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Needs Assessment of Children with Disability in Naxal Affected Regions of Odisha

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ABSTRACT

The document titled "*Needs assessment of children with disability in Naxal-affected regions of Odisha"* is a quantitative study with descriptive research design which aims to understand and assess the various needs of children with disability in the sectors of education, health, social and recreational. In order to carry out the proposed study, two districts were identified in Odisha and of them was Naxal / Left Wing Extremist (LWE) affected (Gajapati) and other was Non-Naxal affected (Kendrapara) and 50 samples of children with disability in each district were interviewed through a semi-structured questionnaire. The parents and caregivers of children with disability actively participated in responding to the questionnaire. Further, the report was made using quantitative research methods of data analysis. The findings explore the needs across the various domains of living, learning and functioning of children with disability. The findings of the study also elicit information which would help developing interventions and expand programs and services for children with disability in LWE affected regions

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Prabeena K. Bebarta

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CHAPTER-1

Introduction and Methodology

The area affected by extremist movement in central India has concentration of tribal population, hilly topography and undulating terrain. The area has less density of population than the plains. The failure to provide infrastructure and services as per national norms is one of the many discriminatory manifestations of Governance in this region. These disparities, therefore, result in non-available/poorly provided services. (Planning Commission of India, 2008, Development challenges in Extremist Affected Areas).

Evidence state that the lives and livelihood conditions of tribal people living in the Naxalite-prone villages are more deplorable as compared to the national and state averages of the tribal people in India and Odisha. Nearly 90 percent of them are living below the poverty line and their quality of living i.e. housing, access to sanitation and safe drinking water, basic and tertiary education and health care delivery system are in a gloomy state (Dung Dung and Pattnayak, 2013). In such context, people are vulnerable however people with disability are further vulnerable due to their physical impairment. However, they may need extra tools and appliances to function actively but such poorly provided services may increase their vulnerability. Therefore, in such environment, it is fundamental to understand their issues and concerns which may benefit in developing better strategies and interventions.

Lack of literature on disability in this context even makes vulnerable for disability community. In fact, Klasing (2007) points out that there is dearth of data on the needs and issues of people with disability in Indian Context.

WHO (2010) estimates that 10% of the total populations live with some or other form of disability. UNDP states that 80% of these populations reside in developing countries like India. People with disability and their needs and concerns could be different based on the context, locality and region.

Extremist (Naxal) affected areas have high poverty, low education and limited employment opportunities. These areas also experience political marginalization, social discrimination and incidences of human right violation. The government attention is very much needed for the

people of this region but special attention is also needed to address the various needs of people with disability. Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 provides a comprehensive approach to equal opportunity and full participation for people with disability. It provides equal opportunities in the areas of education, employment and also it protects various rights and does address the complete rehabilitation.

Government has started a new program called Integrated Action Plan (IAP) or Additional Central Assistance (ACA) for all Left Wing Extremist (LWE) affected district for better public infrastructure and services such as School Buildings, Anganwadi Centres, Primary Health Centres, Drinking Water Supply, Village Roads, Electric Lights in public places such as PHCs and Schools etc. (Ministry of Home Affair, 10th of January, 2012). As found, sometimes LWE district is interchangeably used as IAP district. The characteristic of such districts are 1) the district should be included in the list of 83 Security Related Expenditure (SRE) districts identified by the Ministry of Home Affairs; 2) the tribal population should exceed 25%; 3) the forest area exceeds 30%; 4) the poverty ratio in the district should exceed 50%, and 5) the district is covered under the Backward Regions Grant Fund (BRGF). Currently, there are 88 districts in the country are known as LWE affected. The States of Chhattisgarh, Jharkhand, Odisha, Bihar, West Bengal, Andhra Pradesh, Maharashtra, Madhya Pradesh and Uttar Pradesh are considered LWE affected, although in varying degrees (MoHA, 2012).

Given these characteristics, when we say people with disability of LWE/Naxal-affected region, it means they are further vulnerable because of the consequences of the above parameters. In such context, while discussing the rehabilitation of people with disability or the prevention of disability, the children with disability assume to be the most targeted community. Disability can be prevented if proper treatment and care can be given at the right time. Further, understanding trends in disability are scientifically important and helpful in identifying causes of disability hence it is imperative that all children with disability must live with diagnosed disability.

Again it has been highlighted in many literatures and debates that the children of today are the future of tomorrow; with this powerful statement comes the responsibility to mold and shape our children in order to create the best possible future for everyone**.**

Children with disability are at greater risk of being poor than peers without disability. Even where children share the same disadvantages children with disabilities confront additional challenges as a result of their impairments and the many barriers that society throws in their way; and they are children and therefore more vulnerable to marginalization, exploitation, and abuse. Therefore it is important to know whether these children are being adequately served by the available programs and schemes.

There is a need to gain an understanding of what is the meaning of life for them, their coping capacities and strategies, their problems and sufferings as well as their aspirations and dreams (Klasing, 2007). Getting a comprehensive understanding of these realities assumed to be imperative to plan strategies and intervention for an inclusive and developed society. The first step towards initiating this change is assessing the needs of children with disability as they perceive and experienced by them in the areas of education, health, social and recreational.

Aim

The aim of the study is to understand and assess the various needs of children with disability in LWE/Naxal-affected regions

Objectives

1. To understand the health needs of children with disability
2. To explore the educational needs of the children with disability
3. To recognize and identify social needs of children with disability which include leisure, interpersonal relationship and family relationships
4. To understand the support systems available at various levels that are accessed and are available to children with disability

Methodology: The researcher conducted the study in both Naxal and Non-Naxal affected regions in order to get the basic understanding of the general conditions of children with disability in both the regions. There are significant differences in terms of geographical feature, tribal population, and kinds of services provided. It is well known that the Naxal-affected regions have hilly topography, undulating terrain, high poverty, poor quality services in terms of health, education, sanitation, roads, connectivity and other basic services. Therefore, the

researcher aimed to know the kinds of needs and issues of children with disability and whether the conditions and needs are different both the contexts. Further, if it is different then what extent and what are the various factors that affect the differences.

Sample frame:- Two districts of Odisha were selected to conduct the study such as Gajapati (Naxal-affected or LWE affected) and Kendrapara (Non-Naxal affected). The primary idea was to understand the general picture of children with disability in both the regions and then analyze the needs in LWE context if there are differences. This study used descriptive research design with quantitative research methods for data collection and analysis. The focus was on exploring the needs of children with disability across various domains of living, learning, working and functioning.

Children with disability below 18 years of age were considered as sample. There are different types of disability but the interviews were conducted with those children who are having 1) physical/locomotors disability 2) vision impairment 3) hearing and speech impairment 4) mental retardation

Sampling:-Random sampling methods were used for sample selection. A village was considered as cluster to form the sample frame. Samples from each cluster were randomly selected from the above mentioned two districts using the table of random numbers.

The total sample size was 100. In each of the selected district, 50 children with disability were interviewed with a semi-structured questionnaire. A key person identified by each child with disability was also included in the sample. The key person was an individual who had been interacting and spending quality time with the children with disability and providing one or several types of support to him/her including moral and/or emotional and/or instrumental support. This person was either a family member or any other significant identified by the main participant of the study. It was found that in most cases their parents were the sample.

Data Collection:-

A pilot study was carried out to test the questionnaire through which it was made sure that the content was feasible and able to capture all the areas that were intended to be studied.

The questionnaire for the participant was comprised of open-ended questions as well as close-ended questions on areas pertaining to data on personal profile, family profile, disability profile with focus on disability-related issues of functioning and perception of the functioning, needs of the participants with emphasis on health needs such as medical facilities, surgical facilities, aids and appliances, mental health needs and others; education needs such as access to schools, facilities available for resources catering to special needs and other support services; livelihood needs such as access to employment, livelihood options that are available and accessible and inclusion mechanisms; and social relational needs such as participation in community/religious/social/political activities and barriers and facilities that influence inclusion.

Data Analysis:- A detailed data analysis was conducted using frequency and cross tabulation method. All of the data was coded and analyzed using SPSS data package, version 15.

Ethical Concerns:-The following ethical standards were maintained in order to carry out this study:

1. Informed consent was obtained from all the participants of the study.
2. The participants were assured that the information collected would be used only for the purpose of research.
3. Confidentiality of the data and information was maintained. The broad findings of the study will be shared in public domain in order to develop programs and services for the participants of the study.
4. Participants were given the option of opting out of the study at any point, should they wish to do so or in the case of any discomfort or lack of willingness to participate or continue participation.

