

Facilities Available in Anganwadi Centres for Fulfilling the Multiple Demands of Specific Categories of Special Group Children: For meeting the multiple demands of different categories of special group children at pre-school level through ICDS projects, adequate number of facilities (human resources as well as materialistic resources) are very essential. The details of the facilities available in AWCs for fulfilling the multiple demands of specific categories of special group children are given below:

Mentally Retarded Children: The respondents of all the 36 AWCs stated that for the fulfillment of multiple demands of mentally retarded children no specific facility is available in the AWCs. The respondents of 26 AWCs demanded that specific facilities such as special learning aids and curriculum, special teachers/ workers, psychological/ therapeutic treatment facilities (mental therapy, psychotherapy, yoga, meditation etc.), recreational centres, financial assistance, residential school facility etc., should be made available in the AWCs for fulfilling the multiple demands of the mentally retarded children. The respondents of the 8 AWCs demanded that some specific facilities like special economic package for modern scientific treatment, therapeutic facility, play materials/ equipments, scholarship, special training facility etc., should make available in AWCs which are very essential for catering the multiple needs and demands of the mentally retarded children. Hence, it is summarized from the responses of the respondents that for fulfilling the multiple

demands of mentally retarded children, there is not any specific facility available in the AWCs. The respondents demanded that different types of special facilities like special educators/special workers (experts in mental retardation), various psycho-mental therapies, recreational centres, hospital-cum-residential schools, special financial package for modern treatment, scholarship, play equipments etc., should be made available in the AWCs for better education and rehabilitation of mentally retarded children in AWCs.

Visually Impaired Children: The respondents of all the 36 AWCs stated that for fulfilling the multiple demands of visually impaired children, there is not any specific facility available in the AWCs. The respondents of all the 36 AWCs demanded that the government and concerned authority should provide the special facilities like special learning materials (i.e., Braille book, Braille chart, Braille shorthand machine, talking calculator etc.), financial supports like scholarship, special package for treatment; special visual aids and devices like eye glasses, lances etc., for better education and rehabilitation of visually impaired children. Hence, it is summarized from the responses of the respondents that for catering the multiple needs and demands of visually impaired children, there is not any special facility available in the AWCs. The respondents demanded that different types of special facilities like visual aids/devices (eye glasses, lenses etc.), special learning materials/equipments (Braille book, Braille chart, Braille shorthand machine, talking calculator etc.), scholarship, special financial assistance for treatment etc., should be made available in AWCs for fulfilling the multiple demands of visually impaired children in AWCs.

Orthopedically Handicapped Children: The respondents of all the 36 AWCs stated that for fulfilling the multiple demands of orthopedically handicapped children, there is not any specific facility in the AWCs. The respondents of all the 36 AWCs demanded that the government and concerned authority should make availability of the special facilities like- tricycles, wheelchairs, walking sticks, artificial limbs/fingers, walking frames, advanced/modern treatment facility, orthopedical/physical therapies, learning aids, play equipments, scholarship, financial assistance etc., for better education and rehabilitation of the locomotor disabled/orthopedically handicapped children in the AWCs. Hence, it is summarized from the responses of the respondents that for meeting the multiple demands of locomotor disabled/orthopedically handicapped children, there is not any special facility available in the AWCs. The respondents demanded that different types of special facilities like tricycles, wheelchairs, walking sticks, artificial limbs/ fingers, walking frames, advanced/ modern treatment facilities, physiotherapy, play equipments, scholarship etc., should be made available in the AWCs for rehabilitation and empowerment of the locomotor disabled/ orthopedically handicapped children in AWCs.

Hearing Impaired Children: The respondents of all the 36 AWCs stated that for the fulfillment of multiple demands of hearing impaired children, there is not any

specific facility in the AWCs. The respondents of 21 AWCs demanded that the specific facilities such as special hearing aids (individual hearing aids as well as group hearing aids) such as headphone, hearing machines, pocket model, Behind-the-Ear (BTE) hearing aids, In-the-Ear (ITE) hearing aids, FM, sound systems, loudspeakers, financial assistance, modern treatment facility, special teachers/ workers (experts in hearing impaired) etc., should be made available in AWCs by the government/concerned authority for better rehabilitation of hearing impaired children. The respondents of 15 AWCs demanded that the facilities like auditory training, speech therapy, sign language training, special subjects/ curriculum, engagement of special teachers/ workers and audiologists/ therapists, scholarship, recreational centres, play equipments, residential school facility etc., should be made available in the AWCs for fulfilling the multiple demands of hearing impaired children. Hence, it is summarized from the responses of the respondents that for the fulfillment of multiple demands of hearing impaired children, there is not any special facility in the AWCs. The respondents demanded that different types of special facilities like hearing aids, special curriculum/subjects, learning materials, medical treatment facility, financial support, different types of therapy/ training; engagement of special teachers/ workers, audiologists etc., should be made available in the AWCs for better education and rehabilitation of hearing impaired children in AWCs.

Speech Impaired Children: The respondents of all the 36 AWCs stated that for fulfilling the multiple demands of speech impaired children, there is no any specific facility available in AWCs. The respondents of all the 36 AWCs demanded that the facilities like modern scientific medical treatment, scholarship/stipend, financial support, different therapies (speech therapy and audio therapy), phonological training, special teachers/workers, pediatricians etc., should be made available in AWCs by the concerned authority for better education, treatment and rehabilitation of speech impaired children. Hence, it is summarized from the responses of the respondents that for catering the multiple demands of speech impaired children, no any specific facility is available in the AWCs. It is demanded by the respondents that the government as well as concerned body/authority should collaborate and take steps to provide every kind of special facility like special educators, audiologists, modern scientific medical treatment, different types of speech therapies, phonological training, scholarship etc., for better education, training and rehabilitation of speech impaired children in AWCs.

Learning Disabled Children: The respondents of all the 36 AWCs stated that for fulfilling the multiple demands of learning disabled children, there is not any specific facility/provision in AWCs. The respondents of all the 36 AWCs stated that the learning disabled children need individualized instruction, individual attention and affectionate co-operation from peers and caregivers for meeting their multiple demands; but by a single teacher/worker in AWC, it is very difficult to manage all these things. The respondents demanded that the government and concerned

authority should appoint/engage more teachers/workers in AWCs in order to deal with the learning disabled children effectively. Hence, it is summarized from the responses of the respondents that there is no any special provision/facility for learning disabled children in AWCs for catering their multiple demands. The respondents demanded that different types of special facilities like scholarship, psychological treatment, emotional attachment by peers and teachers, individualized instruction and attention etc., should be facilitated in the AWCs for catering the multiple demands of learning disabled children in AWCs.

Multiple Disabled Children: The respondents of all the 36 AWCs stated that for fulfilling the multiple demands of multiple disabled children, there is not any specific facility available in the AWCs. The respondents of all the 36 AWCs stated that by a single worker in AWC, it is very challenging task to handle the multiple disabled children. The respondents also told that they are mostly untrained on disability issues. The respondents of all the 36 AWCs demanded that the facilities like scholarship, special aids and appliances, special learning materials, resource room, resource teachers, disabled-friendly infrastructures etc., should be provided in AWCs for fulfilling the multiple demands of the multiple disabled children. Hence, it is summarized from the responses of the respondents that there is not any special facility in the AWCs for fulfilling the multiple demands of the multiple disabled children. The respondents demanded that different types of special facilities like special aids and appliances, special learning materials, resource room, resource teachers, disabled-friendly infrastructures, financial assistance, appropriate treatment etc., should be made available in AWCs for better care, education and rehabilitation of multiple disabled children in AWCs.

4.2.3 Comparison of the Attitude of ICDS Functionaries (CDPOs, Supervisors and AWWs) and Parents towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects

A) Comparison of the Distribution of the Attitude Scores of ICDS Functionaries (CDPOs, Supervisors and AWWs) and Parents towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects

Table: 4.1

Table Depicting the Comparison of the Distribution of the Attitude Scores of ICDS Functionaries (CDPOs, Supervisors and AWWs) and Parents towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects

Distribution of Attitude Scores / ICDS Functionaries and Parents	**Low Attitude** (Up to 95.66 scores)	**Middle Attitude** (From 95.66 to 150.33 scores)	**High Attitude** (From 150.33 to 205 scores)	**Total**
CDPOs	00 (0%)	00 (0%)	36 (100%)	36
Supervisors	00 (0%)	00 (0%)	108 (100%)	108
AWWs	00 (0%)	00 (0%)	108 (100%)	108
Parents	00 (0%)	00 (0%)	216 (100%)	216
Total (CDPOs, Supervisors, AWWs and Parents)	00	00	468	468

Low Attitude (up to 95.66 scores)
Middle Attitude (from 95.66 to 150.33 scores)
High Attitude (from 150.33 to 205 scores)

The table 4.1 shows the comparison of the distribution of the attitude score of the ICDS functionaries (CDPOs, Supervisors and AWWs) and parents towards rehabilitation of special group children at pre-school level through ICDS projects. The attitude scale used for the 'comparison of the distribution of the attitude score of the ICDS functionaries (CDPOs, Supervisors and AWWs) and parents towards rehabilitation of special group children at pre-school level through ICDS projects' is consisted of 41 items. The scale is a five points Likert type scale. That means, each item of the scale has five options. A respondent has to select/ choose one of the five options for an item of the scale. The score of each item of the scale varies from '1' to '5'. A respondent can score minimum 41 and maximum 205 in this scale. The researcher divided the minimum and maximum range of the scores of the scale into three (3) equal categories/levels i.e., low scores (up to 95.66), middle scores (from 95.66 to 150.33) and high scores (from 150.33 to 205). The details of the comparison of the distribution of the attitude score of the ICDS functionaries (CDPOs, Supervisors and AWWs) and parents towards rehabilitation of special group children at pre-school level through ICDS projects are given below:

Out of total 468 (100%) respondents, 36 (7.69%) respondents are CDPOs, 108 (23.08%) respondents are Supervisors, 108 (23.08%) respondents are AWWs and 216 (46.15%) respondents are parents.

Out of total 36 CDPOs, all the 36 (100%) CDPOs have shown high attitude towards rehabilitation of special group children at pre-school level through ICDS projects, while none of the CDPOs has expressed low attitude or middle attitude towards the rehabilitation of special group children at pre-school level through ICDS projects. Hence, it is revealed that all the 36 (100%) CDPOs have strongly supported and are in favour of rehabilitation of special group children at pre-school level through ICDS projects.

Out of total 108 Supervisors, all the 108 (100%) Supervisors have expressed high attitude towards rehabilitation of special group children at pre-school level through ICDS projects. However, none of the Supervisors has shown low attitude or middle attitude towards rehabilitation of special group children at pre-school level through ICDS projects. Hence, it is seen that all the 108 (100%) Supervisors have strongly

supported the rehabilitation of special group children at pre-school level through ICDS projects.

Out of total 108 AWWs, all the 108 (100%) AWWs have shown high attitude towards rehabilitation of special group children at pre-school level through ICDS projects. But, none of the AWWs has expressed low attitude or middle attitude towards rehabilitation of special group children at pre-school level through ICDS projects. Therefore, it is manifested that all the 108 (100%) AWWs have given full support towards rehabilitation of special group children at pre-school level through ICDS projects.

Out of total 216 parents, all the 216 (100%) parents have expressed high attitude towards rehabilitation of special group children at pre-school level through ICDS projects. However, none of the parents has shown low attitude or middle attitude towards rehabilitation of special group children at pre-school level through ICDS projects. Hence, it is seen that all the 216 (100%) parents have strongly supported the rehabilitation of special group children at pre-school level through ICDS projects.

