

Navi Mumbai Municipal Corporation

‘etc’ Education, Training & Service Centre for Persons With Disabilities

Affiliated By: Disability Welfare Dept. / Rehabilitation Centre / 'etc'-NMMC / Registration Certificate / 12-13 / 3584 / Pune

Accredited By: National Accreditation Board for Education and Training – Quality Council India, Accreditation No. WS 1216 044 (Country’s first institute in the field of Disability)

Awarded By:

1. Prime Minister’s Award for ‘Best Practice in Public Administration
2. State Award for ‘Best Institute working for Persons With Disability’

- Year of establishment: 2007 (the first and only corporation in India to set up own dept for Disability rights)
- Number Students under intervention in the year 2014-15 : 530
- Number of beneficiaries under various scheme in the year 2014-15:
- Number of beneficiaries under various services (like screening, diagnosis, therapy, information port, ..etc) in the year 2014-15: Aprox 1500

ABBREVIATION

Abbreviation	Details
NIHH	National Institute For Hearing Handicapped
BPMC	Bombay Provincial Municipal Corporation
CWDs	Children With Disabilities
CWHD	Children With Hearing Disability
CWID	Children With Intellectual Disability
CWLD	Children With Learning Disability
CWMD	Children With Multiple Disability
EIP	Early Identification & Intervention Program
QMS	Quality Management System
I Q	Intelligent Quotient
IEP	Individualized Educational Program
NIMH	National Institute For Mentally Handicapped
NMMC	Navi Mumbai Municipal Corporation
NSS	National Sample Survey
NGO	Non Government Organisation
MSJE	Ministry Social Justice and Empowerment
MHRD	Ministry of Human Resource and Development
OPD	Out Patient Department
PRM	Performance Review Meetings
PWDs	Persons With Disabilities
QCI	Quality Council of India
GB.	General Body
SSA	Sarva Shiksha Abhiyan
PWD	Persons With Disability
SHG	Self Help Group
SWDs	Students With Disabilities



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BACKGROUND OF THE INITIATIVE:

'I do not consider myself a victim of fate...

But I am afraid... I'll become a victim of your neglect.'

- Special child

Indian Scenario:

Disability population & Census statistics: While estimates disagree, there is growing evidence that Persons with Disabilities PWDs comprise between 4-8% of Indian population (source- document of world bank 2007) The population of disability in the developed countries like UK.-19.4%, Australia 20%, Canada-18.5%, whereas in countries like India 2.1%, This does not in any case suggest to us that the prevalence is less. The only thing is that there are lacunas in our system, which needs to deal with to arrive at an accurate data, and it should be our major area of concern. so the earlier fact of 2.1 % of population is disabled holds no true . The numbers suggest that about 20% of population (mild to severe category) are being affected with disability, such a large number cannot be left unproductive as it will be a loss for our country. PWDs have significantly low employment rates than average and this gap has been increasing over the past 15 years. A recent adverse development is decline in employment rate of working age disabled people from 42.7% (1991)to 37.6% (2002)(source- Mitra and Sanbamoorthi based on ,NSS 58th round)

Acts & implementation: Over a decade after landmark legislation promoting the rights of Persons with Disabilities to full participation in Indian society and finds that progress is evident in some areas. There are many positive features of our policy framework for PWDs in India. However the policy commitments of governments in number of areas remain in large part unfulfilled. To some



extent this was inevitable, given the ambition of commitments made, existing institutional capacity, and entrenched societal attitudes to disabled people in India.

Govt. schemes, policies & execution : There have been many schemes for PWDs initiated by central and state but it has been of low coverage due to various factor. Social protection system cover schemes like unemployment allowance for PWD, social pensions for destitutes and different insurance schemes and medical policies are of prominent importance to all and so as to PWDs which needs strict and mass coverage across the country. they provide very limited financial protection than the actual need of PWDs. Our vaccination structure has been designed long back and still in use. This design needs change as there has been a drastic change in our lifestyle over the decade. Vaccines like MMR need to be introduced, as meningitis is the cause of major disabilities occurrences. As govt has worked for the polio eradication it should in similar fashion work to curb other disabilities. Schemes of distribution of aids and appliances is seeming to be good but the current efforts such as simple aids like body level hearing aids, glasses, clutches, wheelchairs need a makeover. To prevent mild impairment becoming serious disabilities which compromise learning, work and other daily activities. Cochlear implant, digital behind the ear hearings aids, Jaipur foot, technologically sound wheelchairs and other mobility convenient prosthetics are needed to replace traditional schemes. The schemes and polices must be made popular among the PWDs there needs to be a strong network for implementation and also incentives to producers of the aids.