Limitations

- The sample frame is limited to only two districts of Odisha
- Children with disability having vision, hearing, mental retardation and physical disability were only taken as sample and it did not consider the needs of other types of disability such as children with mental illness and Learning disability.
- No response data were not analyzed

CHAPTER-2:-DISTRICT PROFILE

Table-1 Geographical and Population details of Gajapati District				
Geographical Area :	385,000.00 sq.km	Area under Forest :	228759.00 sq.km	59.42%
Population (2011 Census)		Total :	5,77,817	in %
		Male :	2,82,882	48.96
		Female :	2,94,935	51.04
		Rural :	5,07,151	87.77
		Urban :	70,666	12.23
		Scheduled Caste :	39,175	6.78
		Scheduled Tribe :	3,13,714	54.29
Sex Ratio (Female per 1000 Male)		1042		
Population Density :	133 (Per sq.km)	**Disabled Population- 13,489 (2001 census)**		
Literacy		Total Literate :	2,62,537	54.29
		Literate Male :	1,53,663	65.58
		Literate Female :	1,08,874	43.59

Administrative setup of the District			
No. of Sub-Divisions :	1	No. of Tehsils :	7
No. of Municipalities/Corporation :	1	No. of N.A.Cs :	1
No. of Blocks :	7	No. of Police Stations :	11
No. of Gram Panchayats :	129	No. of Inhabited Villages :	896
No. of Uninhabited Villages :	589	No. of villages :	1533

(Source- Census 2011 and the district website- www.gajapati.nic.in)

Table-2, Geographical and Population details of Kendrapara District				
Geographical Area :	2,494.69 sq.km	Area under Forest :	199.39 sq.km	7.99%
Population (2011 Census)		Total :	14,39,891	in %
		Male :	7,17,695	49.84
		Female :	7,22,196	50.16
		Rural :	25,13,654	61.92
		Urban :	5,48,246	38.08
		Scheduled Caste :	25,416	1.77
		Scheduled Tribe :	54,826	3.81
Sex Ratio (Female per 1000 Male)		1006		
Population Density :	545 (Per sq.km)	**Disabled population-37,408 (2001 Census)**		
Literacy		Total Literate :	8,75,212	85.93
		Literate Male :	4,89,382	92.45
		Literate Female :	3,85,830	79.51

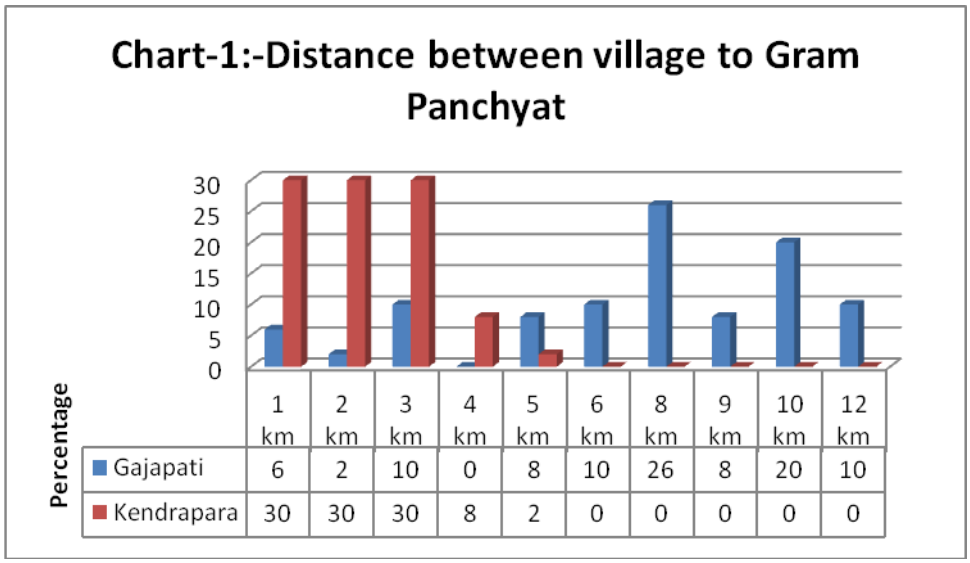
Administrative setup of the District			
No. of Sub-Divisions :	1	No. of Tehsils :	9
No. of Municipalities/Corporation :	1	No. of N.A.Cs :	1
No. of Blocks :	9	No. of Police Stations :	13
No. of Gram Panchayats :	230	No. of Inhabited Villages :	1407
No. of Uninhabited Villages :	133	No. of villages :	1540

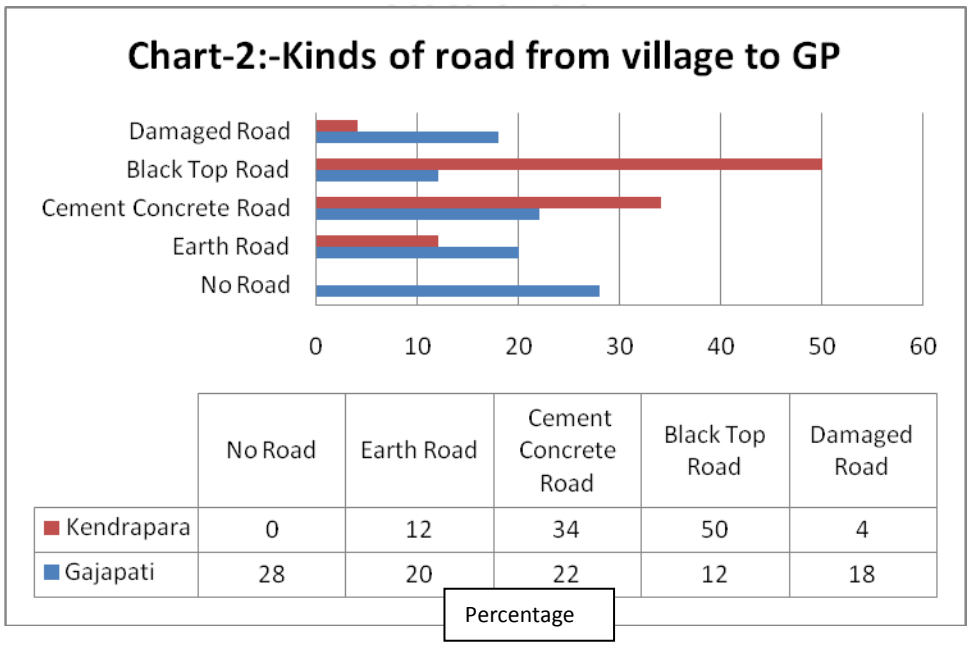
(Source- Census 2011 and the district website- www.kendrapara.nic.in)

Distance between village to Gram Panchayat (GP) and Kinds of Road facility

As mentioned, 50 respondents in each district were interviewed. When the respondents were asked about the distance between their villages to Panchayats and kinds of roads available to commute, the followings responses were found

(According to field respondents)

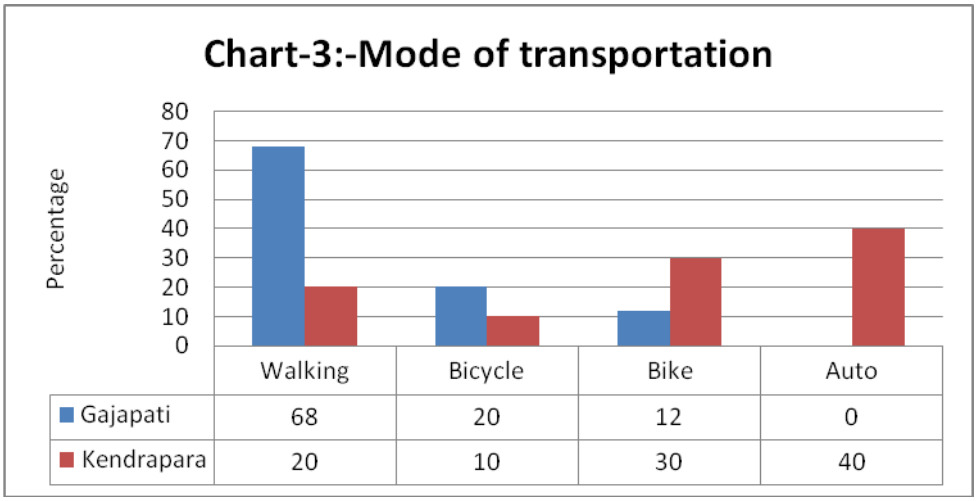




The above charts show the distance and kinds of road between village and Gram Panchayat. As found in Kendrapara district (Non-Naxal affected) the maximum distance between a villages to Gram Panchayat is 5 kms whereas in Gajapati (Naxal-affected district) distance between a Village to Gram Panchayat varies from 1 to 12 kms. Gajapati is a scheduled area where one can find high forest cover and tribal populated (UNDP, 2008). Villages or hamlets are scattered across hills and terrains.