Out of total 468 respondnts (252 ICDS functionaries i.e., CDPOs, Supervisors and AWWs; and 216 parents), all the ICDS functionaries and parents 468 (100%) have high attitude towards rehabilitation of special group children at pre-school level through ICDS projects, and none of the ICDS functionaries (0%) and parents (0%) has low attitude or middle attitude towards rehabilitation of special group children at pre-school level through ICDS projects.

Figure 4.1 depicts the comparison of the attitude scores of ICDS functionaries (CDPOs, Supervisors and AWWs) and parents towards rehabilitation of special group children at pre-school level through ICDS projects.

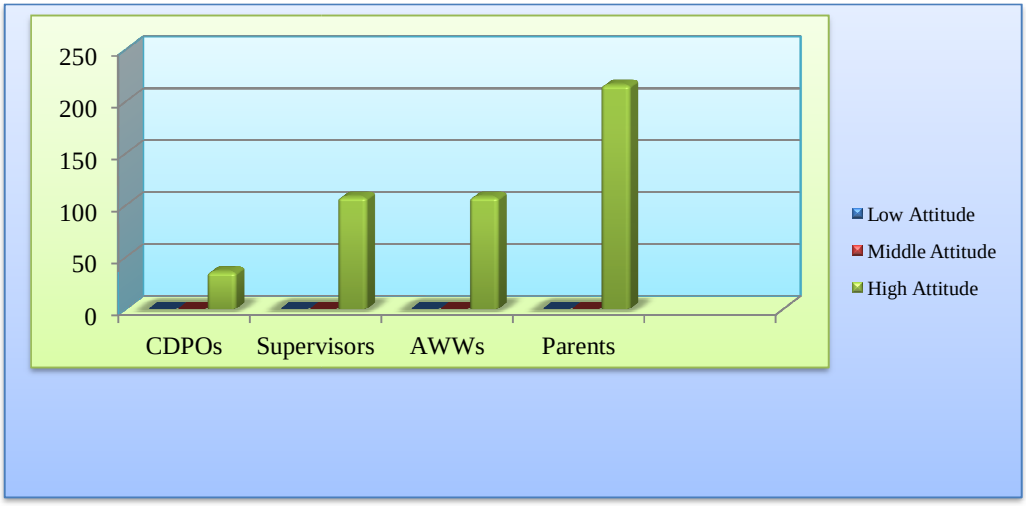

Figure 4.1: Figure Depicting the Comparison of the Attitude Scores of ICDS Functionaries (CDPOs, Supervisors and AWWs) and Parents

towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects.

B) Comparison of the Attitude of ICDS Functionaries (CDPOs, Supervisors and AWWs) and Parents towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects

Table: 4.2

Table Depicting the Comparison of the Attitude of ICDS Functionaries (CDPOs, Supervisors and AWWs) and Parents towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects

Sl. No.	Level of Comparison	Categories of ICDS functionaries and/or parents	N	Mean	SD	SEM	't' Value	Table value of 't' at 0.05 level	DF	Sign.
1	CDPOs and Supervisors	CDPOs	36	190.06	10.613	1.769	2.099	1.975	142	*
		Supervisors	108	185.02	13.021	1.253				
2	CDPOs and AWWs	CDPOs	36	190.06	10.613	1.769	1.116	1.975	142	#
		AWWs	108	188.01	9.143	0.880				
3	CDPOs and Parents	CDPOs	36	190.06	10.613	1.769	0.644	1.97	250	#
		Parents	216	189.19	6.821	0.464				
4	Supervisors and AWWs	Supervisors	108	185.02	13.021	1.253	1.953	1.97	214	#
		AWWs	108	188.01	9.143	0.880				
5	Supervisors and Parents	Supervisors	108	185.02	13.021	1.253	3.786	1.97	322	*
		Parents	216	189.19	6.821	0.464				
6	AWWs and Parents	AWWs	108	188.01	9.143	0.880	1.306	1.97	322	#
		Parents	216	189.19	6.821	0.464				

***** Ho is rejected (Significant)
Ho is accepted (Not significant)

N= Number of cases
M= Mean of the number of cases
SD= Standard Deviation

DF= Degrees of Freedom
Sign= Significance level
SEM= Standard Error of Mean

The table 4.2 describes the comparison of attitude of ICDS functionaries (CDPOs, Supervisors and AWWs) and parents towards rehabilitation of special group children at pre-school level through ICDS projects. The details of the analysis and interpretation of data relating to table 4.2 are given below.

The 'CDPOs and Supervisors' level of comparison of the table 4.2 reveals that the calculated 't' value 2.099 is more than the table value of 't' at 0.05 level of significance for 142 DF. For 142 DF, the table value of 't' is 1.975 at 0.05 level of significance. Hence, the null hypothesis is rejected. Therefore, it is concluded that there exists significant difference between the attitude of CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=190.06) and the attitude of Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects (mean=185.02). Since the mean score of the attitude of CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects is more than the mean score of the attitude

of Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects, so, it is concluded that attitude of CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects is better in comparison to the attitude of Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects. In other words, it is proved that CDPOs and Supervisors significantly differ in their attitude towards rehabilitation of special group children at pre-school level through ICDS projects.

From the level of comparison of 'CDPOs and AWWs' of the table 4.2, it is remarked that the obtained 't' value 1.116 is less than the table value of 't' at 0.05 level of significance for 142 DF. For 142 DF, the table value of 't' is 1.975 at 0.05 level of significance. Hence, the null hypothesis is accepted. So, it is summarized that there exists no significant difference between the attitude of CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=190.06) and the attitude of AWWs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=188.01). In other words, it can be said that CDPOs and AWWs hardly differ in their attitude towards rehabilitation of special group children at pre-school level through ICDS projects.

The 'CDPOs and Parents' level of comparison of the table 4.2 depicts that the obtained 't' value 0.644 is less than the table value of 't' at 0.05 level of significance for 250 DF. For 250 DF, the table value of 't' is 1.97 at 0.05 level of significance. Hence, the null hypothesis is accepted. Therefore, it is concluded that there exists no significant difference between the attitude of CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=190.06) and the attitude of Parents towards rehabilitation of special group children at pre-school level through ICDS projects (mean=189.19). In other words, it is determined that CDPOs and Parents have similar attitude towards rehabilitation of special group children at pre-school level through ICDS projects.

The level of comparison of 'Supervisors and AWWs' of the table 4.2 visualizes that the obtained 't' value 1.953 is less than the table value of 't' at 0.05 level of significance for 214 DF. For 214 DF, the table value of 't' is 1.97 at 0.05 level of significance. Hence, the null hypothesis is accepted. So, it is concluded that there exists no significant difference between the attitude of Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects (mean=185.02) and the attitude of AWWs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=188.01). In other words, it is reported that Supervisors and AWWs hardly differ in respect to their attitude towards rehabilitation of special group children at pre-school level through ICDS projects.

The table 4.2 indicates that at the level of comparison of 'Supervisors and Parents', the obtained 't' value 3.786 is more than the table value of 't' at 0.05 level of

significance for 322 DF. For 322 DF, the table value of 't' is 1.97 at 0.05 level of significance. Hence, the null hypothesis is rejected. So, it is concluded that there exists significant difference between the attitude of Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects (mean=185.02) and the attitude of Parents towards rehabilitation of special group children at pre-school level through ICDS projects (mean=189.19). Since the mean score of the attitude of Parents towards rehabilitation of special group children at pre-school level through ICDS projects is more than the mean score of the attitude of Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects, so, it is finalized that the attitude of Parents towards rehabilitation of special group children at pre-school level through ICDS projects is better in comparison to the attitude of Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects. In other words, it can be reported that Supervisors and Parents significantly differ in their attitude towards rehabilitation of special group children at pre-school level through ICDS projects.

The level of comparison of 'AWWs and Parents' of the table 4.2 illustrates that the obtained 't' value 1.306 is less than the table value of 't' at 0.05 level of significance for 322 DF. For 322 DF, the table value of 't' is 1.97 at 0.05 level of significance. Hence, the null hypothesis is accepted. Therefore, it is summarized that there exists no significant difference between the attitude of AWWs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=188.01) and the attitude of Parents towards rehabilitation of special group children at pre-school level through ICDS projects (mean=189.19). In other words, it is proved that AWWs and Parents have similar attitude towards rehabilitation of special group children at pre-school level through ICDS projects.

The figure 4.2 depicts the comparison of the attitude of ICDS functionaries (CDPOs, Supervisors and AWWs) and parents towards rehabilitation of special group children at pre-school level through ICDS projects.

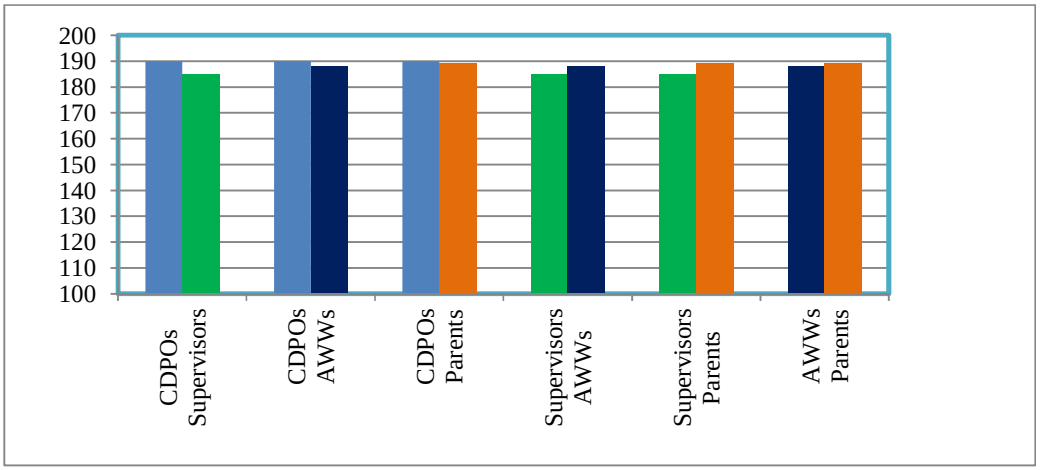

Figure 4.2: Figure Depicting the Comparison of the Attitude of ICDS Functionaries (CDPOs, Supervisors and AWWs) and Parents towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects.

C) Comparison of the Attitude of ICDS Functionaries (CDPOs, Supervisors and AWWs) and Parents towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects in Relation to their Respective Background Variables

a) Comparison of the Attitude of the CDPOs towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects in Relation to their Background Variables (Gender, Age, Qualification and Experience)

Table: 4.3

Table depicting the Comparison of the Attitude of the CDPOs towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects in Relation to their Background Variables (Gender, Age, Qualification and Experience)

Sl. No.	Level of Comparison (Name of the background variables)	Division of background variables	N	Mean	SD	SEM	't' value	Table value of 't' at 0.05 level	DF	Sign.
1	Gender	Male	20	190.00	11.036	2.468	0.035	2.03	34	#
		Female	16	190.13	10.417	2.604				
2	Age	High Aged	34	190.29	10.856	1.862	0.551	2.03	34	#
		Less Aged	2	186.00	4.243	3.000				
3	Qualification	More Qualified	11	187.55	8.688	2.619	0.940	2.03	34	#
		Less Qualified	25	191.16	11.342	2.268				
4	Experience	More Experienced	28	191.29	10.561	1.996	1.315	2.03	34	#
		Less Experienced	8	185.75	10.278	3.634				

Table 4.3 describes the comparison of the attitude of the CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects in relation to their background variables (gender, age, qualification and experience). The details of the data analysis and interpretation relating to table 4.3 are given below.

