CONCEPT PAPER OF KARD

## The Concept Paper of KARD on Disability Development

## KARD – a brief profile:

Kanyakumari Rural Development Society, abbreviated as KARD, is a registered society under Tamilnadu societies Registration Act 1975. Since its inception in 1985, KARD has been able to establish an identity as an NGO committed exclusively for the development of the persons with disability. At the same time, KARD has not lost sight of the vision that the overall development of a community is a pre-condition for the total development and empowerment of the persons with disability. Hence, apart from programs for disability development, KARD has been implementing various

socio-economic development programs.

The motivation and inspiration behind the formation of KARD shall be traced back to the childhood days of its founding member, Mr. Basil Rajan, the present Director Secretary of KARD. He witnessed the social marginalisation of the persons with disability in his native village in his childhood days. A mentally ill adult boy was tied to the flag mast of the church and battered brutally till his death by his father in an effort to drive off the devil that possessed him. Such was the hold of superstition on the poor illiterate people. This incident had been lingering in his mind till he completed his postgraduate studies.

The Christian values of compassion and love instilled in his mind by the Christian institutions motivated him to commit his life towards the development of the disabled persons, particularly mentally retarded children. This spiritual commitment had been the driving force behind the creation of the legal platform called KARD. A group of like minded socially committed persons joined this platform and are mobilizing resources and channelise them through this platform towards the rehabilitation of people with various disabilities. Apart from that, the members or promoters of KARD have been offering their services towards the furtherance of the objects of KARD.

## Persons with disability- an overview:

A contextual analysis of the situation of the persons with disability shall help us

understand their specific problems/needs. Disability is a social and economic liability. This statement reflects the attitude of the rural community towards disability.

An understanding of the socio-economic background of the parents of

rural/urban disabled children is necessary to understand the situation of the disabled

children. The parents of children with disabilities in our working areas are, by and large, rural urban daily wage-earning coolie workers or poor paid workers in the service

sector. With their limited income, they are hard pressed to meet both ends in the family. So an earning child is preferred to a learning child in these families. Child laborers shall be better understood in this context. What will be the attitude of such parents towards the unearning but dependent disabled children? Nothing but indifference and neglect. Scientific experiments on psychosocial development of children point out that neglect and indifference of children progressively develop Emotional Intelligence Disorder syndrome.

Left to them, with out adult support, personal hygiene, nutrition and education of the disabled children are far from adequate. Poor level of self-help knowledge and techniques, coupled with poor level of mobility, contribute a lot towards the poor personal hygienic condition of the disabled children. Nutrition deficiency sydromes are widely prevalent smong the disabled children from poor families.

But two major casualties of child disability are education and child rights. Hardly does an ortho disabled child promotes above primary level with out adult

intervention.Visual disability and mentalretardation are rarely in the formal educational mainstream.

Right to childhood, right to education, right to health, right to be loved and

a host of rights of children enshrined in the UN convention of child Rights are denied

to the unfortunate children of disability.

This situation is the end result of a combination of complex cultural and

Socio-religious and potitical system which is responsible for violation of the rights of disabled children . Hence they should be properly addressed.

As in many other cases, this also has two aspects. One is constructive in nature, striving to expand the resource base of the community and also to create awareness among them. The other is of opposing those tendancies in the system which are in violation of rights of the disabled children like gender descrimination, social marginalisation based on economic criteria etc. The strategy then must be to restore the sense of dignity and self reliance, stage by stage and to sensitise the community and parents to involve in Community Based Rehabilitation of the children with various disabilities.

## INTERVENTION OF KARD:

## Early intervention:

To identify disabilities and rehabilitate disabled in the early childhood itself, we have been engaged in the new born assessment. We go to the villages and conduct newborn baby screening for early intervention.

## Community Based Rehabilitation program (CBR):

Inorder to prevent disabilities, we have been conducting Disability Awareness

Seminars/ Trainings to the various groups in the Community (viz) youth,women,

religious group,village leaders, village elders, elected local body members,school

teachers,transport personal,cycle repair shop men,students etc.