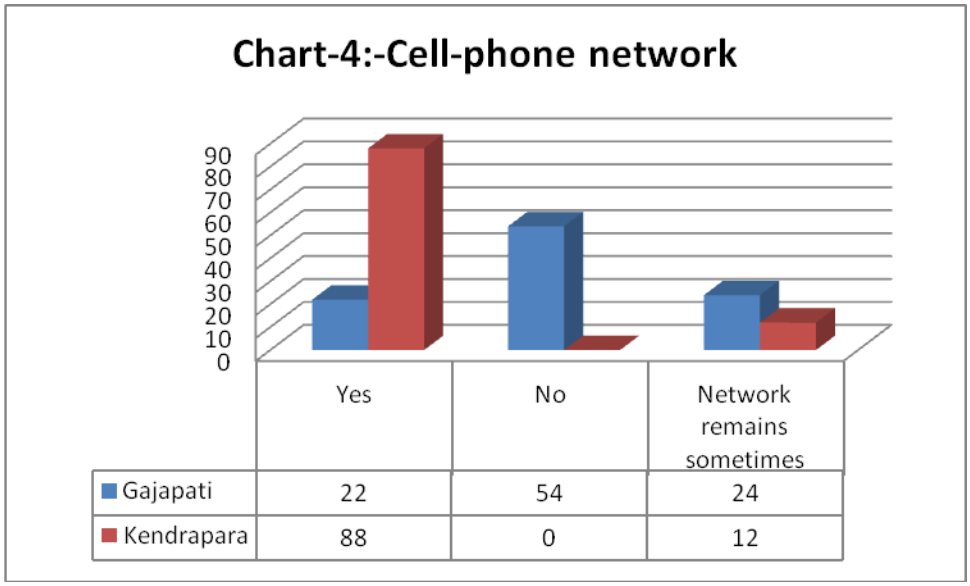
In this context, roads are considered as a lifeline of human civilization and also the road plays an important role in counterinsurgency during conflict. However, the roads are even more important for people with disability for easy access to healthcare and educational needs. The second table which explains the kinds of roads are in present between village and Gram Panchayat and it was sad to found that 28% respondents of Gajapati do not have a road to connect from their villages to Gram Panchayat. In such situation, the children with disability may feel vulnerable because they do not have a road to visit their Panchayats. There are schemes like Integrated Action Plan, Additional Central Assistance and Backward Region Grant Fund exclusively for such LWE/Naxal affected areas and therefore the district administration may take the best use of these schemes and make the villages connected with roads.

Mode of Transportation from Village to Gram Panchayat (views of respondents)



It was found that 68% of the Gajapati respondents have to walk in order to reach their Gram Panchayats (GP) whereas in Kendrapara only 20% of the respondents do walk to reach the Gram Panchayats. As shown in the previous table 28% of the respondents from Gajapati do not have a proper road so if they need to go to Gram Panchayat then they must have to walk as vehicle cannot go. Usually, the Gram Panchayat headquarter is the epicenters for education and healthcare facility. As it was learnt from the WHO action plan for persons with disability that the better access is always lead to better life and wellbeing. In this case, Primary Healthcare Centres, schools and different shops are located in the Gram Panchayat headquarter and it could mean that due to not having proper roads in Gajapati district, parents and children with disability are vulnerable to access such services.

Availability of Cellphone Network (Views of the respondents)



The above table explains the availability of mobile network in both the districts. Around 54% of the Gajapati respondents stated that they do not have network coverage in their villages and 24% of the respondents do get network sometimes in a week for few hours only or the parents have to go to an identified location in their villages where every household comes to that common location to make calls. In Kendrapara all the respondents have network facility in their villages

The UN conventions for persons with disability acknowledges that better transportation and better communication always helps persons with disability to get proper treatment and

rehabilitation. In case of Gajapati, it is clear that 24% of the respondents do not have access to network. This could mean that children with disability and people, in general, do face difficulties in reaching ambulance during an emergency. This could further lead the delay in treatment when a child meets accident and that may affect the severity of disability.

Table 3:- Distance, Roads quality and mode of transportation between GP to Block/Tehsil

Distance between Gram Panchayat to Block/Tehsil (Respondents views)

	District	
Distance	Gajapati	Kendrapra
10 km	0	10%
11 km	2%	10%
13 km	0	10%
15 km	10%	50%
20 km	0	20%
30 km	28%	0
33 km	10%	0
34 km	10%	0
35 km	10%	0
40 km	10%	0
42 km	10%	0
45 km	10%	0

Kinds of road from Gram Panchayat to Block/Tehsil (Respondents views)

	District	
Kinds of road	Gajapati	Kendrapra
Earth Road	20%	4%
Cement Concrete Road	30%	10%
Black Top Road	30%	82%
Damaged Road	20%	4%

Mode of Transportation from Gram Panchayat to Tehsil/Block

	District	
Mode of transportation	Gajapati	Kendrapra
Bike/Bicycle/walking	60%	20%
Auto	10%	40%
Bus	30%	40%

Similarly, the above tables illustrate the distance between GP to Block/Tehsil. As seen in Gajapati the maximum distance between GP to Block is 50 kms whereas in Kendrapara the maximum distance is 30 kms. Kendrapara has more Black-Top (BT) and Cement Concrete (CC)

roads compared to Gajapati. This implies there is a better access in Kendrapara for connectivity for children with disability.

Likewise, the Kendrapara has better facility for commuting as the Autos and Buses can travel through their GP to Block. 60% of the respondents of Gajapati stated that they have to use either bike/bicycle or have to walk in order to reach their Block headquarter.

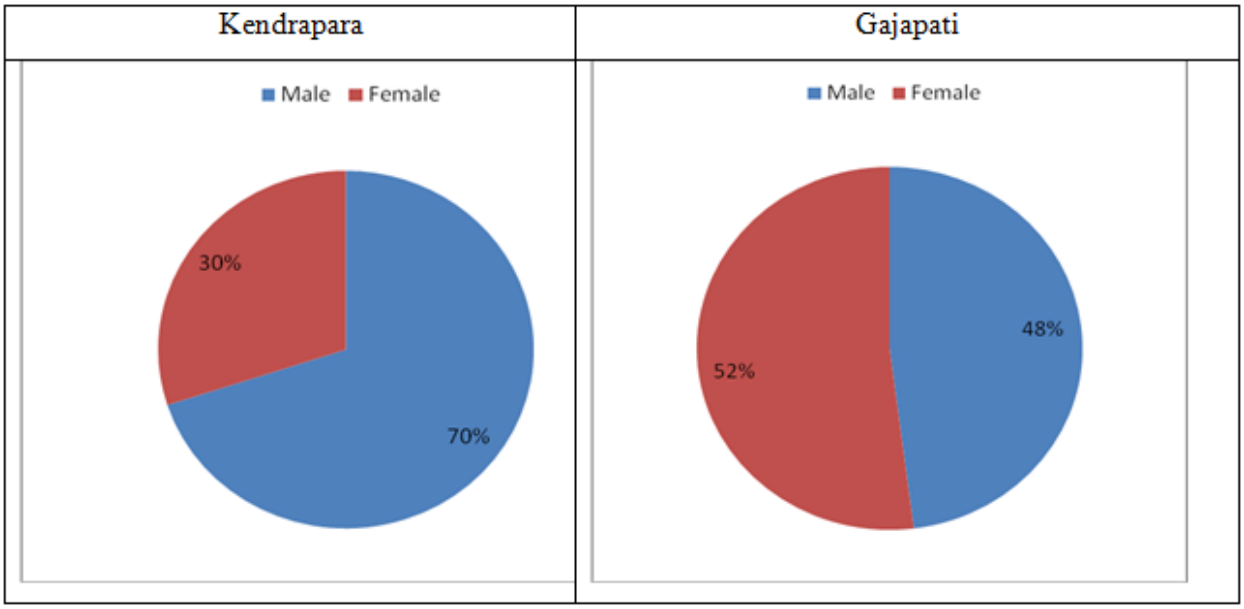
CHAPTER-3:-DISABILITY INFORMATION

Table-4:-Age of the respondents

Age	District	
	Gajapati	Kendrapra
Below 5 years	10%	20%
5 to 10 years	20%	20%
10 to 15 years	40%	36%
15 to 18 years	30%	24%

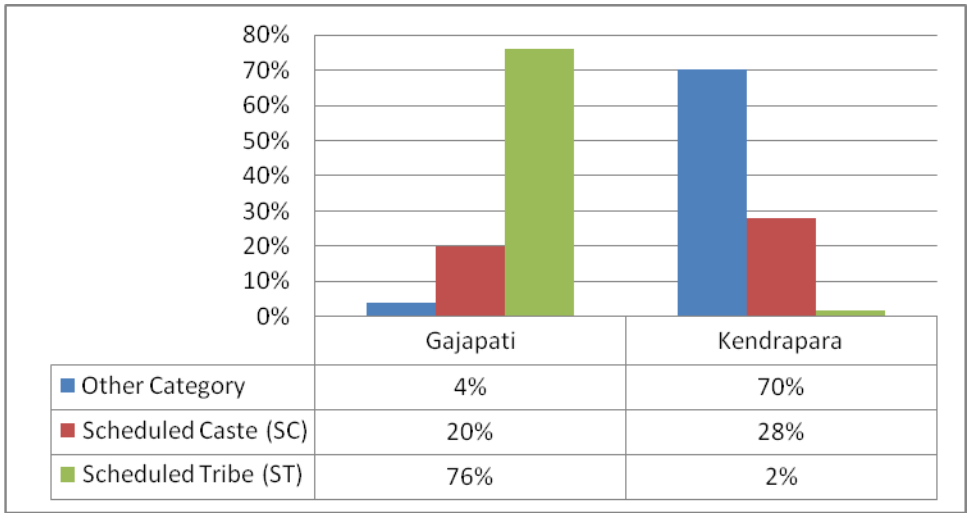
The table denotes the cross tabulation between the age group and name of the district of the respondents. In both the district, the majority of the respondents belong to the age group between 10 to 15 years of age.