The level of comparison of 'Gender' of the table 4.3 visualizes that the calculated 't' value 0.035 is less than the table value of 't' at 0.05 level of significance for 34 DF. For 34 DF, the table value of 't' is 2.03 at 0.05 level of significance. Hence, the null hypothesis is accepted. Thus, it is concluded that there exists no significant difference between the attitude of male CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=190.00) and the attitude of female CDPOs towards rehabilitation of special group children at pre-

school level through ICDS projects (mean=190.13). In other words, it can be said that gender has little impact in determining the attitude of the CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects.

From the level of comparison of 'Age' of the table 4.3, it is found that the obtained 't' value 0.551 is less than the table value of 't' at 0.05 level of significance for 34 DF. For 34 DF, the table value of 't' is 2.03 at 0.05 level of significance. Hence, the null hypothesis is accepted. Therefore, it is summarized that there exists no significant difference between the attitude of high aged CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=190.29) and the attitude of less aged CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=186.00). In other words, it is clear that age is not a significant factor for determining the attitude of the CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects.

The level of comparison of 'Qualification' of the table 4.3 states that the obtained 't' value 0.940 is less than the table value of 't' at 0.05 level of significance for 34 DF. For 34 DF, the table value of 't' is 2.03 at 0.05 level of significance. Hence, the null hypothesis is accepted. So, it is concluded that there exists no significant difference between the attitude of more qualified CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=187.55) and the attitude of less qualified CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=191.16). In other words, it is inferred that more qualified CDPOs and less qualified CDPOs don't differ among themselves in relation to their attitude towards rehabilitation of special group children at pre-school level through ICDS projects.

From the level of comparison of 'Experience' of the table 4.3, it is found that the obtained 't' value 1.315 is less than the table value of 't' at 0.05 level of significance for 34 DF. For 34 DF, the table value of 't' is 2.03 at 0.05 level of significance. Hence, the null hypothesis is accepted. Therefore, it is revealed that there exists no significant difference between the attitude of more experienced CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=191.29) and the attitude of less experienced CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=185.75). In other words, it can be said that more experienced CDPOs and less experienced CDPOs hardly differ among themselves in relation to their attitude towards rehabilitation of special group children at pre-school level through ICDS projects.

The figure 4.3 depicts the comparison of the attitude of the CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects in relation to their background variables (gender, age, qualification and experience)

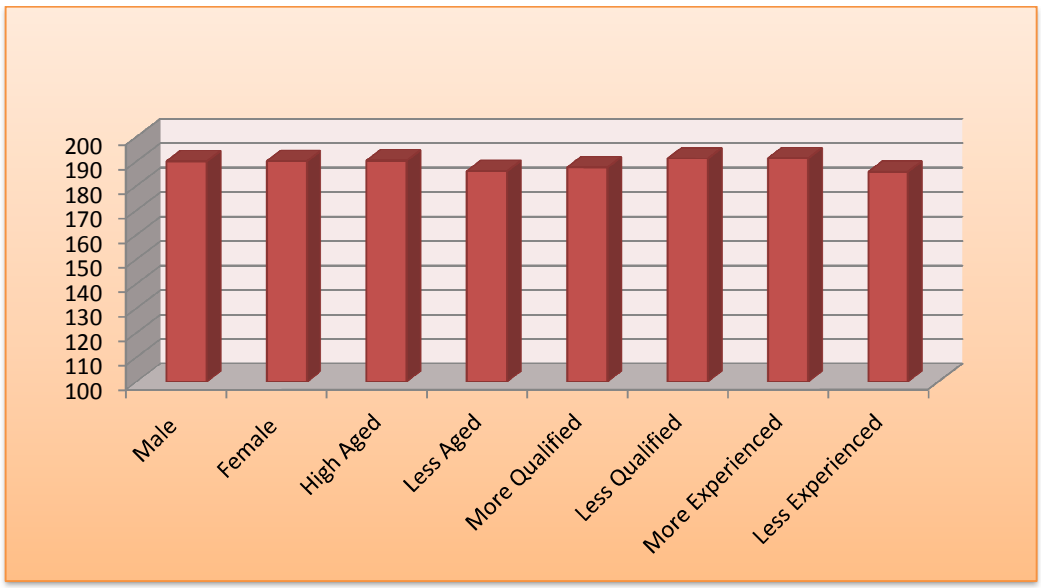

Figure 4.3: Figure Depicting the Comparison of the Attitude of the CDPOs towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects in Relation to their Background Variables (Gender, Age, Qualification and Experience).

b) Comparison of the Attitude of the Supervisors towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects in Relation to their Background Variables (Age, Qualification and Experience)

Table: 4.4

Table depicting the Comparison of the Attitude of the Supervisors towards Rehabilitation of Special Group Children at Pre-school level through ICDS Projects in Relation to their Background Variables (Age, Qualification and Experience)

Sl. No.	**Level of Comparison** (Name of the background variables)	**Division of background variables**	**N**	**Mean**	**SD**	**SEM**	**'t' value**	**Table value of 't' at 0.05 level**	**DF**	**Sign.**
1	Age	High Aged	64	186.47	12.610	1.576	1.402	1.98	106	#
		Less Aged	44	182.91	13.463	2.030				
2	Qualification	More Qualified	28	181.18	12.484	2.359	1.833	1.98	106	#
		Less Qualified	80	186.36	13.012	1.455				
3	Experience	More Experienced	49	189.18	10.789	1.541	3.154	1.98	106	*
		Less Experienced	59	181.56	13.771	1.793				

Table 4.4 describes the comparison of the attitude of the Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects in

relation to their background variables (age, qualification and experience). The details of the data analysis and interpretation relating to table 4.4 are given below.

The level of comparison of 'Age' of the table 4.4 shows that the obtained 't' value 1.402 is less than the table value of 't' at 0.05 level of significance for 106 DF. For 106 DF, the table value of 't' is 1.98 at 0.05 level of significance. Hence, the null hypothesis is accepted. Thus, it is concluded that there exists no significant difference between the attitude of high aged Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects (mean=186.47) and the attitude of less aged Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects (mean=182.91). In other words, it can be said that age has little impact in determining the attitude of the Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects.

From the level of comparison of 'Qualification' of the table 4.4, it is found that the obtained 't' value 1.833 is less than the table value of 't' at 0.05 level of significance for 106 DF. For 106 DF, the table value of 't' is 1.98 at 0.05 level of significance. Hence, the null hypothesis is accepted. Therefore, it is revealed that there exists no significant difference between the attitude of more qualified Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects (mean=181.18) and the attitude of less qualified Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects (mean=186.36). In other words, it can be said that more qualified Supervisors and less qualified Supervisors hardly differ among themselves in relation to their attitude towards rehabilitation of special group children at pre-school level through ICDS projects.

The level of comparison of 'Experience' of the table 4.4 determines that the obtained 't' value 3.154 is more than the table value of 't' at 0.05 level of significance for 106 DF. For 106 DF, the table value of 't' is 1.98 at 0.05 level of significance. Hence, the null hypothesis is rejected. So, it is summarized that there exists significant difference between the attitude of high experienced Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects (mean=189.18) and the attitude of less experienced Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects (mean=181.56). Since the mean score of the attitude of high experienced Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects is more than the mean score of attitude of less experienced Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects, so, it is inferred that attitude of high experienced Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects is better in comparison to the attitude of less experienced Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects. In other words, it can be reported that more experienced Supervisors and less experienced Supervisors significantly differ among themselves in their attitude

towards rehabilitation of special group children at pre-school level through ICDS projects.

The figure 4.4 depicts the comparison of the attitude of the Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects in relation to their background variables (age, qualification and experience)

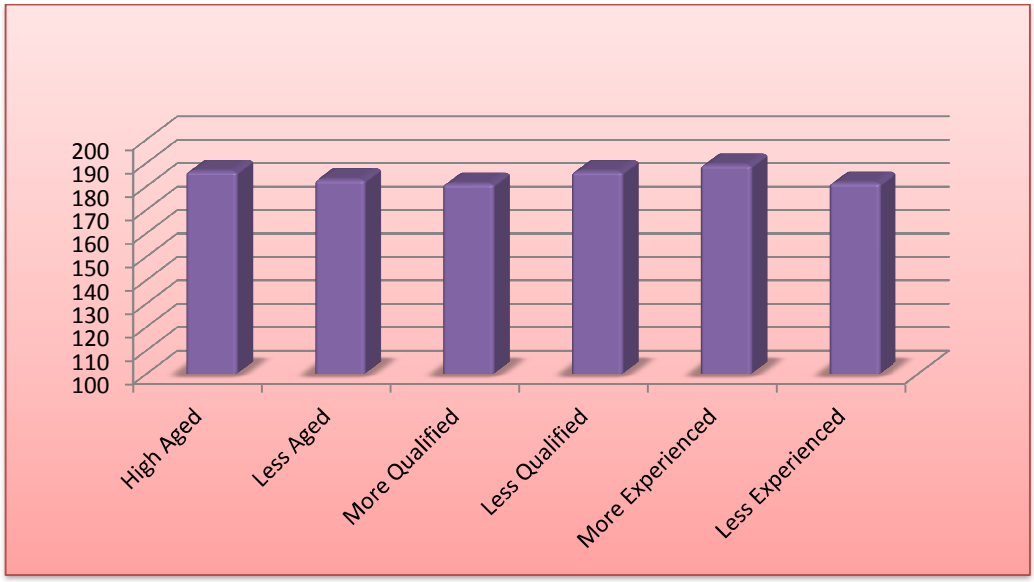

Figure 4.4: Figure Depicting the Comparison of the Attitude of the Supervisors towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects in Relation to their Background Variables (Age, Qualification and Experience).

c) Comparison of the Attitude of the AWWs towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects in Relation to their Background Variables (Age, Qualification and Experience)

Table: 4.5

Table depicting the Comparison of the Attitude of the AWWs towards Rehabilitation of Special Group Children at Pre-school level through ICDS Projects in Relation to their Background Variables (Age, Qualification and Experience)

Sl. No.	**Level of Comparison** (Name of the background variables)	**Division of background variables**	**N**	**Mean**	**SD**	**SEM**	**'t' value**	**Table value of 't' at 0.05 level**	**DF**	**Sign.**
1	Age	High Aged	71	188.70	7.245	0.860	1.095	1.98	106	#
		Less Aged	37	186.68	11.984	1.970				
2	Qualification	More Qualified	32	187.47	11.857	2.096	0.397	1.98	106	#
		Less Qualified	76	188.24	7.809	0.896				

3	Experience	More Experienced	59	187.58	10.229	1.332	0.538	1.98	106	#
		Less Experienced	49	188.53	7.708	1.101				

Table 4.5 describes the comparison of the attitude of the AWWs towards rehabilitation of special group children at pre-school level through ICDS projects in relation to their background variables (age, qualification and experience). The details of the data analysis and interpretation relating to table 4.5 are given below.