To provide rehabilitation services in their own community itself by their own community people themselves, we implement CBR programs for the persons with

disabilities in some villages of Kanyakumari District. We have conducted door to door survey and identified the PWDs in these villages. We have been conducting assessments and review camps for the five major disabilities - orthopedic,hearing

impairment,visual impairment, mental retardation &CP. and also for skin ailments-leprosy. We have been providing the necessary mobility appliance-calipers, crutches,tricyles,wheel chairs,special footwear etc. Our attempt for the dropout disabled children to continue their education is providing of educational assistance.

Since very little intervention has been made to the mentally challenged, through CBR, we organised them and provided special education and therapies through

‘decentralised centres’. These decentralised centres have been developed in to ‘special schools’ for the mentally challenged.

## Spastics Centre of Kanyankumari (SPASTI):

‘SPASTI’ is a dayacare special school for the mentally challenged children in which 126 mentally disabled children (out of the identified 450 in Nagercoil Municipal Area) attend special education and the needed therapies.

The children are brought to the school in the morning and taken back to their homes every day by our school van. We have parents meeting once in three months in which they share their ideas and experiences.

## School for the Mentally Retarded (SMR):

“SMR” is a residential special school for the mentally disabled children, where fifty three mentally challenged children stay for special education and therapies. We admit mentally challenged children from very poor situation, who need special care and rehabilitation services. We have been running this residential special school purly with **local contributions**. No Govt. funds or funds from overseas donor agencies have been sought so far. We have named this model as “**Community** **contributed Rehabilition**”.

## Kanya Institute on Mental Retardation Studies (KIMS);

“Kims” is a day care special school for the mentally challenged children. This special school have been started to provide special education, vocational training and therapies for the identified 48 mentally disabled children in one particular village. These children have been attending the school every day.

## Blossom Hostel for the Mentally Retarded (BHMR);

“BHMR” is a resisdential hostel for the mentally retarded children for round the clock care. We have twelve children in this hostel and these children are attending

“SPASTI” during day time for special education and the needed therapy.

## Resource mobilisation :

Against this background, we have attempted to rehabilitate 52MR children. The motive is to provide self-help education and inter-personal relationship techniques in the center by six well trained staff, We provide meals, clothing and health care support through sponsors.

Apart from that we have established good rapport and working relationship with PHCs, Government Hospitals, Social Welfare Board, Revenue department, District Disabled Rehabilitation Department, Banks and District Collectorate. We have motivated people of the community to contribute to this project in all respects. The local barber is contributing to the program by cutting the hair of the children every month. A medical physician is motivated to helpthe project by treating the children during their illness. A few medical shop owners have come forward to contribute to this program with the required medicines on producing the prescription from the physician. The people of the community contribute clothing (both used and new), meals for the day (either one meal or meals for the whole day). A few rice mill owners extend their contribution by providing some rice as their share for running the program.

The parents of the mentally disabled children contribute by visiting their children(provide parental affection, the one which the parents alone can give) regularly and also donate for the program. Their donation ranges from Rs.10/- to Rs.250/- The land in which we have been running the program, is purampoke land which belongs to the government. We get coconut, firewood and some paddy cultivated from these lands.

The Director of KARD has been an active member in his native catholic church in which he has held different portfolios – presently he is the secretary of the parish council.Apart from this he has been the member of the Diocesan Pastoral Council,

he has been the member of the parish council, member of the Education committee etc.His relationship with the Bishop of the catholic diocese has helped him to get the moral support and co operation.The Bishop himself has personally visited KARDs programs and has appreciated its services to the downtrodden people and has encouraged the staff for their services to the PWDs – especially to the mentally disabled people.

His experience for morethan twenty years in this field of disability along with the trainings he has got through variousNGOs and Government organisations has helped him to carryout the rehabilitation services for the PWDs. He has developed good raport with the other NGOs (viz) Spastics Society of Tamil Nadu,Chennai,Ability Foundation,Chennai,Mobility India,Bangalore, Association for the Persons With Disabilities, Bangalore, has helped him to implement rehabilitation services for the persons with disabilities. Mr. Sundar Egbert who was the then Hon.President of Mobility India has served as the consultant of KARD for more than fifteen years.KARDs membership and the different posts held in various networks – District level aswellas state level(viz) ID Netwok, Social Action Movement, Tamilnadu voluntary Health Association, Kanyakumari District Disabled Development Network etc. has shaped him to carryout rehabilitation services for the disabled.This has also gained him good relationship with the officials of various departments and other NGOs.