Chart:-5 Distribution of sample respondents on the basis of their gender



The above pie chart shows the sex ratio of the respondents who participated in this study. It was found that the majority (70%) of the respondents belongs to male category in Kendrapara district whereas it found to be opposite in case of Gajapati as there as more female respondents (52%). This could be because the female sex ratio is usually higher in Gajapati district. (According to 2011 census the sex ratio of Gajapati is 1043)

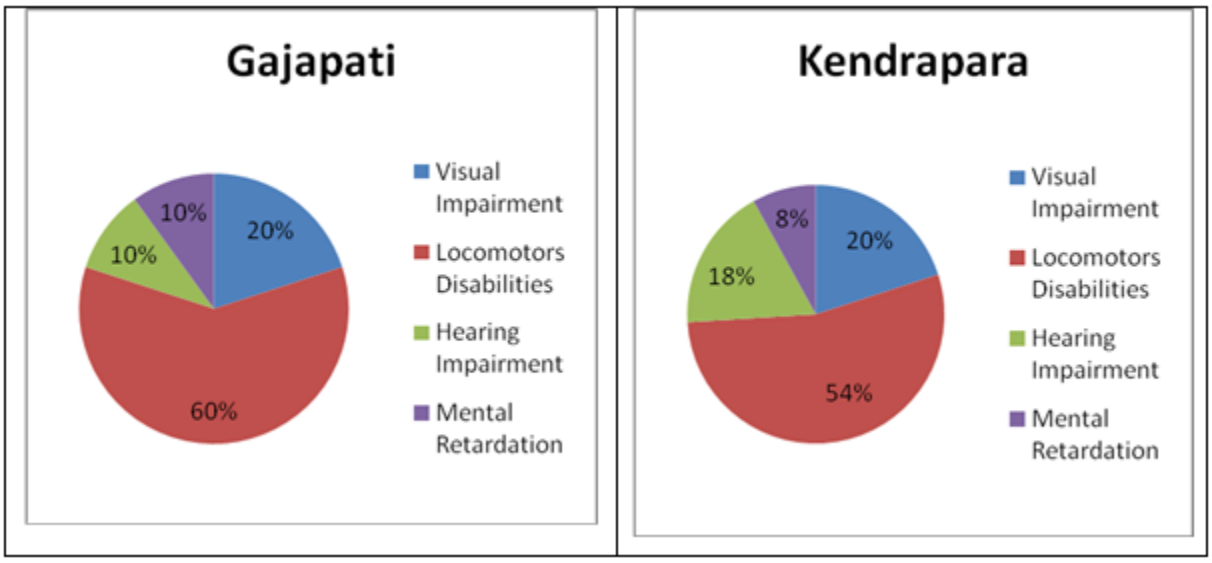
Figure-6 Distribution of sample respondents on the basis of their Caste



	Gajapati	Kendrapara
Other Category	4%	70%
Scheduled Caste (SC)	20%	28%
Scheduled Tribe (ST)	76%	2%

The picture shows that the majority of the respondents belong to ST category (76%) in Gajapati whereas in Kendrapara other category (70%) has the majority which includes General and OBC caste. These above findings could mean that disability exist across the various castes in both Naxal-affected and None Naxal-affected regions

Figure 7:- Distribution of sample respondents on the basis of their disability types



The above Pie Chart shows the different types of disability and it is clear from the charts that more than half of the respondents have locomotors (Physical) disability in both the districts.

Table:-5 Distribution of sample according to their Disability and Gender

District	Gender Of Respondent		Type Of Disability				Total
			Visual Impairment	Locomotors/Physical Disability	HI	MR	
Gajapati		Boys	18.00%	16.00%	8.00%	6.00%	48.00%
		Girls	2.00%	**44.00%**	2.00%	4.00%	52.00%
	Total		**20.00%**	**60.00%**	**10.00%**	**10.00%**	**100.00%**
Kendrapara		Boys	20.00%	26.00%	18.00%	6.00%	70.00%
		Girls	-	28.00%	-	2.00%	30.00%
	Total		**20.00%**	**54.00%**	**18.00%**	**8.00%**	**100.00%**

The above table displays the crosstabulation of Disability across Gender and it was found that majority of the girl children have physical disability (44%) in Gajapati district. In Kendrapara district, the prevalence of various types of disability is higher among the boys. This could be because, normally, the female child sex ratios among the tribals are higher compared to non-tribals in Odisha (Census, 2011).

Table-6:- distribution of sample respondents based on the age of Onset and Detection

Age of onset

Age of Onset	District	
	Gajapati	Kendrapra
at the time of birth	60%	64%
Below 3 years	30%	28%
Between 3 to 5 years	10%	8%

Age of Detection

Age of Detection	District	
	Gajapati	Kendrapra
Below 3 years	30%	70%
between 4 to 10 years	70%	30%

When we look into the district wise findings then it shows that 90% of Gajapati respondents became disabled at the age of 3 years and of them only 30% of the respondents have been detected their disability. In case of Kendrapara, the disability occurred for 92% respondents before they reach 3 years of age however of them 70% have been detected with their disability within that period.

There found to have a huge gap between the age of onset and age of detection in case of Gajapati. This could be because many reasons 1) Lack of awareness among the parents about disability 2) Lack of medical facility in their locality 3) Parents and the community may have blind beliefs and superstitions.

Further, delay in detection may increase the extent of disability.

This implies that Gajapati being the Naxal-affected district may have poor health care facility, however, it is imperative to increase the level of awareness among people about disability and provide appropriate supervision so that disability will be detected immediately after onsets.

Table-7 Distribution of sample respondents based on the type of treatment sought

Type of Treatment sought		District	
		Gajapati	Kendrapra
	No treatment	10%	6%
	Multiple treatment	10%	4%
	Medical/therapeutic	20%	60%
	Non-medical	60%	30%

The chart shows the percentage of the respondents who have received the medical/therapeutic services. As seen around 20% of the respondents have sought no treatment in Gajapati and 60% of the respondents went for Non-medical treatment. Further when they were asked the reason for the same they replied the followings

1) They did not know the available treatment, 2) unable to afford it, 3) medical facilities located very far from their place; 4) it was not required.

The table also explains that more children with disability (70%) in Gajapati district have accessed either non-medical treatment or No-treatment. This implies there is a need to create awareness about disability for the treatment facility for children with disability in Gajapati.

Table-8, Distribution of sample respondents on the basis of whether the treatment given immediately

Treatment given immediately	Gajapati	Kendrapara
Yes	16%	60%
NO	74%	34%
Not applicable	10%	6%

The above table shows whether treatment given immediately after the disability was diagnosed. It was found that in Gajapati district 74% of the respondents stated that treatment was not given immediately after the disability was identified and this percentage is much higher compared to the case of Kendrapara. When asked about the reason for the delay in treatment the following reasons (below table-9) were cited by the respondents.

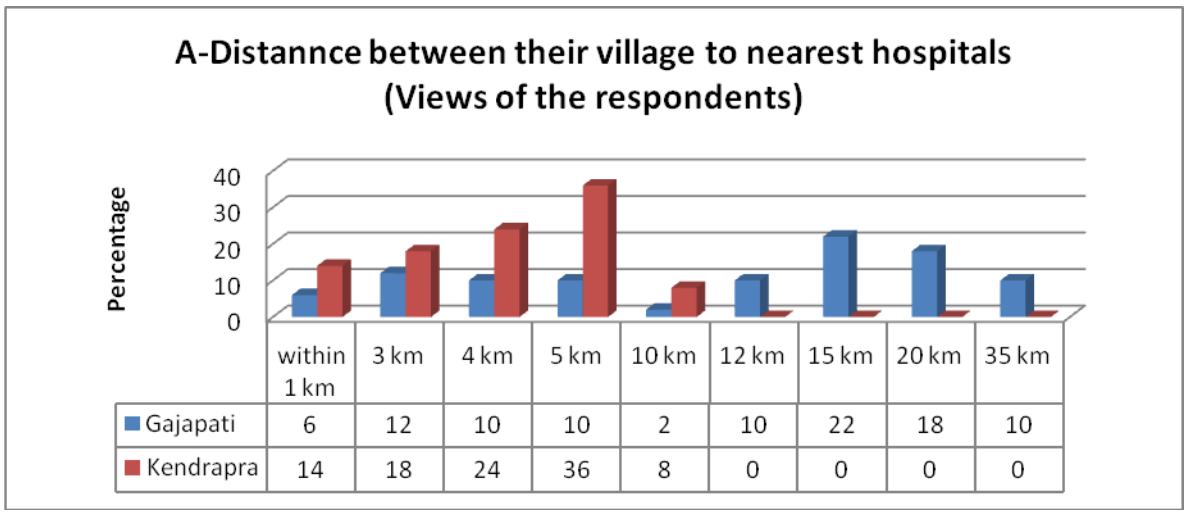
Table-9:- Causes of Delay in treatment (views of respondents)