The level of comparison of 'Age' of the table 4.5 describes that the obtained 't' value 1.095 is less than the table value of 't' at 0.05 level of significance for 106 DF. For 106 DF, the table value of 't' is 1.98 at 0.05 level of significance. Hence, the null hypothesis is accepted. Therefore, it is concluded that there exists no significant difference between the attitude of high aged AWWs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=188.70) and the attitude of less aged AWWs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=186.68). In other words, it is summarized that high aged AWWs and less aged AWWs don't differ among themselves in respect to their attitude towards rehabilitation of special group children at pre-school level through ICDS projects.

The level of comparison of 'Qualification' of the table 4.5 states that the calculated 't' value 0.397 is less than the table value of 't' at 0.05 level of significance for 106 DF. For 106 DF, the table value of 't' is 1.98 at 0.05 level of significance. Hence, the null hypothesis is accepted. Thus, it is concluded that there exists no significant difference between the attitude of more qualified AWWs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=187.47) and the attitude of less qualified AWWs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=188.24). In other words, it is inferred that qualification has little influence in determining the attitude of the AWWs towards rehabilitation of special group children at pre-school level through ICDS projects.

The level of comparison of 'Experience' of the table 4.5 shows that the obtained 't' value 0.538 is less than the table value of 't' at 0.05 level of significance for 106 DF. For 106 DF, the table value of 't' is 1.98 at 0.05 level of significance. Hence, the null hypothesis is accepted. Thus, it is inferred that there exists no significant difference between the attitude of more experienced AWWs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=187.58) and the attitude of less experienced AWWs towards rehabilitation of special group children at pre-school level through ICDS projects (mean=188.53). In other words, it is reported that more experienced AWWs and less experienced AWWs hardly differ among themselves in relation to their attitude towards rehabilitation of special group children at pre-school level through ICDS projects.

The figure 4.5 depicts the comparison of the attitude of the AWWs towards rehabilitation of special group children at pre-school level through ICDS projects in relation to their background variables (age, qualification and experience)

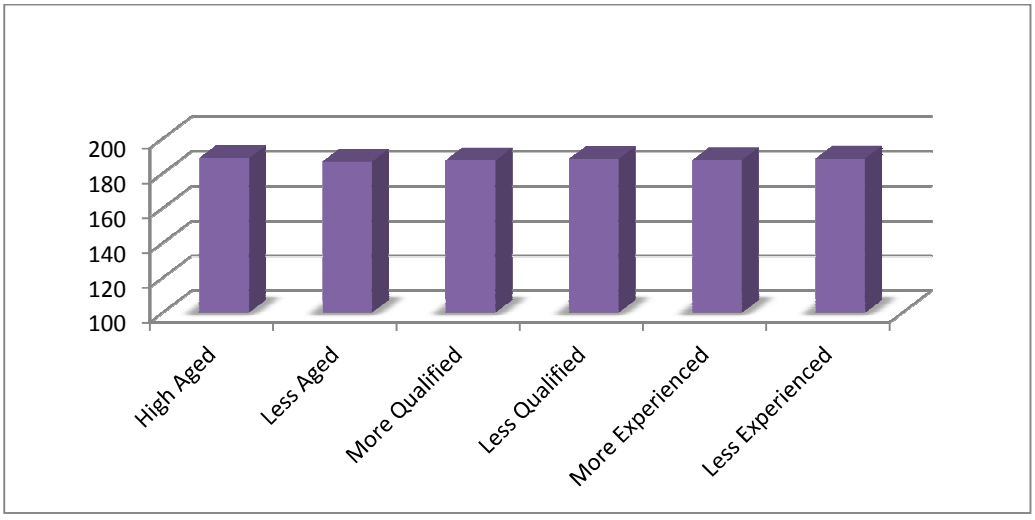

Figure 4.5: Figure Depicting the Comparison of the Attitude of the AWWs towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects in Relation to their Background Variables (Age, Qualification and Experience).

d) Comparison of the Attitude of the Parents towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects in Relation to their Background Variables (Gender, Age, Qualification and Socio-Economic Status)

Table: 4.6

Table depicting the Comparison of the Attitude of the Parents towards Rehabilitation of Special Group Children at Pre-school level through ICDS Projects in Relation to their Background Variables (Gender, Age, Qualification and Socio-Economic Status)

Sl. No.	Level of Comparison (Name of the background variables)	Division of background variables	N	Mean	SD	SEM	't' value	Table value of 't' at 0.05 level	DF	Sign.
1	Gender	Male	152	188.87	6.815	0.553	1.068	1.97	214	#
		Female	64	189.95	6.828	0.853				
2	Age	High Aged	165	188.75	6.724	0.523	1.730	1.97	214	#
		Less Aged	51	190.63	7.000	0.980				
3	Qualification	More Qualified	48	189.38	7.234	1.044	0.213	1.97	214	#
		Less Qualified	168	189.14	6.720	0.518				
4	Socio-Economic-Status	APL	53	190.28	5.937	0.815	1.346	1.97	214	#
		BPL	163	188.83	7.065	0.553				

The table 4.6 describes the comparison of the attitude of the Parents towards rehabilitation of special group children at pre-school level through ICDS projects in relation to their background variables (gender, age, qualification and socio-economic status). The details of the data analysis and interpretation relating to table 4.6 are given below.

The level of comparison of 'Gender' of the table 4.6 visualizes that the obtained 't' value 1.068 is less than the table value of 't' at 0.05 level of significance for 214 DF. For 214 DF, the table value of 't' is 1.97 at 0.05 level of significance. Hence, the null hypothesis is accepted. Thus, it is concluded that there exists no significant difference between the attitude of male parents towards rehabilitation of special group children at pre-school level through ICDS projects (mean=188.87) and the attitude of female parents towards rehabilitation of special group children at pre-school level through ICDS projects (mean=189.95). In other words, it can be said that male parents and female parents hardly differ among themselves in respect to their attitude towards rehabilitation of special group children at pre-school level through ICDS projects.

The level of comparison of 'Age' of the table 4.6 describes that the obtained 't' value 1.730 is less than the table value of 't' at 0.05 level of significance for 214 DF. For 214 DF, the table value of 't' is 1.97 at 0.05 level of significance. Hence, the null hypothesis is accepted. Therefore, it is revealed that there exists no significant difference between the attitude of high aged parents towards rehabilitation of special group children at pre-school level through ICDS projects (mean=188.75) and the attitude of less aged parents towards rehabilitation of special group children at pre-school level through ICDS projects (mean=190.63). In other words, it is inferred that high aged parents and less aged parents don't differ among themselves in respect to their attitude towards rehabilitation of special group children at pre-school level through ICDS projects.

The level of comparison of 'Qualification' of the table 4.6 states that the calculated 't' value 0.213 is less than the table value of 't' at 0.05 level of significance for 214 DF. For 214 DF, the table value of 't' is 1.97 at 0.05 level of significance. Hence, the null hypothesis is accepted. Thus, it is concluded that there exists no significant difference between the attitude of more qualified parents towards rehabilitation of special group children at pre-school level through ICDS projects (mean=189.38) and the attitude of less qualified parents towards rehabilitation of special group children at pre-school level through ICDS projects (mean=189.14). In other words, it is summarized that qualification does not bring/generate difference among the parents in respect of determining their attitude towards rehabilitation of special group children at pre-school level through ICDS projects.

The level of comparison of 'Socio-Economic Status' of the table 4.6 shows that the calculated 't' value 1.346 is less than the table value of 't' at 0.05 level of

significance for 214 DF. For 214 DF, the table value of 't' is 1.97 at 0.05 level of significance. Hence, the null hypothesis is accepted. Thus, it is concluded that there exists no significant difference between the attitude of APL parents towards rehabilitation of special group children at pre-school level through ICDS projects (mean=190.28) and the attitude of BPL parents towards rehabilitation of special group children at pre-school level through ICDS projects (mean=188.83). In other words, it is reported that APL parents and BPL parents hardly differ among themselves in relation to their attitude towards rehabilitation of special group children at pre-school level through ICDS projects.

The figure 4.6 depicts the comparison of the attitude of the parents towards rehabilitation of special group children at pre-school level through ICDS projects in relation to their background variables (gender, age, qualification and socio-economic status)

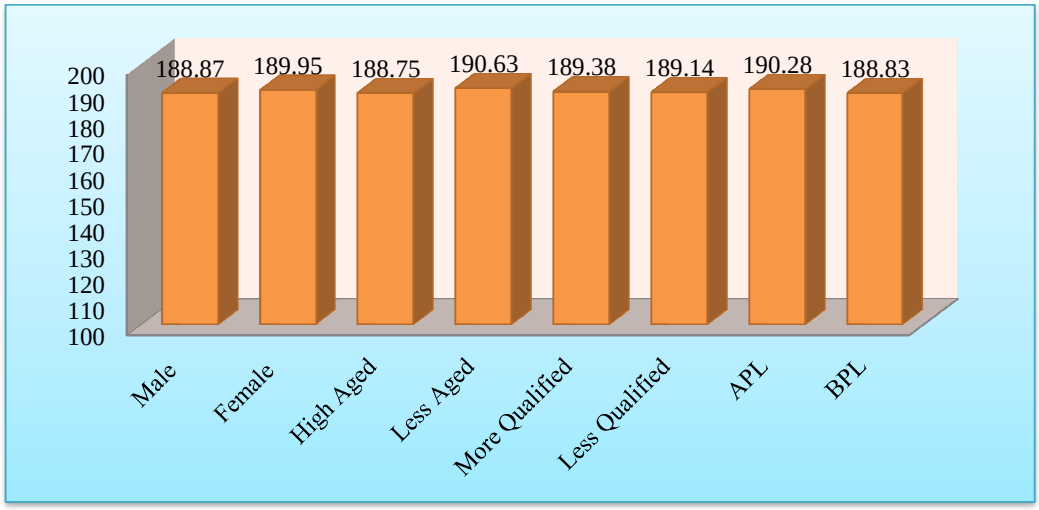

Figure 4.6: Figure Depicting the Comparison of the Attitude of the Parents towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects in Relation to their Background Variables (Gender, Age, Qualification and Socio-Economic Status).

4.2.4 Study of the Role and Functions of NIPCCD in the context of Rehabilitation of Special Group Children

The National Institute of Public Co-operation and Child Development (NIPCCD) is an autonomous organization under the Government of India. NIPCCD was established in 1966 under Societies Registration Act of 1860. It has its head office at New Delhi and four regional offices/centres at Guwahati (1978), Bangalore (1980), Lucknow (1982) and Indore (2001). The main focus of NIPCCD is to bring child development and women development. The NIPCCD also has many other functions: sensitizes the functionaries of ICDS, ICPS and NGO workers through training for prevention of trafficking of women and children; prepares and procures training

materials for ICDS/ICPS programmes; formulates national policies and programmes for women's development through training, research and documentation; and conducts research/projects and various training programmes in the field of women and child development. The role and functions of NIPCCD in the context of rehabilitation of special group children are given under the following broad heads:

A) Health/Medical Rehabilitation

For the health/medical rehabilitation of the special group children, the NIPCCD provides various types of rehabilitation services which include scientific medical instrument for identification and screening of special group children, first-aid facility, regular health check-up, doctor-parent consultation etc. The NIPCCD has the provision and facility of scientific medical instruments for proper identification and screening of the special needs children. The NIPCCD has a Child Guidance Center (CGC) comprising a team of competent rehabilitation professionals and specialists (i.e., pediatrician, psycho-therapist, physiotherapist, social worker, speech therapist, etc.) where they use some psychological tests such as MISIC, BKT, CARS, Draw a Person Test, NIMHANS Index, Pass a Long Test, DAPTs, SFB, DST etc., for assessing IQ, personality, attention and academic problems of the children with special needs. Besides, they also use behavioural checklists, special education assistant forms, grade level assistant, SNDT grade level checklist, BASIC- MR, MDPS etc., for the identification and screening of special group children for the intervention and prevention of the disability and impairment of the special needs children.