Intervention & outcome: Central govt, schemes accommodating PWDs are like integrated education of disabled children (IEDC), 1974 emphasised the need for educating children with mild to moderate disability in regular school setup. However tension between the role of special and general school for children with special children (CSN) is continuous today even after the wide spread recognition of inclusive education. By The National policy on education (NEP) 1986 demanding that CSN be educated only in regular school and not in special schools. Both the interested parties the CSN and regular schools should be brought on such a platform so that they are not alien to each others. SSA launched in 2001 mainly focuses age group between 6 to 14 years. However the most critical age of learning 0-3 years/0-5 years goes unintervented. The children who are identified and intervened at this very tender age are more likely to get mainstreamed successfully and early as compared to their counter parts who are late that is after age of 6 years. SSA appoints rehab professionals but as it caters to the large population individual attention is restricted. It is far from reaching the expectations of parents & need of special child due to the time they share is limited. Researches has verified Physical and mental impairments are compounded by poor education outcomes, and children with disabilities have very high out of school rates compared to other children. PWDs have much lower educational attainment rate with 52% illiteracy. (source- SRI survey for MHRD, 2005)

Evaluation system: Very often the evaluation of the institutes even at state level is judged by the infrastructure of that institutes rather it should be the services that it provides to the PWDs which should be focused.



Budget reservation & expenditure: In the period 1998-2003, just under Rs 1042 crore was spent by MSJE on the “welfare of PWDs “ with the largest expenditure category the national institutions and corporations for disability, support to NGOs in service delivery to PWDs and spending on aids and appliances. This represents a negligible portion of total budgetary spending. While precise comparison is difficult but a look into the spending on disability by MJSE in 2000-01 was 0.07%; in 2002-03 was 0.05 and in 2005-06 further reduced to 0.047% of the total government of India expenditure. Such spending figures indicate the low priority placed by government of India on its core programs for PWDs

The present status of Indian scenario clearly reveals the there is need of Comprehensive Disability Policy Framework at Central, state and local government. Equally reasons mentioned below also indicate, there are both policy and institutional reform needs in the disability sector.

Reasons For Project Initiatives For PWDs By NMMC

Right to education:

Education is the right of every child & Special child is no exception. It has opened the doors of regular school to the CWDs but still there is no warm welcome to them as they are seen as pressure points for authorities and teaching staff. The facilities of educations are not given knowing their disability. However CWDs need special intervention and training. The physical admissions happen but the access to real education is far from desirable. The CWDs and the regular schools both need to be trained to co-existence. By setting up this Centre, NMMC indented to bring all children with disabilities under the intervention spectrum.

Implementation of the Govt. Schemes and Act:

Central and State Government runs various schemes and enacted different laws for the betterment of the PWDs. But however these do not percolate down to the level of local government bodies due to lack of special unit to deal with the PWDs and their issues. Most of the parents of CWDs /PWDs are either not aware or do not find proper channel to avail the schemes and services. Awareness at PWD Act is lower among household with PWDs. Awareness amongst states varies highly There is a scope for improvement particularly at state level and local govt body level where policy development has been a largely disorganized. If local bodies follow the acts then no PWDs will be without rehab services. ‘NMMC etc’ has been established as a special department with a specific task to work for the rights and reservations of PWDs.

Budget Reservation:

Section 32 of the “PWDs Act, 1995” provides for 3% reservation for PWDs in all poverty alleviation programs of the country. In recent years the total government spending range is from 0.05 to 0.07 % (source worldbank.org) indicating low priority placed on core projects for PWDs. If such a disheartening approach is at higher level machinery then the expectation from local government bodies are hard to come in terms with. Local government bodies lack the initiative to



work, to develop and design any project for PWDs. NMMC has become an exception and brought budget into optimal utilization to bring about enrichment in the life of PWDs. It is determined to use this budget for the rehabilitation of the PWDs by setting up resource Centre.

Scattered rehabilitative services:

A special child usually needs more than one treatment and therapy along with special education. But In Indian scenario it has been observed that the centres / institutes catering to PWDs give limited services to specific disability and age group. It becomes unmanageable for the parents of CWDs/PWDs to wander through place to place. A one stop holistic Centre for PWDs planned by local govt. (NMMC) eased out these pressures on the parents/PWDs and saved energy and money for the qualitative services which has brought about desirable changes in the life of PWDs.

Financial Constrains of Family:

Special children or adults need an array of special services. On an average, parents of CWDs/PWDs have to reserve an amount of Rs 7000-10,000/month to follow an ideal rehabilitation plan. It is apparent that this amount remains unaffordable to 90 % of the parent population. Through this initiative parents / PWDs were given a complete relief from this financial burden by providing them education and paramedical facilities on free basis.

Awareness issue:

There is not much awareness regarding various issues related to persons with disability. In that case, felt the need to create the awareness in the society ultimately to reduce the rate of disability and also to sensitize general public to accept and respect persons with disability.

Constriction of NGOs and Need for a Governmental Set Up:

There are few NGO's working towards special education & services. However they face some inherent limitations like restricted power to bring about necessary changes, funds, number of stakeholders they can assist, number of services they can provide, etc. An increasing number of NGOs have become active in vocational training of PWDs and direct employment generation but the majority with no accreditation process and lacks uniformity in their efforts. In Indian scenario it has been observed that the even NGOs catering to PWDs give services to specific disability and age group and have limited services at disposal. These are gaps in educational set up where in they give educational facilities to children of 3 to 18 years and above 18 years and below 3 years old remain untouched often. Being a local government body, NMMC is able to overcome these hitches and providing barrier free services through developing a Centre for PWDs.