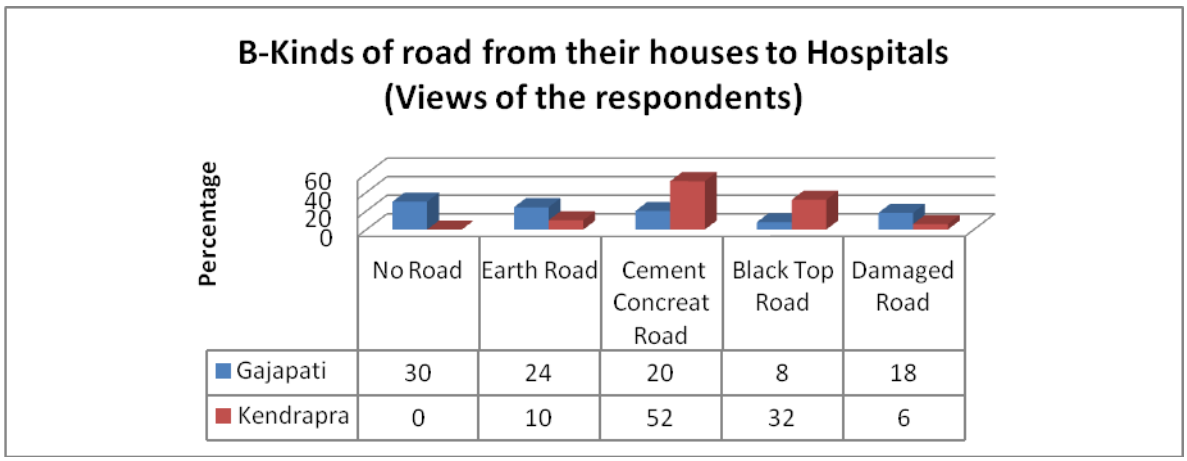
Causes of delay in treatment	Gajapati	Kendrapara
Financial problem and not having medical/therapeutic facility in our district	54.05%	41.18%
Financial problem and but having medical/therapeutic facility in our district	0	35.29%
Not aware about the treatment	45.95%	23.53%

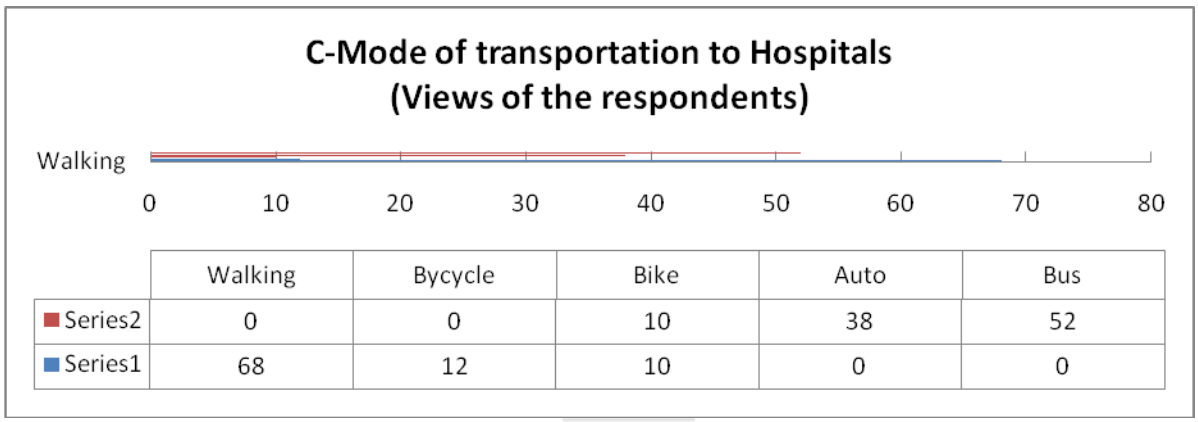
The analysis of the above table is done on the basis of the respondents who stated that they had delayed treatment. As seen most of the respondents (54%) have financial problem and they also do not have proper medical facility in their locality in Gajapati district, as a result they had delayed treatment. The study also found that around 45% of the respondents are not aware about the availability of such treatment.

CHAPTER-4:-HEALTH NEEDS

Figure-8, Healthcare components between Village to nearest hospitals (Distance, Road facility and Mode of communication)







The above charts denote the distance, kinds of road available and mode of transportation between the villages to their nearest PHCs-Primary Health Centres. As seen in Gajapati the maximum distance to reach their PHCs is 35 kms whereas in Kendrapara the maximum distance is 10 kms.

Further, the table explains that in Gajapati 30% of the respondents do not have roads that connect to their nearest PHCs.

This figure is appalling as 68% of the respondents stated that they have to walk in order to reach their nearest PHC in Gajapati. Ambulance also cannot go to their villages as they do not have a proper road. This implies there is an immediate need to construct roads in Gajapati.

Table-9, Availability of Health Services in Gajapati and Kendrapara (Views of the respondents)				
Health Service	Government Facility in Gajapati	Government Facility in Kendrapara	Private facility in Gajapati	Private facility in Kendrapara
Auxiliary Nurse Midwife	82%	92%	4%	12%
Community Health Volunteer/ASHA	86%	98%	4%	12%
Primary health centre/Dispensary in their GP	36%	72%	2%	6%
Specialist Doctor	Nil	Nil	2%	6%
Hospital for corrective surgery	Nil	22%	2%	6%
Physiotherapy/speech therapy/others	Nil	20%	NIL	6%
Counselling	Nil	Nil	Nil	Nil
Medicines	26%	44%	4%	12%
aids and Appliances	Nil	28%	Nil	12%

The table shows the availability of different types of services related to health needs. It is clear from the above table that Gajapati has poor healthcare facility compared to Kendrapara. In Gajapati only few facilities are available such as PHCs, ANM staff and ASHA workers.

Children with disability in Gajapati district also stated that they do not have either Private Health Care facility in their locality. Hospital for corrective surgery and aids and appliances are not available in their villages compared to the respondents of Kemdrapara.

It is also found that 94% of the respondents are dependent on Civil Hospital Paralakhemundi as it is the only hospital in Gajapati district which has most of the above-mentioned healthcare service components. However, for Children having physical

disability and Mental Retardation do not have a rehabilitation therapy center and for that, they will have to go to Bhubaneshwar which is around 300 kms far from their places. Therefore most of the children with disability in Gajapati cannot afford to access such rehabilitation/therapeutic services and they live with the same condition.

In case of Kendrapara children with disability either go to Kendrapara Civil hospital (40 to 60 kms) or Cuttack (70 kms)and Bhubaneshwar (90 kms) which has all the facility for rehabilitation for all types of disability such as Specialist Doctor, Hospital for corrective surgery, Physiotherapy/speech therapy/others, Counselling, Medicines and Aids and Appliances. As seen in the above table, only 36% respondents of Gajapati and 72% of the respondents from Kendrapara stated that they have PHC in their locality (Gram Panchayat).

As per the Indian Public Health Standard (IPHS) guideline for PHC (2012) indicates that a typical PHC covers a population of 20,000 in hilly, tribal, or difficult areas and it should have the following manpower.

Staff	Nos	Staff	Nos
Medical Officer- MBBS	1	Health Assistant. (Male)	1
Medical Officer –AYUSH	1	Health Assistant. (Female)/Lady Health Visitor	1
Accountant cum Data Entry Operator	1	Health Educator	1
Pharmacist	1	Laboratory Technician	1
Pharmacist AYUSH	1	Cold Chain & Vaccine Logistic Assistant	1
Nurse-midwife (Staff-Nurse)	3	Multi-skilled Group D worker	2
Health worker (Female)	1	Sanitary worker cum watchman	1
Source:- *Indian Public Health Standards (IPHS) Guidelines for PHCs, Revised 2012, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India*			

However, the reality in Gajapti district or any Naxal-affected district lack such manpower (The Hindu, 3rd of July, 2009). It was found during data collection that in most of the PHCs, doctors

remain absent and the Pharmacists functions the PHCs. The State and District administration need to ensure that all the staff is functional across PHCs.