It is also found that the NIPCCD has the provision of first-aid facility for the emergency health and medical rehabilitation of the children with special needs. The basic first-aid items such as medicines for fever, pain, infections etc., and also bandage, dettol, savlon, band-aid, cotton etc., are available for first-aid services of the special group children. Further, the NIPCCD has the provision of regular health check-up facility for the children with special needs. The NIPCCD has appointed a pediatrician under the CGC, who checks-up the health conditions of the children regularly (every 15 days of a month) during the visit of the patient to CGC at NIPCCD campus. The timing of visiting to CGC is 9.00 am to 5.30 pm (Monday to Friday), during that period parents/guardians visit with their needy children and check up the height, weight, heart pulse, mental condition and other general health conditions of the children by the pediatrician and other specialists, and accordingly preventive measures are given to the special group children.

In addition, the NIPCCD organizes parent-doctor consultation programmes for knowing and understanding the psycho-physiological conditions of the children with special needs. Parents come with their special needs children to CGC as it is a guidance clinic where parents and doctors create a friendly atmosphere for open discussion about the behavioural characteristics, mental, psycho-social and health

conditions of the children. After detail discussion and getting sufficient information about the children, doctors give scientific and psychological guidance and counseling to the parents for proper care and prevention of the disability of their children.

It is seen that the NIPCCD has the provision of physical and psychological therapy facility for the psycho-physical rehabilitation of the special group children. The Child Guidance Center (CGC) of NIPCCD has a team of therapists comprising of clinical psychologist, physio-occupational therapist, speech therapist etc., who provide therapeutical rehabilitation services in the different areas like mental, physical/locomotor, audio and speech etc., of the special group children. For example, physiotherapist takes care of physical needs with physiotherapy intervention for children with multiple retardation, cerebral palsy, locomotor disability etc. Psychological interventions such as behaviour modification therapy, play therapy, counseling and behavioural therapy services etc., are used for behaviour modification of the different categories of special group children like learning disabled, attention deficit and hyperactive disorder children etc.

It is also found that the NIPCCD has the provision of scientific health-based counseling for the better rehabilitation and empowerment of the special group children. Physical/health issues like epilepsy, thyroid, hyperactivity etc., and health intervention are addressed by medical doctors and accordingly appropriate health-based counseling are provided to parents/guardians for the sound health related rehabilitation and intervention of their special needs children. Moreover, it is also seen that the NIPCCD uses some special methods/means relating to health rehabilitation of special needs children. The NIPCCD provides these services like-play therapy and play observation, auditory training and stimulation, speech and language intervention and referral services. The special group children are referred to various allied departments for services related to modern medical assistance and treatment for better health related rehabilitation.

It is seen that the NIPCCD does not have any provision of proper immunization, nutrition and diet facility for special group children. Indeed, the personnel of NIPCCD provide training to the functionaries of ICDS, ICPS and also to the workers of non-governmental organizations regarding the use of immunization and nutrition for all children including the special group children. In this context, it is worthwhile to mention that immunization, nutrition and diet facilities are provided only through the ICDS scheme at the Anganwadi centres.

B) Educational Rehabilitation

For educational rehabilitation of special group children, it is seen that the NIPCCD appoints/engages special teachers/special educators, social workers and clinical psychologists having knowledge and experience of special education to deal with the different categories of special group children effectively. It is also found that the NIPCCD does not directly provide any integrated/inclusive educational services, but

it has the provision of remedial education and educational assessment service facility for the special needs children. The NIPCCD has the facility of career guidance and counseling for the educational and economic welfare of the special needs children. Through the assistance of DAPTs the special needs children get right kind of direction for economic self-reliance according to their capability and working ability. During counseling session children having academic difficulties are suggested about different learning methods, learning styles and academic planning as well as time management so that they can get rid of the problems faced in the teaching learning environment. Regarding the provision of special educational methods/means to deal with special group children, it is seen that the NIPCCD has a provision to organize training programmes, because training is a major activity in the mandate of NIPCCD. It exclusively deals with the job training courses of CDPOs, Supervisors and Anganwadi workers as well as with the other early childhood care and development training programmes conducted by the institution for the functionaries of ICDS scheme.

It is reflected that the NIPCCD does not have any provision of special curriculum/special learning materials/teaching aids, scholarship, talent search and talent development facilities to cater the divergent needs and demands of the special group children. It is also seen that there is no provision of special learning techniques/methods that are needed to be used for the appropriate teaching and education of the special needs children. In order to meet the multiple needs of different categories of special group children, it is very essential to make the provision of special learning strategies like- special curriculum, learning materials, teaching aids, scholarship, recreational centres etc., for talent search and talent development of the special group children.

C) Economic Rehabilitation

In case of economic rehabilitation of special group children under NIPCCD, it is seen that there is not any provision for financial assistance under this institution (NIPCCD) for the economic rehabilitation of the special group children (or to the parents of special group children); vocation/craft based training for the special group children for their economic empowerment and also for improving their living standard; identification and development of occupational talents among the special group children; and vocational/occupational guidance and counseling for the special needs children. It is also found that there is not any special method/means under the institution of NIPCCD for providing economic rehabilitation to the special group children in order to make them financially self-reliant. Since NIPCCD is running under the Ministry of Women and Child Development, so economic rehabilitation is not within the ambit of MWCD. However, economic rehabilitation of special group children mostly is dealt by the Ministry of Social Justice and Empowerment.

D) Social Rehabilitation

Regarding social rehabilitation of special group children, it is seen that the NIPCCD has undertaken some initiatives for providing life security and protection of rights of all children including the special group children. For protecting the different types of rights of all children including special group children, the NIPCCD is running a central scheme called Integrated Child Protection Scheme (ICPS) which emphasizes on the rights of survival, development, protection and participation including civil, political, economic, education, social and cultural rights of all children irrespective of their caste, class, religion, disability, socio-economic status etc. Under the scheme of ICPS there is a provision of setting up of Children's Homes in every district for those children, who are affected by HIV/ADIS, substance abuse, mentally and physically challenged etc., for residential care and rehabilitation of such children. The scheme also provides support for additional nutritional needs or medical care along with the provision of institutional and non-institutional care to such children. Children with special needs/disability are placed at children's home and the authorities of different homes are being trained by the personnel of NIPCCD to deal effectively with such children. NIPCCD is also running a central scheme of ICDS which emphasizes on early identification, intervention and prevention of disability. This scheme provides immunization, nutrition, early childhood care and education, referral services etc., for the holistic development of all children including the special group children. It is also seen that the personnel of NIPCCD organize seminars, workshops, conferences, awareness campaigns etc., towards the issues of disability, government provisions of disability, social acceptance of disability etc., which can help to minimize the gaps among the normal people and disable people. Further, NIPCCD conducts workshops to create awareness among the parents/guardians about positive care, positive discipline, parenting styles, provisions of government schemes etc.

E) Adoption of Some Specific Innovative Practices for Overall Rehabilitation

For the overall rehabilitation and holistic development of special group children, the NIPCCD adopts and practices some innovative ideas. Under NIPCCD there is a provision of home-based rehabilitation which covers medical care, health check-up, physiotherapy, speech therapy, psychotherapy and nutrition facilities for special group children. The NIPCCD also conducts case study/research/project works on the issues of disability and makes recommendation to the governments/stakeholders to enact/formulate need based policy/scheme for the overall rehabilitation of special group children. Again, it appoints/engages multi-category of trained as well as qualified rehabilitation workers/professionals for taking care of different categories of special needs children for socialization. Further, this institution organizes public/ parental awareness programmes about the existing government schemes/facilities for the welfare and empowerment of the children with special needs. Besides, the NIPCCD implements various schemes/plans/policies such as ICPS, ICDS and

Childline programme; and organize seminars, workshops, symposium, orientation and training courses for the functionaries of ICDS, ICPS and also for the workers of NGOs in order to sensitize them towards the rehabilitation of special group children. NIPCCD also collaborates with other local/ national/ international bodies such as MHRD, MSJE, Health Department, UNESCO, UNICEF etc., which provides technical as well as financial supports for the better rehabilitation and empowerment of different categories of special group children in various ways.

The NIPCCD also makes use of some special means for the overall rehabilitation of special group children. It is running a Child Guidance Centre to provide supports and rehabilitation services to the children having learning problems and behavioural difficulties. This institution organize awareness campaign in order to develop positive attitude among parents and public/masses to take care of the special group children properly because they are the assets of the family, society and the nation as well. A team of multi-disciplinary support staff covering pediatricians, physiotherapists, psychologists, social workers, counselors, speech and audio therapists etc., pay visit to the medicals, schools, NGOs etc., and also orient the functionaries of such organizations about the early identification, intervention and prevention of disability.

This institution sensitizes the teachers and workers of different social organizations/schools through training programmes addressing various issues of mental health for children with developmental delays, learning disabilities and behavioural problems. NIPCCD through its CGC provides diagnostic, therapeutic and referral services to children (up to 14 years) with developmental delays, learning and behavioural problems including childhood disabilities. The institution tries its best for better rehabilitation and welfare of the different categories of special group children.

4.2.5 Study of the Role and Functions and Policies of Different Ministries (MHRD, MSJE and MWCD) in the Context of Rehabilitation of Special Group Children at Pre-school Level

After independence, Government of India constituted different Ministries from time to time for development of different sectors of the country. Among the different Ministries of Government of India, the Ministry of Human Resource Development (MHRD), Ministry of Social Justice and Empowerment (MSJE) and Ministry of Women and Child Development (MWCD) have been directly/indirectly playing a vital role in the context of rehabilitation of special group children at pre-school level. The role and functions and policies of different Ministries (MHRD, MSJE and MWCD) in the context of rehabilitation of special group children are given below:

A) Role and Functions and Policies of Ministry of Human Resource Development (MHRD) in the Context of Rehabilitation of Special Group Children

The Ministry of Human Resource Development (MHRD) is a nodal Ministry, previously known as Ministry of Education, has been playing a significant role in the field of education in our country. The fundamental role and function of this Ministry is to plan, formulate and execute the need based as well as right type of educational policies, programmes and welfare schemes for the quantitative and qualitative improvement of the educational domain. Number of initiatives by this Ministry in the name of policies and programmes (educational and welfare) have been formulated and launched from time to time, and also implemented accordingly for the education of all children including special needs children. The Government of India after independence under the Department of Education has made a milestone effort to establish some 'workshop units' especially meant for the blind, which later also included deaf, physically handicapped and mentally retarded. The Govt. of India allocates adequate funds as well as special financial assistance to the MHRD in every financial year for the expansion of education in general and particularly for the special educational needs children. The major policies, programmes and schemes relating to educational rehabilitation of all children including special needs children are discussed in the following heads-

Sarva Shiksha Abhiyan (SSA): The Ministry of Human Resource Development, Government of India launched a flagship (centrally sponsored) programme in 2001 under its Department of School Education and Literacy to achieve the goal of 'universalize elementary education'. The programme is named as Sarva Shiksha Abhiyan. It is a comprehensive initiative which aims at achieving the mission of vision of Millennium Development Goals (MDGs) of 'Education for All'. This programme has intended to provide integrated and inclusive education to all children including special educational needs children in the age group of 6-14 years. Education and rehabilitation of special group children is incorporated as an integral part of SSA framework. It has adopted a 'zero rejection policy' which ensures that every child with special needs, irrespective of kind, category and degree of disability is provided meaningful and quality education in an integrated and inclusive approach within the mainstream education environment. This programme provides education through a converging policy of various existing schemes and programmes which includes integrated and inclusive education in general schools, open schools, non-formal as well as alternative schools, distance education and learning including special schools. Besides, wherever necessary home-based-education, remedial teaching, part-time classes, community-based-rehabilitation and vocational training, itinerant teacher model, co-operative programmes etc., are also facilitated for the welfare and empowerment of special group children.