## Intervention Required:

Intervention is required in the following areas:

♣ Community Based Rehabilitation of disabled persons.

♣ Vocational training within an institutional infrastructure to ensure sustainability

of income generation programs for the disabled.

♣ Institution Based Rehabilitation for the mentally disabled children.

♣ Social research to up grade the psychosocial intervention.

♣ Clinical research to improve the mobility and other self-help practices of the

children with disabilities.

## Project objectives:

♠ To strengthen the community Based Rehabilitation programs.

♠ To expand the IBR programs with more intake of mentally disabled children.

♠ To strengthen the community organization program of parents of disabled children.

♠ To start more daycare centers for the mentally disabled children under SPASTI

network.

♠ To start a college and school for the disabled youth.

♠ To create infrastructure for marketing the products of IGPs of parents of disabled

children.

♠ To conduct socio / clinical research on disability.

♠ To open a full fletched hospital exclusively for persons with disabilities (more

emphasis to persons with multiple disabilities)

♠ To prepare training materials with multi media technology.

## PROJECT STRATEGY :

The project strategy is formulated at three levels. First, Community Convergent Action strategy or CCA approach, enunciated by UNICEF. CCA is a social support

system to be created at grass root level to help the rural poor women avail the existing Government facilities and services. Hence CCA comities will be formed in the villages

with the mothers of disabled children. It will meet once in a month in the villages itself where Government officials from Development departments, Health, Bank officials, panchayat presidents, etc. will converge under a common platform to discuss the problems/ needs of the disabled children and their mothers and identify the Government resources and services to address their problems.

The second strategy is “gender mainstreaming” enunciated by UNESCO. The parents of the disabled children will be mobilized under women and men self-help groups which will be imparted various social stall trainings. The end result will be the joint collective action of these associations in community development activities. Finally, the participatory community approval methodology will be adopted in project planning and implementation.

## PRESENT INFRASTRUCTURE:

3 Acres of land with 3500 sq. ft. buildings.

A “SWARAJ MAZDA” four wheeler vehicle.

Three special schools and a hostel – all for the mentally disabled children.

Nineteen two-wheeler vehicles.

Two mini ortho workshops for the repairing of the aids and appliance.

A well equiped Training centre to conduct training programs.

## INFRASTRUCTURE NEEDED FOR THE PROPOSED INTERVENTION.

A clinical / social research institute with all infrastructure facilities and qualified technical personnel.

An ortho workshop to manufacture advanced carbon fiber based ortho equipments.

A four-wheeler vehicle to facilitate the market linkages for the products of IGP programs.

Market outlets in the district and the neighboring state- Kerala.

Institutional linkages with houses /service sectors to help the disabled persons who completed vocational training and find placements.

A reserve fund to promote entrepreneurship among persons with disability.

**Four wheeler vehicles to convey mentally disabled children.**

## FUTURE THINKING:

KARD is seriously contemplating to start a school/college for persons with various disabilities as well as a full-fledged hospital exclusively for disabled persons.

## CLINICAL / SOCIAL RESEARCH INSTITUTE:

Clinical psychologists have come across Emotional Intelligence Disorder Syndromes (EID) among the children of alcoholics and disabled children. Inquiry commission setup by the then Prussian Military Regime first discovered EID among children and adult with disabilities. But not much research has been conducted on the impact of the children. The Research Institute shall focus on this issue.

## MARKET PROMOTION ACTIVITIES:

Vocational training and Income Generation Programs are not sustainable unless they are integrated in to an Institutional framework. Hence KARD plans to build a vast infrastructure exclusively for the IGP products of the disabled persons who start IGPs after completing vocational skill trainings. Market infrastructure will be established at two levels. They are economic marketing and social marketing. Economic or business market infrastructure includes opening market outlets, transport arrangements for economic activities advertising and entrepreneurship fund. Social marketing shall focus on establishing linkages. For example, those ortho disabled youth who completed computer application shall be helped to get employment in business houses, call centres or in the service sector. Hence KARD shall establish working relationship with such institutions and enter in to a memorandum of understanding with them in this regard.