Further, when they were asked about the accessibility of their respective PHCs the following reasons were cited

Table-10, Accessibility of Primary health center / hospital (Views of the respondents)

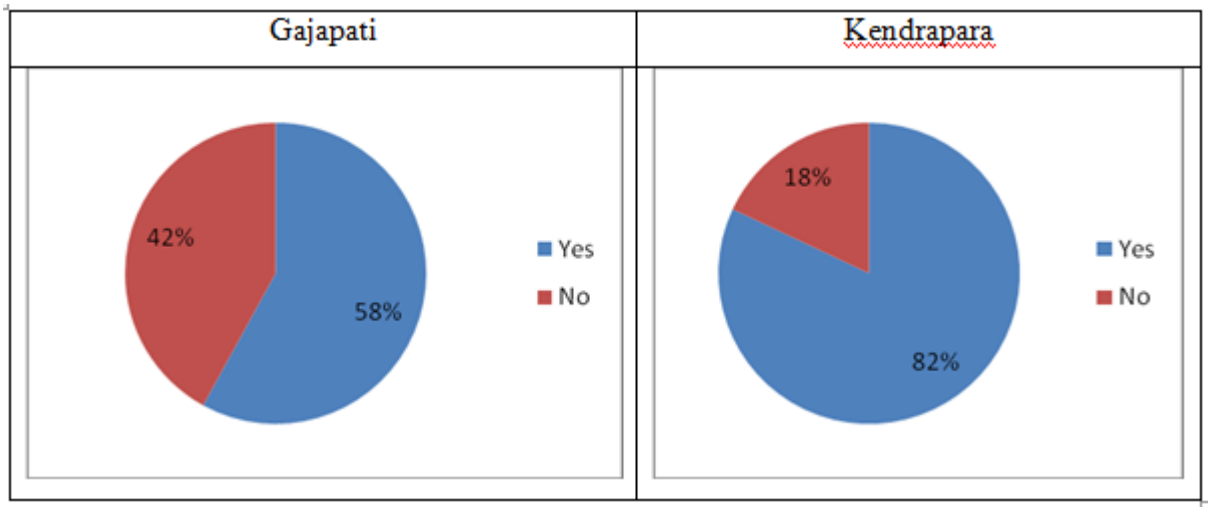
Responses	Gajapati	Kendrapara
Yes	40%	64%
No	36%	28%
Not-applicable	20%	-
No response	4%	8%
Total	100%	100.0

Note:- *20% of the respondents stated Not applicable because they have never used Primary Health Centre.*

This table denotes whether the PHCs are accessible for people with disability. Nearly 40% of the Gajapati respondents said that the buildings of the hospital are disabled friendly whereas 36% of the respondents said the same are inaccessible because ramps are not available in the hospital building and it is very far from their villages.

This implies there is a greater need to create awareness about the Persons with Disability Act, 2005 which ensures the barrier-free facilities for people with disability in the Govt buildings which include PHCs too.

Figure-9:- Disability Certificate



This chart shows 58% of people have a disability certificate issued by government authority in Gajapati district whereas in Kendrapara 82% of the respondents have a disability certificate. Around 42% of the respondents do not have a disability certificate in Gajapati and they cited the following

- 11% of them were not aware about a disability certificate
- 12% of them did not know how to procure disability certificate
- 9% of them did not know when the campus was held for disability certificate
- 8% stated that the camps were held in distant places, therefore, they could not attend to procure the disability certificate.
- 2% stated that they went to attend the camps but they were not given the disability certificate in the last camp held in their blocks

In case of Kendrapara district, the following reasons were cited by the respondents

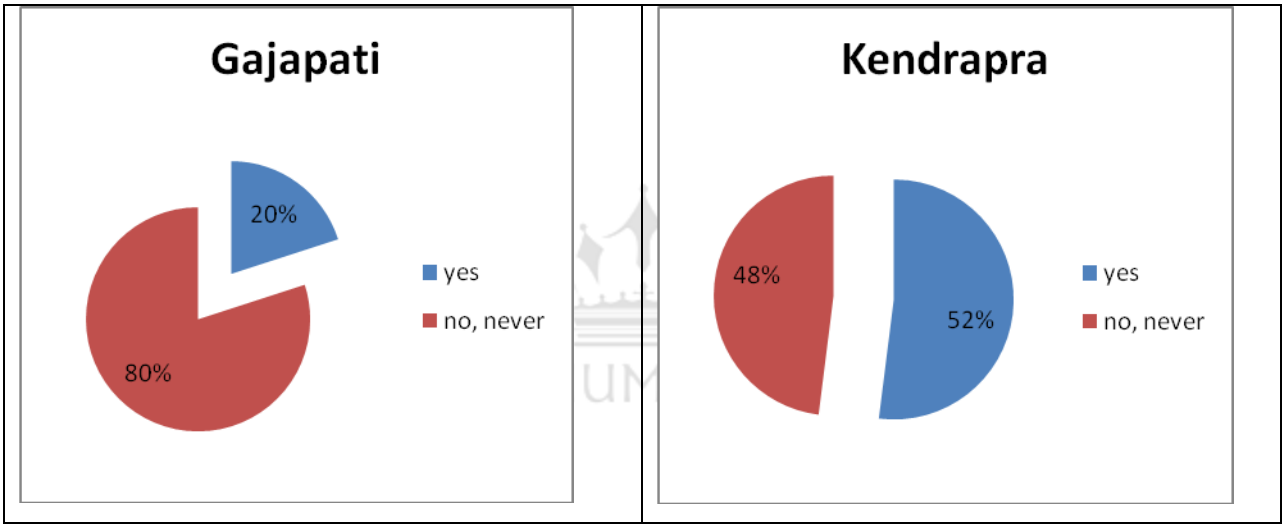
- 2% of the respondents were unaware about the disability certificate
- 6% of the respondents stated that they will apply in the next camps
- 10% stated that they were unaware about the dates of camps for disability certificate

By looking at the above reasons, it is clear that the respondents of Gajapati face the communication problems and the places where they live is far from the Camp centers. The

finding also indicates that the respondents are unaware about the benefit of disability certificate and the procedure to procure the same.

This implies people need to be given the information about the importance of disability certificate and procedure to procure it. Further, they need be informed about camps well in advance through the use of community leaders and AASHA worker to disseminate the information. Additionally, the certificates are issued in the CDMO office in the civil hospital in the district headquarter hence the parents of children with disability are needed to be aware about the same fact.

Figure-10:- Distribution of the sample respondents based on the use of Aids and Appliances

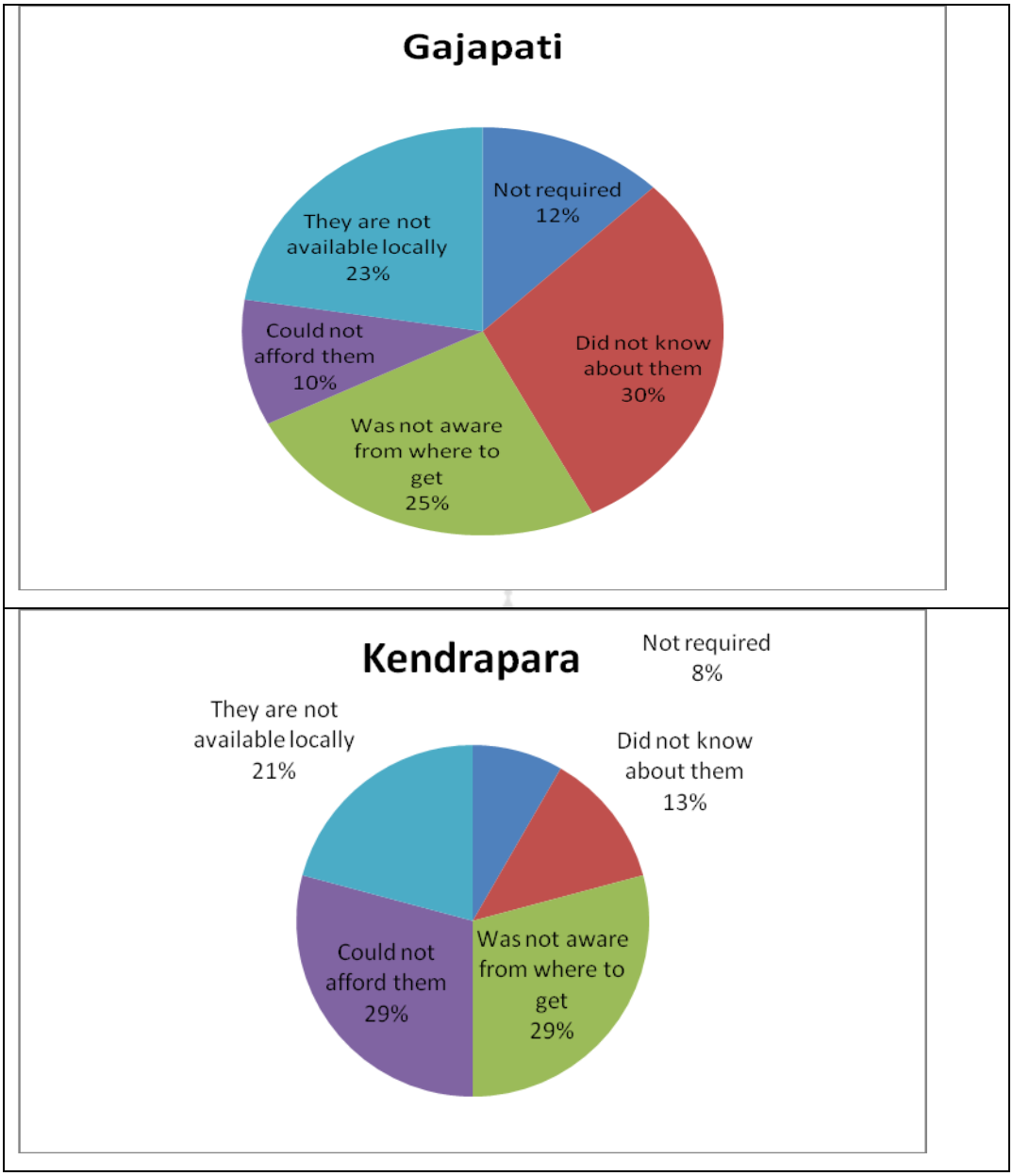


The above figure explains the use of aids and appliances by the respondents. As found 80% of Gajapati respondents have never used aids and appliances whereas in Kendrapara 48% respondents have never used the same. Further, when asked about the kinds of aids and appliances they have been using, they stated the following