Under this programme every kind of support services such as financial assistance, material supports as well as human resource services are provided for the special group children in order to make them active and productive members of the mainstream society so that they can enjoy the fundamental right of education. The major provisions under the SSA for the special needs children are-

- SSA provides financial assistance up to Rs. 3000/- (p.a.) per child for education and integration of special needs children.
- The interventions provided to the special needs children under SSA are: early detection and identification of disability, functional and formal assessment, appropriate educational placement, individualized educational plan, provision of aids and appliances, support services, resource support, teacher training, parental training and community mobilization, planning and management, strengthening of special schools, removal of architectural barriers, research in special education, monitoring and evaluation, and special focus on girl child with disability.
- Residential bridge courses are also provided with the main objective of preparing children with special needs for schools, thereby ensuring better quality of inclusion.
- Home-based-education is also provided to children with severe/profound disabilities.
- Provision of appointment of resource teachers at block level and cluster level, and annual training of in-service teachers for providing specialized support to strengthen inclusive education of the children with special needs.
- Provision of training of caregivers, parents, peers and volunteers to strengthen the academic support and to deal with the special needs children effectively.
- Provision of barrier free access to physical environment especially for orthopedic impairment and visual impairment, and access to curriculum as well as teaching learning environment particularly for hearing impaired, visually impaired, cerebral palsy and children with multiple disabilities.
- SSA provides two sets of uniform to all school going children including special needs children studying in government as well as provincialized schools.
- Provision of 25% reservation in private unaided schools for children belonging to disadvantaged group and weaker sections including special needs children.

Right to Education (RTE) Act: After a long as well as continuous strives and demands from all sectors for making the elementary education a fundamental right,

the Government of India made the 86th constitutional amendment in 2002, and added a new article 21 (A) for making the 'right to education' for all children in the age range from 6-14 years as a 'fundamental right'. The Right of Children to Free and Compulsory Education Act-2009, technically known as RTE Act was finally passed by the Parliament on 26th August, 2010 and came into effect from 1st April, 2010. This Act is trying to safeguard the rights of the children belonging to the disadvantaged groups and weaker sections, and to protect them from any kind of discrimination and ensure their completion of elementary education. The RTE Act, 2009 provides for the Right of Children to Free and Compulsory Education to all the children including special needs children/disabled children between the age group of 6-14 years. This Act provides that a child suffering from disability as defined in clause (i) of section (2) of the Persons with Disabilities Act, 1995 shall have the right to pursue free and compulsory elementary education in accordance with the provisions of Chapter V of the said Act. The RTE Act, 2009 was subsequently amended in 2012 and the amended RTE Act came into effect from 1st August, 2012. The RTE (amended) Act, 2012 contains the following provisions relating to children with special needs-

- Inclusion of children with disabilities in the definition of 'child belonging to disadvantaged group' in clause (d) of section (2) of the RTE Act.
- The children with disabilities including children with cerebral palsy, mental retardation, autism and multiple disabilities shall have the right to pursue free and compulsory education in accordance with Chapter V of the PWD Act, 1995.
- Children with multiple disabilities and severe disabilities may also have the right to opt for home-based education.

Every child with special needs should be placed in the neighbourhood schools with needed support services. Children with special needs need to be facilitated to acquire certain skills that will enable them to access elementary education as envisaged in the RTE Act. Thus, school preparedness of children with special needs must be ensured by providing 'special training' as envisaged in the RTE Act. This training may be residential, non-residential or even home-based as per their specific requirements. The existing non-formal and alternate schooling (including home-based education) options for children with disabilities can be recast as 'special training'. Further, RTE Act stresses the importance of preparing and strengthening schools to address all kinds of diversities arising from inequalities of gender, caste, language, culture, religion or disabilities. Hence, to retain Children with Special Needs (CWSN), schools would have to be prepared in terms of support services required by the child, availability of a trained/ sensitized teachers, support from a resource teacher, acceptance by peers and inclusive teaching practices. Elements like classroom space, building, furniture, equipments, seating arrangement, classroom organization etc.,

would have to be adapted to meet the varied and diverse educational needs of CWSN. The Right of Children to Free and Compulsory Education Act has also addressed Early Childhood Care and Education (ECCD) under Section 11 of the said Act which states, "With a view to prepare children above the age of three years for elementary education and to provide early childhood care and education for all children until they complete the age of 6 years, the appropriate government may make necessary arrangement for providing free pre-school education for such children." Thus, the Govt. of India through the RTE Act has provided a number of facilities to safeguard the rights of CWSN.

Action Plan for Inclusive Education of Children and Youth with Disabilities (IECYD): The MHRD also developed and launched a comprehensive action plan for the inclusion in education of children and youth with disabilities in 2005. This plan emphasized the inclusion in education of children and young persons with disabilities covering from early childhood care and education to higher education including vocational and technical education. The main goal of this action plan is 'to ensure the inclusion of children and youth with disabilities in all available general educational setting by providing them with a learning environment that is available, accessible, affordable and appropriate'. This plan emphasized that no child would be denied admission in mainstream education due to socio-economic status as well as disability. Under this action plan, interventions are undertaken through ICDS programme because ICDS reaches out to all children in the age group of 0-6 years. The target group of this plan includes infants and children with special needs in the age group of 0-6 years, children with special needs between the age range of 6-14 years and the young persons with disabilities above 14 years. Moreover, the Anganwadi workers are provided training to detect and identify the children with disabilities at early stage through using the training modules developed for this purpose by the NIPCCD and other such agencies with the inputs of MSJE. In addition, under the NRHM, the community health workers (CHWs) are also given training on early identification and intervention methods for all children at risk.

Inclusive Education for Disabled at Secondary Stage (IEDSS): Under the MHRD (Department of Secondary and Higher Education), Government of India launched a very important and comprehensive scheme of Inclusive Education for Disabled at Secondary Stage (IEDSS) in 2009-10 replacing the earlier Integrated Education for Disabled Children (IEDC), 1974 which provides assistance for inclusive education of the children with special needs at secondary stage (classes IX-XII). As SSA and IECYD supports inclusion of ECCD and elementary education; secondary education is subsumed under Rashtriya Madhyamik Shikhsa Abhiyan (RMSA) from 2013. The main aim of the IEDSS scheme is to enable all students with special needs after completing eight years elementary schooling, to complete four years of secondary schooling in an inclusive and enabling environment. The scheme covers all the children under 18 years studying at secondary stage in government, local body and

government-aided schools with one or more disabilities as defined under the Persons with Disabilities Act, (1995) and the National Trust Act (1999) in the age group of 14-18 years, namely blindness, low vision, leprosy cured, hearing impairment, locomotor disabilities, mental retardation, mental illness, autism, cerebral palsy, speech impairment and learning disabilities. But girls with disabilities receive special focus and efforts are made to help them to pursue secondary education. Under this scheme Rs. 3000/- (p.a.) are provided as special assistance to per children with special needs for these measures: identification and assessment of children with special needs, provision of aids and appliances, access to disabled-friendly learning materials, transport and hostel facilities, scholarships, books, uniforms, assistive devices and support staff; stipend for girl child with disabilities Rs. 200/- per month (p.m.) for boarding and Rs. 200/- (p.m.) for lodging are facilitated.

In addition to the above, some other facilities are also provided for the inclusion of CWSN into mainstream education environment which include: appointment of special teachers/educators, training of general teachers on special and inclusive education, construction of block level resource rooms, supply of equipments for block level resource rooms, grant for improving access by removing architectural barriers, construction of disabled-friendly infrastructures, strengthening training institutions and assisting the existing organizations/NGOs to develop teacher training programme in inclusive schooling, research and development of projects like development of model inclusive schools, ICTs, monitoring and evaluation. For the set up of model inclusive school Rs. 5, 00, 0000 are supported by the scheme with the help of MHRD. Central government, state governments/UTs are the implementing agencies of the scheme of IEDSS. Moreover, some philanthropic organizations/NGOs having experience to deal with children with special needs are also allowed to involve under the fold of implementing agency where cent percent financial supports are funded by the central government.

Central Board of Secondary Education (CBSE): Central Board of Secondary Education (CBSE) is a nodal organization under the MHRD (Department of Secondary and Higher Education), Government of India that provides education at secondary level throughout the country. It extends some facilities to the students with special needs such as dyslexia, blind, spastic and visual impairment. The facilities are as follows-

i) The students with disabilities (dyslexia, blindness, spastic and visual impairment) have been given the option of studying one compulsory language as against two languages. The language opted by them should be in consonance with the overall spirit of the Three Language Formula prescribed by the Board. Besides one language, they are offered any four of the following subjects: Mathematics, Science and Technology, Social Science, Music, Painting, Home Science and Introductory Information Technology.

ii) From 2002 examination, alternative question in lieu of questions requiring special skills based on visual inputs have been provided in mathematics and science for junior secondary school examination, that is class X.

iii) Blind, physically handicapped and dyslexic students are permitted to use an amanuensis, but s/he must be a lower class student than the one who is taking the examination.

iv) The disabled students are allowed additional 1 hour for each paper for external examination.

v) Special seating arrangements are also made for conducting examination at the ground floor as per as possible.

National Institute of Open Schooling (NIOS): National Institute of Open Schooling (NIOS) is an autonomous organization under the MHRD, GOI with international recognition and presence, and this institute provides access to sustainable and learner-centric quality education, skill up-gradation and training through open and distance learning mode up to pre-degree level. It provides both academic and vocational courses up to pre-degree education to its prioritized target groups who are mostly drop-outs from formal education system, disadvantaged segment population who are unable to avail formal education due to various reasons like poor socio-economic condition, communication problems, psycho-emotional reasons etc. One of such prioritized groups is differently-abled/special needs learners who are termed as children with special needs. The NIOS provides education to the special educational needs children with the help of Special Accredited Institutions for the Education of Disadvantaged (SAIED), which are located in different States throughout India in special schools and NGOs premises. For making education relevant to their livelihood children are strongly supported to take a vocational subject while doing their Xth and XIIth standard. Special provisions are also made for the examination of the learners with special needs. They are allowed to take an amanuensis and allocated additional 1 hour to complete their examination. Moreover, special seating arrangements are also made for them. The visually impaired learners are allowed to use Brailler's Typewriter or a computer along with other equipments such as talking calculator, abacus etc. Furthermore, an interpreter (sign language person) is allowed in the examination room for hearing impaired examinees to help them understand the question paper. Even in some extreme cases, examination is also conducted at the residence of the learners as a special case. An alternative question paper is also given in place of question on maps, graphs etc., in the subjects like history, geography and social science.