Intervention should be the focus not distribution:

For full participation of PWDs it is necessary to strengthen preventive and curative health care services, ensure inclusion in education and increase their participation in workplace is essential. Efforts to minimize disability through immunization, early detection and intervention, awareness about primary health care services to pregnant women etc. are critical. More effective efforts to ensure inclusion of disabled in basic services like inclusive education, health, employment, social



protection programs. Disability specific interventions are important but it has received less attention and generally the focus has been given to rehabilitation services like distribution of prosthesis and financial aids. NMMC felt the need of such setup for PWDs, which will work in right direction with right focus. NMMC etc Centre is an exemplary for others to follow.

A parameter to evaluate the progress of a city, country and in turn society is to gauge the number of people contributing to it. All the facts mentioned above indicated a serious need to set up a Centre for special children. Navi Mumbai Municipal Corporation (NMMC), Maharashtra, became sensitized towards the necessities of Persons With Disabilities (PWDs) and got all set to ground its foot firmly to usher the present and the future of PWDs. 'etc' Education, Training & Service Centre for Persons With Disabilities ('etc' Centre) was conceptualized by the NMMC with a vision to promote mainstreaming the Children with Disabilities (CWDs) and cater to a variety of needs of PWDs.

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CONCEPT BEHIND NMMC 'ETC' CENTRE:

The name of the Centre when referred to as 'etc' Centre is taken as an abbreviation for 'Education and Training Centre', but it is not so. 'etc' was a well thought out name and it stands for etcetera meaning 'and more' indicative of many more services the Centre aspires to offer to the Children/Persons with disabilities.

'etc' centre cater to the education therapeutic and all rehabilitative needs of new-borns, infants, children and adults with hearing, intellectual, learning and multiple disabilities. 'etc' works for 0 to every age group and it mainly focuses on early intervention as said above. 'etc' provides need based education to the students. In terms of special education, remedial session, occupational therapies, physiotherapies, speech therapies, language therapies and also play therapy are important



'etc' EDUCATION, TRAINING & SERVICE CENTRE FOR PWDs

part in intervention NMMC etc Centre facilitates services from prevention to rehabilitation and so etc stands for, “**all disability, all age group, all services, all under one roof.**”

Facilities & Services Provided By NMMC ‘etc’ Centre

- Screening & Diagnosis of all disability including Learning Disability, Slow learner
- Free Intervention
- All educational boards
- Free Door to door transport service,
- All educational set ups
- Nutrition
- Regular health check-ups
- Speech- Language therapy,
- Physiotherapy,
- Occupational therapy,
- Psychological counselling and guidance
- Parents’ training & guidance
- Training regular school teachers,
- Observation and practice teaching
- Clinical Services
- Barrier free infrastructure
- Information port
- Vocational training
- Barrier free access
- Accessible Curriculum
- Training & Employment Cell



SCHMES FOR PWDs INITIATED BY 'etc' NMMC

1. Funding for Cochlear Implant Surgery –Rs.1 lakh/PWDs
2. Self Employment & Financial help for Corrective surgery – Rs. 40,000/PWDs
3. Scholarship -Rs. 3000 to 25,000/ PWDs
4. Financial help for home bound PWDs –Rs 1500/ Month
5. Parent training and Class observation- Rs 100/- Per day & Rs 5000/ Per training
6. Free Aids and Appliances -Digital hearing aids, Clutches, Wheel Chair etc.
7. Need based schemes for PWDs – Rs. 40,000/Annum
8. Bus and Bus Pass Scheme – Rs 550/Month

NUMERICAL OUTPUT (Jurisdiction of Navi Mumbai Municipal Corporation)

Specification	2008 to 2009	2009 to 2010	2010 to 2011	2011 to 2012	2012 to 2013	2013 to 2014	2014 to 2015
CWDs registered for intervention	70	210	280	475	610	730	994
CWDs enrolled for intervention	55	117	189	290	305	345	530
CWDs mainstreamed	0	4	7	14	22	106	189
PWDs enrolled for Services	61	167	239	430	545	630	905
Growth in professionals recruitment	8	18	56	80	94	106	110
Indoor workshop conducted	1	5	18	18	26	48	67
Outdoor workshop attended	3	4	8	16	16	22	24
Professionals-pursuing higher education	1	3	4	8	14	36	25
Short term training- Regular school teachers	0	15	26	90	230	260	325
Practice teaching(Trainee teachers of Sp Edu)	0	7	20	23	28	35	44
Parents received training	12	56	123	180	220	310	415
Beneficiaries under disability scheme		233	208	328	406	-	430
Feedback system from regular & special school principals, teachers, Parents, Students	30	75	155	170	229	270	325



FUTURE ROAD MAP OF THE CENTRE PHASE III (2015-2020)

- Initiate first phase of Barrier free City
- To work for Slow Learners status in disability and movement for their right & facilities.
- To provide services to Borderline case (31% to 39% disability in PWDs)
- To conceptualize & commence the two sub centres of 'etc' centre.
- To Make a move - work with the State government & Non Government organization to initiate replication of 'etc' project fully or partially in other local govt bodies.

Prepared by'-

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