Crutches/arm stick, Stick, Tricycles, Hearing aids (*They got it from the camps held in their respective block headquarter).*

Additionally, when asked about the reasons for not using aids and appliances the following reasons were mentioned (Figure-11)

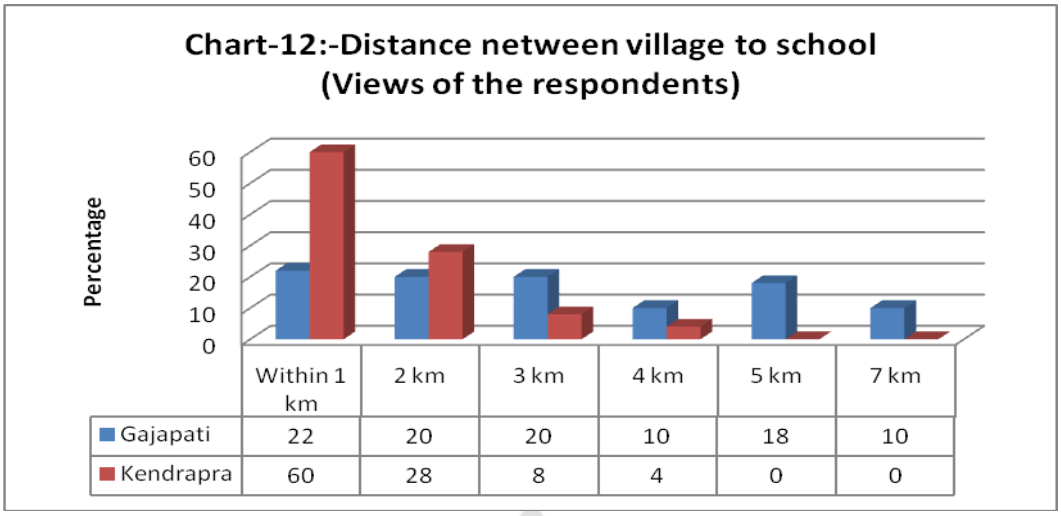
Figure-11:- Distribution of the sample respondents based on the reasons for not using aids and appliance



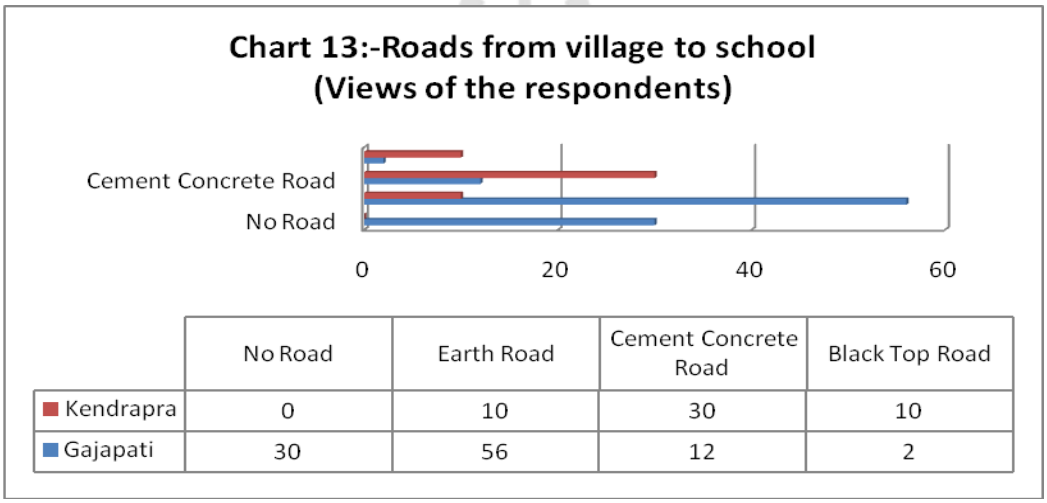
The above table clearly shows that 30% of the respondents do not know about such devices followed by 25% who are not aware about from where to get the aids and appliances. This implies the need of having awareness programs and activities on using aids and appliances and the procedure to procure it.

CHAPTER-5:-EDUCATIONAL NEEDS

The study reckons the educational status of children with disability. It also explains the barriers to educational institutions, transportation, societal and parental attitude towards their children's learning process of education.



	Within 1 km	2 km	3 km	4 km	5 km	7 km
Gajapati	22	20	20	10	18	10
Kendrapra	60	28	8	4	0	0



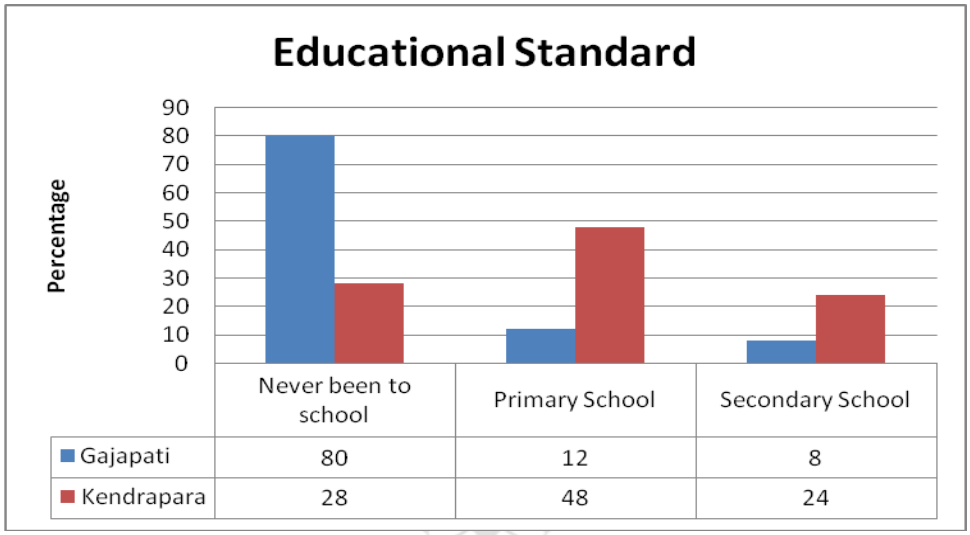
	No Road	Earth Road	Cement Concrete Road	Black Top Road
Kendrapra	0	10	30	10
Gajapati	30	56	12	2

The above charts explain the distance between their villages to school. As seen it is clear that the distance between villages to schools in Gajapati varies from 1 to 7 kms wherein Kendrapara the maximum distance to their school is 3 kms. Further, in Gajapati 30% of the respondents stated that they do not have a proper road to commute to their school.

This could mean that children with disability are more vulnerable as they need accessible road to reach their schools. Especially children with visual impairment and physical disability may find

it very tough to reach their school. This could further mean the differences and challenges lie between an LWE/Naxal-affected district and normal district.