It is found that the Government of India through the Ministry of Human Resource Development (MHRD) has enacted and launched a number of policies, programmes, plans and schemes for the educational uplift and rehabilitation of all children including special group children from pre-school to higher education. All the above

discussed policies, programmes and schemes provide educational rehabilitation services which include free and compulsory education up to elementary stage, scholarships/stipend, free books and learning materials, uniforms, mid-day-meal, transport facility, disabled-friendly equipments and infrastructures, special learning aids and appliances etc. Some of the schemes/policies have focused on early diagnosis and identification of disability, early intervention and prevention of disability etc. Hence, it is evident that there are some schemes/programmes under the MHRD which give need-based facilities like home-based education, alternative education, special seating arrangement, remedial teaching, reservation in admission and so on for the children with special needs.

B) Role and Functions and Policies of Ministry of Social Justice and Empowerment (MSJE) in the Context of Rehabilitation of Special Group Children

The Ministry of Social Justice and Empowerment is a nodal body that has been playing a significant role by enacting and implementing various policies, programmes and welfare schemes for the rehabilitation and empowerment of the special group children and/or the persons with disabilities. The Government of India under the MSJE is running seven national institutes dealing with various categories of disabilities, eight Composite Regional Centers (CRCs) and four major policies/ legislations which provide rehabilitation services and run courses for rehabilitation professionals. Besides, under the aegis of this Ministry, four Regional Rehabilitation Centres and 120 District Disability Rehabilitation Centres (DDRCs) have been providing various kinds of rehabilitation services such as early identification and prevention of disability, disability certificate, integrated/ inclusive education, financial assistance, medical and physical rehabilitation etc., to the special group children and/or the persons with disabilities. The Ministry also extends various types of supports such as financial, technical, social, administrative etc., to the public institutions and philanthropic organizations/NGOs for delivering various types of rehabilitation services in order to meet the needs and demands of the special group children and/or the people with disabilities, and also helps them to become self-reliant as well as productive members of the society. It has also been running a National Handicapped Finance and Development Corporation (NHFDC) which provides loans at concessional rates of interests to the disabled people for self-employment and economic independence. The details of the role and functions and policies of MSJE in the context of rehabilitation of special group children are discussed below under the following heads:

Rehabilitation Council of India (RCI): Rehabilitation Council of India (RCI) is a statutory body under the Ministry of Social Justice and Empowerment which was enacted in 1992 for standardizing and monitoring courses for rehabilitation professionals and granting recognition to institutions running courses. The RCI Act

was amended by Parliament in 2000 to make it more broad-based covering important components such as regulating and monitoring services given to persons with disability to standardize syllabi and to maintain a central rehabilitation register of all qualified professionals and personnel working in the field of rehabilitation and special education. The RCI covers and runs as many as 16 categories of professionals under the rehabilitation training courses from early childhood level to the doctoral levels which are running in both regular as well as distance modes throughout the country. Further, it also conducts and organizes a number of programmes like seminars, workshops, conferences, projects and awareness campaigns in the field of rehabilitation and special education. The key purpose of RCI is to take care of manpower development with regard to different categories of professionals for comprehensive rehabilitation services of persons with disabilities. The RCI launched a joint venture with Indian Space Research Organization (ISRO) and Media Lab Asia (MLA) namely 'EDUSAT' up-linking station and TV studio located in the RCI building to connect more than 500 study-centers/recognized institutions via satellite to disseminate information for improving the quality of training in the field of disability rehabilitation and special education.

The Persons with Disabilities (PWD) Act: Another important legislation was formulated by the Government of India under the MSJE viz., Persons with Disabilities (PWD) Act, 1995 for ensuring equal opportunities, protection of rights and full participation in society of the persons with disabilities. This Act provides various kinds of rehabilitation services such as prevention, early intervention, education, vocational training and employment, research and human resource development, creation of barrier-free environment, special insurance scheme for the disabled employees etc. The PWD Act for the first time opened the door of 3% reservation for blindness or low vision, hearing impaired and locomotor disability or cerebral palsy in government as well as non-government job sectors. Both central as well as state governments along with some autonomous bodies and NGOs having knowledge and experience on disability/special education have been implementing the provisions (schemes, programmes etc.) under this Act, which are fully funded by the central government. Appropriate government and local authorities are instructed to take certain steps such as undertake surveys, investigations and research for the prevention of occurrence of disabilities; promote various method and techniques of preventing disabilities; screen all the children at least once in a year for the purpose of identifying risk cases; create awareness among people through pre-schools, schools, primary health centers, village level workers and Anganwadi workers. The MSJE through this Act designed a comprehensive education model with appropriate curriculum along with new assistive devices, teaching aids, special teaching materials etc., which are essentials to facilitate equal opportunities in education of the special group children. The special needs children are also provided transport facility, free books, uniforms, scholarships and other facilities in order to enable

them to attend schools. Furthermore, under this Act some special provisions are made such as conducting part-time classes, non-formal education; imparting education through open schools and distance learning etc., for the education and rehabilitation of special group children. The government is also responsible for making the general environment non-discriminatory in terms of services like railways, buses, road signals, pavement slopes, warning signals, building ramps, Braille signs and auditory signals etc., for the PWDs. The Act also provides for non-discrimination of the PWDs in employment that can be taken up by them in government and non-government offices.

The National Trust Act: The Ministry of Social Justice and Empowerment enacted a legislation viz., the National Trust Act, 1999 under the National Trust for the welfare of persons with autism, cerebral palsy, mental retardation and multiple disabilities. The main goal of the Act is to ensure persons with disabilities to lead independent life with dignity, support and strengthen philanthropic organizations and other service providers, and appoint legal guardians to take care of special needs children and/or persons with disabilities. It also facilitates equal opportunities, protection of rights and full participation of persons with disabilities in the society. The major activities/ programmes of this Act include- organize training and awareness programmes, capacity building programmes, shelter and care giving programmes; set up of adult training units, individual and group homes, residential hostels and residential homes for special group children and/or persons with disabilities. The Ministry receives funds from the central government through the Trust in the form of grants, gifts and donations; and also utilizes these through convergence of appropriate central and state governments including NGOs and other service providers.

The National Policy for Persons with Disabilities (NPPD): Another landmark policy enacted by the Government of India under the MSJE is the National Policy for Persons with Disabilities in 2006, which recognizes that special needs children are the valuable human resources for the nation and seeks to create an environment that provides them equal opportunities, protection of their rights and full participation in society. This policy recognizes the fact that a majority of persons with disabilities can lead a better quality of life if they have equal opportunities and effective access to rehabilitation measures. The MSJE through this policy provides different types of assistive devices such as prostheses and orthoses, tricycles, wheel chairs, surgical footwear and other devices for activities of daily living, learning equipments (Braille writing equipments, Dictaphone, CD player/ tape recorder), low vision aids, special mobility aids like canes for blind, hearing aids, educational kits, communication aids, assistive and alerting devices for the persons with disabilities. Besides, the policy has the provisions of three types of rehabilitation services, these are: (i) physical rehabilitation, which includes early detection and intervention, counseling and medical interventions, and also provision of aids and appliances. It also includes the

development of rehabilitation professionals, (ii) educational rehabilitation including vocational education, and (iii) economic rehabilitation for a dignified life in society.

The National Handicapped Finance and Development Corporation (NHFDC): The National Handicapped Finance and Development Corporation has been incorporated by the Ministry of Social Justice and Empowerment, Government of India from 1997 under Section- 25 of the Companies Act, 1956 as a non-profit company. It runs several schemes to financially assist the disabled children/ disabled persons in the way of giving loan for setting up small business in service/ trading sector and small industrial unit. Besides, it provides loan for higher studies/ professional training to cover tuition fees, books, stationery expenses, hostel facilities etc.; for agricultural activities, manufacturing/production of assistive devices for disabled persons and for self-employment amongst persons with mental retardation, cerebral palsy and autism. The corporation provides financial assistance for wide range of income generating activities to disabled persons. These are given below:

- For setting up small business in service/trading sector: provide loan up to Rs. 3 lakh for sales/trading activity and Rs. 5 lakh for service sector activity.
- For purchase of vehicle including auto-rikshaw for commercial hiring: provide loan up to Rs. 10 lakh.
- For setting up small industrial unit: Loan up to Rs. 25 lakh. Loan assistance is provided to disabled persons for manufacturing, fabrication and production.
- For agricultural activities: Loan up to Rs.10 lakh. Loan assistance is provided to disabled persons for agricultural production, irrigation, horticulture, sericulture, purchase of agricultural machinery/equipment for agricultural services, marketing of agricultural products etc.
- For self-employment amongst persons with mental retardation, cerebral palsy and autism: Loan up to Rs. 5 lakh. In such cases, the financial assistance is extended through parents/spouse/legal guardian of the dependent mentally disabled person.
- Loan for professional/educational/training courses: Loan up to Rs. 7.5 lakh for studies in India and loan up to Rs. 15 lakh for studies abroad.
- Micro Credit Scheme by State Channelizing Agencies implemented through NGOs: Loan up to Rs. 5 lakh for each NGO and Rs. 25,000/- for each beneficiary.
- Parents' Association of mentally retarded persons: Loan up to Rs. 5 lakh.
- Financial assistance for skills and entrepreneurial development (in the form of grant to channelizing agencies/reputed training institutions for imparting skills and entrepreneurial development training to disabled persons).

Scheme of Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP): The Scheme of Assistance to Disabled Persons for Purchase/ Fitting of Aids and Appliances was launched in 2005 under the Ministry of Social Justice and Empowerment for assisting and rehabilitating the special group children

and/or the persons with disabilities. The main objective of the scheme is to assist the needy disabled persons in procuring durable, sophisticated and scientifically manufactured, modern and standard aids and appliances that can promote their physical, social and psychological rehabilitation by reducing the effects of disabilities and enhance their economic potential. The scheme covers various types of aids and appliances such as tricycles, wheelchairs, crutches/supportive walking sticks, walking frames/ rollators, arithmetic frames, abacus, geometry kits, Braille writing equipments including Brailler's, Braille shorthand machines, typewriters, talking calculator, various types of hearing aids, special mobility aids etc., which are mostly essential for the education, rehabilitation and empowerment of the special group children/disabled persons. It is noteworthy that only those aids/appliances which do not cost more than Rs. 6,000/- are covered under the scheme. However, for visually, mentally, speech and hearing impaired or multiple disabled children the limit should be Rs. 8,000/- during their study period after IX standard. The scheme is implemented through implementing agencies such as the NGOs, National Institutes, CRCs, DDRCs under this Ministry and also Artificial Limbs Manufacturing Co-operation (ALIMCO) of India.

The Scheme of National Scholarships for Persons with Disabilities: The Ministry of Social Justice and Empowerment has been awarding 500 scholarships every year under the Scheme of National Scholarships for Persons with Disabilities for pursuing education from post-metric to PhD level including professional and technical courses of duration more than one year. However, in respect of students with cerebral palsy, mental retardation, multiple disabilities, severe hearing impairment etc., scholarships are provided for pursuing studies from IX standard onwards. Every Indian student's with 40% or more disability, whose monthly family income does not exceed Rs. 15,000/- is eligible for scholarship. A scholarship of Rs. 700/- per month to day scholars and Rs. 1,000/- per month to hostellers is provided to the students pursuing graduate and post-graduate level technical or professional courses. A scholarship of Rs. 400/- per month to day scholars and Rs. 700/- per month to hostellers is provided for pursuing diploma and certificate level professional courses. In addition to the scholarship, the students are reimbursed the course fee subject to a ceiling of Rs. 10,000/- per year. Financial assistance under the scheme is also given for purchasing computer with editing software for blind/ deaf graduate and post-graduate students pursuing professional courses. The scheme is implemented by National Fund for People with Disabilities. Further, 40% scholarships are reserved for girls with disabilities. The Ministry also launched a 'central sector scheme of pre-metric scholarship and post-metric scholarship for students with disabilities' which came into effect from 1st April, 2014.