## COLLEGE FOR DISABLED PERSONS:

Though there are quite a number of Institution Based Vocational training centres and rehabilitation centres for persons with disability, there is no formal educational institution- say high school or college - exclusively for disabled persons as in the case of minorities. KARD considers this as a need felt overdue. Hence it is visualizing a full-fledged college of disability. This college is a combination of various educational services brought under a formal system, developed in many phases. It shall have three basic components. Institute for vocational training, Higher secondary school for disabled persons College for disabled persons. The Institute for disabled persons will be started in the first phase. Three vocational training courses are planned during the first year. They are: Computer application course,Outsourcing course, Book keeping / accountancy course, Out board motor mechanic course, Electrical and electronic engineering course

## PROJECTED DEMAND:

1.Nagercoil is not only the capital of Kanyakumari District but also the capital of service sectors. It is also the nerve centre of trade and commerce. There has been a cultural increase in the demand for computer applicants with knowledge in English. It is estimated that the average demand for such professionals is in the order of 300 to 500 per year. Hence a one-year course in computer application and general English will be started. Thirty ortho disabled youth will be trained every year.

## Linkages:

Hotels, Hospitals, Schools, Colleges and Commercial establishments.

## 2.Out Sourcing:

Outsourcing or call centre is a fast growing service sector in India. It is projected that by 2010, there will be a demand for one million trained candidates for the outsourcing centres (BPOs) in India. But all educational institutions through out the country shall have produced only 4.5 lakhs candidates. There fore, there is a need for the course. Thirty ortho disabled youth with Higher Secondary qualification or above will be selected for the course, which runs three years. The following trainings will be imparted to them. Computer Application.Spoken English with American and British accent. Spanish or French languages. After the completion of the course, they will be helped to find placements in call centres.

## Linkages:

Business processing offices of multinational companies, corporate business houses, Embassies and consulates,etc.

## 3. Book keeping and Accountancy

The demand for accountant is also registering annual an increase in service sectors. Thirty disabled youth with Higher secondary qualification will be selected for this course. The following topics will be dealt with in the course:

Single entry and double entry book keeping

Maintaining Day book

Preparation of profit and loss account

Excel and MS Office in computer application.

After the course, they will be helped to find jobs in the private/ public sectors

## Linkages:

Hotels, Hospitals, commercial establishments and NGOs.

## 4. Motor Mechanic:

There are more than 2000 outboard motor fitted catamarans and boats in Kanyakumari district. The average causality per month is worked out at 10%. The fishermen from the 41 fishing hamlets used to carry the OBM all the way from the villages to Nagercoil where alone the outboard motor service facilities are located.

India is experiencing automobile boom. The automobile Industry is slowly but steadily making inroads in to the villages. But, automobile service centres are located only in urban areas.

Hence motor mechanic courses will be started with an intake of thirty students per year. They will undergo training for one year. After that they will be helped to start motor mechanic workshops with spare parts store in the villages.

## Revolving Fund for IGPs:

The parents, particularly mothers of the disabled children will be selected for IGP training programs. Preference will be given to mothers of mentally disabled children. The IGP training will focus on viable cottage Industries or trade. After the completion of the training, they will be helped to start the relevant IGPs with bank loans. But the banks are shy of extending loan to the rural poor without financial security. Therefore, KARD will deposit an amount as reserve fund with the nationalized bank. The women who completed IGP courses will be referred to the bank with a letter of guarantee by KARD. The women shall be able to avail needed finance from the banks as loan to start IGPs.

Finally, the participatory community approval methodology will be adopted in the project planning and implementation.

## Expected outcome after KARDs Intervention:

The following impacts are expected out of the perfect implementation of rehabilitation programs for the persons with disabilities. The mentally disabled children shall get adequate care/support The self-help capacity of the disabled children shall improve considerably. The ortho disabled youth shall be able to integrate in to the mainstream. They shall get recognition and respect with their newly gained social/ economic status. The emotional intelligence status of the disabled children/ youth will improve. The parents will be able to participate in the community based rehabilitation programs of KARD. The college for the disabled youth shall guarantee economic self-reliance of disabled youth. The socio – clinic research shall be a valuable resource base for NGOs and also for the Government to formulate disability friendly intervention programs.

# DIRECTOR

# (S.BASILRAJAN)