The Scheme of National Awards for the Empowerment of Persons with Disabilities: The Ministry of Social Justice and Empowerment has been giving the National Awards for the Empowerment of Persons with Disabilities every year on

the occasion of 'International Disability Day' on 3rd December. The scheme was approved in 1969 by the Government of India for giving national awards to the outstanding employers of person with disabilities as well as the most outstanding employees of persons with disabilities. The scheme has been subsequently amended to include awards to placement officers, eminent individuals, outstanding institutions and for outstanding inventions by technologists. In accordance with the existing Scheme of National Awards for the Empowerment of Persons with Disabilities, total 63 awards are awarded every year to the different categories of people with disabilities in the 13 broad areas: best employees/self-employed with disabilities; best employers and placement officer/agency for placement of persons with disabilities; best individual and institution working for the cause of persons with disabilities; role model; best applied research/innovation/ product development aimed at improving the life of persons with disabilities; outstanding work in the creation of barrier-free environment for the persons with disabilities; best district in providing rehabilitation services; best local level committee of National Trust; best state channelizing agency of national handicapped finance and development corporation; best creative adult persons with disabilities; best creative child with disabilities; best Braille press; and best accessible website. However, special preference is given to the women with disabilities particularly from the rural areas and self-employed women.

The Deendayal Disability Rehabilitation Scheme (DDRS): The Deendayal Disability Rehabilitation Scheme came into existence from 2003 that is operating under the Ministry of Social Justice and Empowerment, Government of India. The main objectives of this scheme are: i) to create an enabling environment to ensure equal opportunities, equity, social justice and empowerment of persons with disabilities, and ii) to encourage voluntary action for ensuring effective implementation of the Persons with Disabilities Act, 1995. This scheme provides financial assistance (received from central government) to voluntary organizations to make available the whole range of services necessary for rehabilitation of special group children and/or the persons with disabilities including early intervention, development of daily living skills, education, skill-development oriented towards employability, training and awareness generation. This scheme also includes different projects for providing education, vocational training and rehabilitation of persons with disabilities.

It is manifested that the Government of India under the Ministry of Social Justice and Empowerment (MSJE) has formulated and launched a number of legislations, policies, programmes and schemes for the overall rehabilitation of all children including special group children from childhood stage to old age. All the above discussed legislations, policies, programmes and schemes provide rehabilitation services in the areas of education, economy, vocation, medical/health etc., for the empowerment of children with special needs and/or persons with disabilities. Under

this Ministry through the various schemes/programmes large number of facilities are provided to the people with special needs which include financial support, concessional loans, vocational training, scholarships/stipend, education, free special learning materials, play equipments, transport facility, disabled-friendly infrastructures, special aids and appliances etc.

C) Role and Functions and Policies of Ministry of Women and Child Development (MWCD) in the Context of Rehabilitation of Special Group Children

The Ministry of Women and Child Development became a nodal Ministry from 2006 for the development of women and child in our country. This Ministry is created only for the holistic development of women and children of our country because children are the asset and future property of the nation and the women are considered as the home makers as well as contributors of human resources. The main functions of this Ministry are to formulate plans, policies and schemes; enact/amend legislations; guide and co-ordinate the efforts of both governmental and non-governmental organizations for women and child development. Besides, this Ministry organizes awareness programmes/training for employment and income generation, and conducts research in the field of women and child development. For the holistic development of the child, the MWCD has formulated a number of policies and schemes from time to time and among them Integrated Child Development Service (ICDS), Integrated Child Protection Scheme (ICPS), National Policy for Children (NPC) and National Policy for Early Childhood Care and Education (NPECCE) are the major initiatives which are implemented by the governmental and non-governmental organizations. The schemes and policies of this Ministry provide various support services for the welfare and empowerment of all women and children including differently-abled women/children. The details of the role and functions and policies of Ministry of Women and Child Development in the context of rehabilitation of special group children at pre-school level are discussed under the following broad heads:

The Integrated Child Development Service (ICDS) Scheme: The Ministry of Women and Child Development (formerly known as Department of Women and Child Development, MHRD) has been implementing the world's largest outreach programme of Integrated Child Development Service (ICDS) scheme since 1975. The scheme of ICDS has been providing a package of rehabilitation services comprising supplementary nutrition, immunization, health check-up, referral service and pre-school non-formal education to all children including disabled children up to 6 years of age. Recently ICDS has undertaken a landmark step for early detection and identification of special needs children by the Anganwadi workers in the Anganwadi centers throughout the country for the intervention and prevention of disability. In this regard, the MWCD also provides training to the ICDS functionaries

towards disability; organizes seminars, workshops, conferences and awareness programmes; conducts research and project works in the field of disability and special education through NIPCCD. The ICDS programme aims at securing proper screening, detection and identification of different categories of special group children at pre-school level and accordingly facilitates appropriate rehabilitation services such as health rehabilitation through primary health centers/ community health centers, psychosocial rehabilitation through Child Guidance Centers and early childhood care and education through Anganwadi centers. The ICDS functionaries like Supervisors and Anganwadi workers generally use Mother and Child Protection (MCP) card for identification of developmental delays in children of 3 years of age.

The Integrated Child Protection Scheme (ICPS): The Integrated Child Protection Scheme was introduced during 2009-10 under the Ministry of Women and Child Development for creating a safe and secure and/or protecting environment for all children in need of care and protection for their holistic development- physically, mentally, emotionally, psychologically, intellectually as well as socially. It aims at achieving well being of children in difficult circumstances and reduction of their vulnerability to abusive and exploitative situations by establishing statutory support and service delivery structures throughout the country. The scheme also provides special rehabilitation services to those children, who are affected by HIV/AIDS, substance abuse and also mentally or physically challenged etc. Further, the scheme accepts high levels of abandonments and consequent institutionalization of children with disabilities.

Besides this scheme, some other schemes and programmes are also run by the GOI under the MWCD, which are: programme of juvenile justice, schemes for working children in need of care and protection, integrated programme for street children, Childline-24/7 helpline service for children, schemes for assistance to institutions/voluntary organizations etc., for care and support for children of target group including disabled children and those affected by HIV/AIDS. All these schemes and programmes provide comprehensive services like- food, clothing, shelter, recreation, medical service, non-formal education, vocational training, referral services, guidance and counseling to the children.

The National Policy for Children (NPC): The National Policy for Children, 2013 is another landmark endeavour undertaken by the Ministry of Women and Child Development, which recognizes that all children have equal rights and no child shall be discriminated on the grounds of religion, gender, caste, race, language, colour, disability, socio-economic status etc. Every child has the right to dignified life, free from exploitation; and hence, survival, health, nutrition, education, protection and participation are the undeniable rights of the children, which are the key priorities of this policy. This policy emphasizes that the states shall take measure to prevent disabilities through timely measures for pre-natal, peri-natal as well as post-natal health and nutrition care of mother and child; provide service for early detection and

appropriate quality treatment including interventions to minimize and prevent further disabilities; prevent discrimination faced by children with disabilities and also provide services for rehabilitation and social support. Further, this policy made provision of universal and equitable access to quality early childhood care and education for holistic development and active learning capacity of all children including disabled children below 6 years of age. It ensures that all out of school children such as child labours, migrant children, street children, children of sex workers, children with disabilities etc., are tracked, reduced and rehabilitated so that they can have access to their rights to education. In addition, it also ensures that children with special needs are provided inclusive educational services in regular schools with the help of trained teachers and special educators. This policy provides various facilities such as appropriate pedagogy and learning materials, barrier-free atmosphere, adequate and appropriate disabled-friendly infrastructures along with co-curricular activities for the development of children's fullest potential.

The National Plan of Action for Children (NPAC): The Government of India enacted a National Plan of Action for Children (NPAC) in 2005 under the Ministry of Women and Child Development. The NPAC ensures to protect the rights of all children (normal children and special needs children) up to the age of 18 years. The main goals of this plan are: (i) to ensure right to survival, care, protection and security for all children with disability, (ii) to ensure the right to development with dignity and equality for creating an enabling environment where children can exercise their rights, enjoy equal opportunities and full participation in accordance with the UN Convention on the Rights of the Child, the Persons with Disabilities Act, National Trust Act and other laws dealing with child rights in India, (iii) to ensure inclusion and effective access to education, health, vocational training along with specialized rehabilitation services to children, and (iv) to ensure the right to development as well as a recognition of special needs and of care and protection to children with disabilities who are vulnerable, such as children with severe multiple disabilities, children with mental retardation, disabled children from poor families, girl children with disabilities etc. The NPAC provides various rehabilitation services which include: early detection of disability, timely intervention, immunization, nutrition/ dietary corrections, integrated early childhood care and education etc., for optimal development of children with special needs up to the age of 6 years. Besides, this action plan facilitates resource centres with properly trained teachers in all educational institutions to support the children with disabilities. This action plan also emphasizes on giving training to social workers, health workers, care givers etc., in providing information, support, counseling and referral services to children and their families particularly around the time of detection of disability.

The National Early Childhood Care and Education (ECCE) Policy: The National Early Childhood Care and Education Policy was adopted in 2013 under the aegis of MWCD which envisages promotion of inclusive, equitable and contextualized

opportunities for promoting optimal development and active learning capacity of all children including special needs children below 6 years of age. This policy conforms to the vision of holistic and integrated development of the child, with focus on care and early learning at each sub-stage of the developmental continuum in order to support children's all round and holistic development. The key goals of this policy include: universal access with equity and inclusion; quality in early childhood care and education; and strengthening capacity, monitoring and supervision, advocacy, research and review. Now pre-school education is made compulsory for all children under the ICDS scheme where the Anganwadi workers are given training on the techniques and procedures for detecting and identifying the children with special needs at early age. In addition, pre-school education opportunities are provided to the children in the age group of 3-6 years through the large number of pre-school sections/ classes attached to formal primary schools. The number of pre-school sections/ classes attached to schools increased from 115,372 in 2002-03 to 215,931 during the year 2012-13. The enrolment of pre-school students increased from 8.8 million (2005-06) to 12.9 million in 2013-14. Besides, a number of private-unaided pre-schools and nursery schools have been setup in every corner of the country which are providing pre-school education to all children including special group children for preparing them to enter into the elementary school.

It is revealed that the Government of India under the aegis of Ministry of Women and Child Development (MWCD) has enacted and introduced a number of schemes/policies/plans/programmes for the development of women and children. The MWCD through its plans/policies/schemes/programmes provide a number of rehabilitation services in the areas of education, nutrition, immunization, medication and security service to all children including special group children. Besides, some of the schemes/programmes of this Ministry ensure to protect the human rights (social, political, economic etc.) for survival and living in the society with equal access and dignity. Further, some of the other schemes also provide facilities like disabled-friendly infrastructures/equipments, learning materials, aids and appliances; engage special educators/teachers, provide training to the general teachers, social workers and caregivers to teach/educate and take care of the special group children effectively. It is worthwhile to mention that almost every plan/policy/scheme emphasizes on the dimension of inclusion everywhere (i.e., in school environment, public places or at home) where disabled and non-disabled children learn together, play together and work together. Moreover, it is seen that the ICDS scheme has recently undertaken a vibrant step for early diagnosis and identification of disability, and early intervention and prevention of disability. This scheme also gives early childhood care and education to all children including special needs children.

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