Figure-14:-Distribution of the sample respondents according to their educational qualification



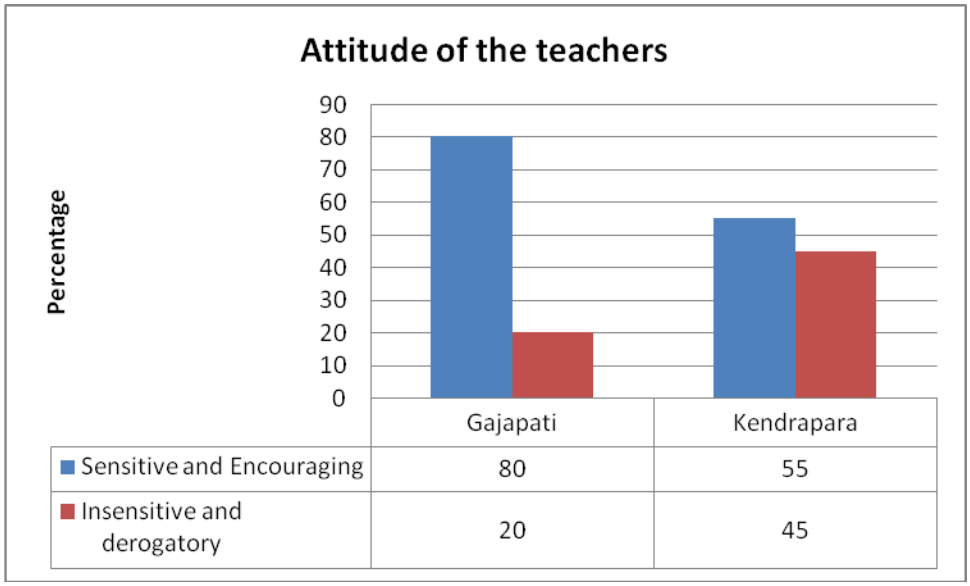
In this study, nearly half of the respondents have been to different schools. As seen in the above chart it is understood that educational status of children with disability in Gajapati is poorer compared to Kendrapara. Of the total respondents of Gajapati, 80% of them have never been to school whereas in Kendrapara 72% children with disability have attended schools.

Table-11-:-Distribution of sample respondents based on Education and Gender

District			Education of Respondent			
			Never been to school	Primary school	Secondary school	Total
Gajapati		Male	34.0%	6.0%	8.0%	48.0%
		Female	46.0%	6.0%	0	52.0%
	Total		**80.0%**	**12.0%**	**8.0%**	**100.0%**
Kendrapra		Male	28.0%	20.0%	22.0%	70.0%
		Female	0	28.0%	2.0%	30.0%
	Total		**28.0%**	**48.0%**	**24.0%**	**100.0%**

The table shows that male literacy rate is higher than the female across the district.in Gajapati 80% of the respondents have never been to school followed by 12% respondents attended primary school and 8% respondents have attended secondary school. However, of the 20% of the respondents who have attended school only 8% of them are female. In Kendrapara the findings are different as there are 72% of the respondents have attended various schools and 24% of them are female. In Gajapati context the findings imply that the girl children need to be encouraged to go to school.

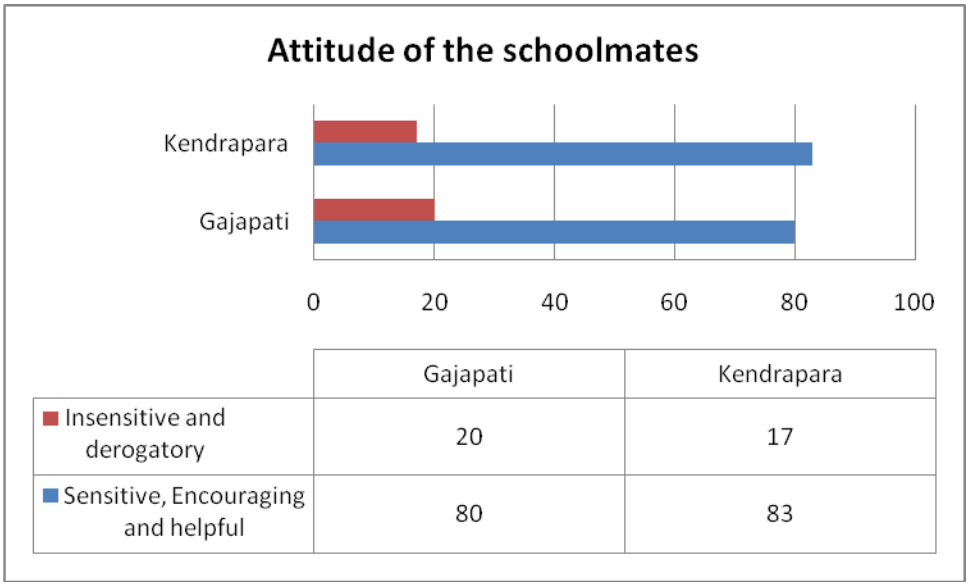
Figure-15:-Distribution of the sample respondents according to the attitude of the teachers



Note:-The above analysis is based on the respondents who have attended schools. i.e.10 respondents of Gajapati and 36 respondents from Kendrapara who have attended schools

It was found that more than half of teacher's attitude was encouraging. However, in case of Gajapati around 80% of the teachers' attitude found to be sensitive and encouraging compared to Kendrapara (55%). Around 45% of the respondents of Kendrapara stated that teachers have not been helpful and sensitive while dealing with them.

Figure-16:-Distribution of the sample respondents on the basis of the attitude of the schoolmates/peers



	Gajapati	Kendrapara
Insensitive and derogatory	20	17
Sensitive, Encouraging and helpful	80	83

Note:-The above analysis is based on the respondents who have attended schools. i.e.10 respondents of Gajapati and 36 respondents from Kendrapara who have attended schools

From the above chart, the attitudes of the schoolmates are found to be helpful and sensitive in both the district.

Table-12:-Accessibility of school building
(views of the respondents who have attended schools)

Spaces	Gajapati		Kendrapara	
	Comfortable	Uncomfortable	Comfortable	Uncomfortable
Classroom	40	60	58.4	41.6
Playground	40	60	50	50
Toilets	20	80	30.6	69.4
Drinking water facility	20	80	30.6	69.4

Note:-The above analysis is based on the respondents who have attended schools. I.e.10 respondents of Gajapati and 36 respondents from Kendrapara who have attended schools

The above table explains that around 60% of the schools are not accessible as they find it difficult to use classrooms due to not having ramps. On an average of 70% of the respondents in both the districts revealed that they do not have toilet and proper drinking facility in their schools. However, the extent of inaccessibility is higher in Gajapati in compared to Kendrapara.

Table:-13 Distribution of the sample of the respondents who have received the Scholarship

Scholarships received	Gajapati	Kendrapra
Yes	40	33.3
NO	60	66.6
Total	100	100

Note:-The above analysis is based on the respondents who have attended schools. I.e.10 respondents of Gajapati and 36 respondents from Kendrapara who have attended schools

It is clear that more than half of the respondents have not received educational scholarships. This further implies that they need to be made aware about the availability of various scholarships for children with disability such as monthly stipend and awards are given by Ministry of Human Justice and Empowerment and Ministry of Human Resource Development also the different scholarships given by the State Government.

Table-14:-Reasons for not receiving scholarship

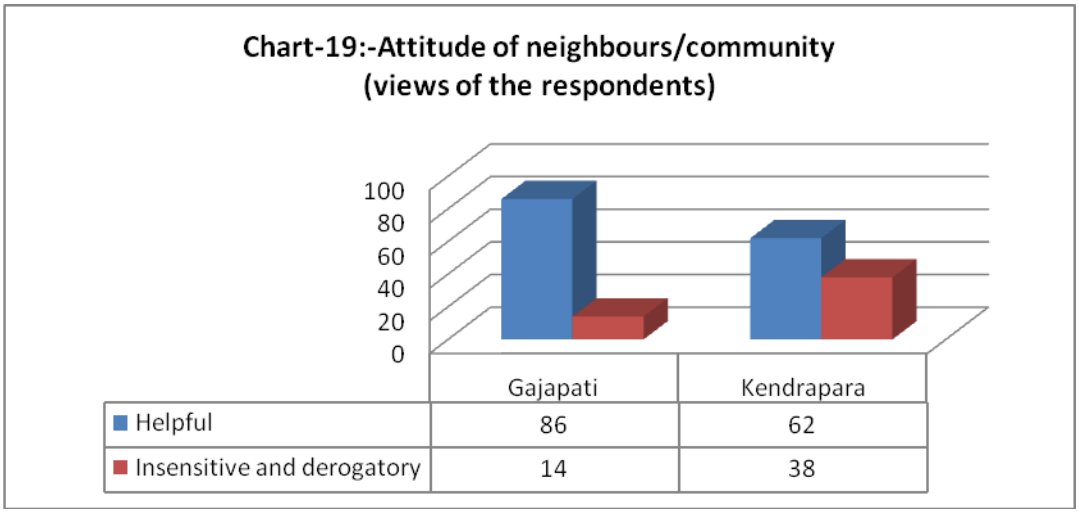
Reasons	Gajapati	Kendrapara
Was not aware of any scholarship scheme	2 respondents (33.3%)	8 respondents (26.6%)
Was not aware of the procedure for getting it	2 respondents (33.3%)	16 respondents (53.3%)
Was not eligible for it	2 respondents (33.3%)	6 respondents (20%)
Total	**6 respondents (100%)**	**30 Respondents (100%)**

i.e of the total respondents who have been to school, 6 respondents of Gajapati and 30 respondents from Kendrapara haven't received scholarship

This is clear from the table that the majority of the respondents, who have attended the school, were neither aware about any scholarships nor aware about the procedure to get the same. This implies that the proper information about the scholarships and procedures mechanism should be given to the school children with disability and their parents.

CHAPTER-6:-SOCIAL AND RECREATIONAL NEEDS

Social needs and persons with disability

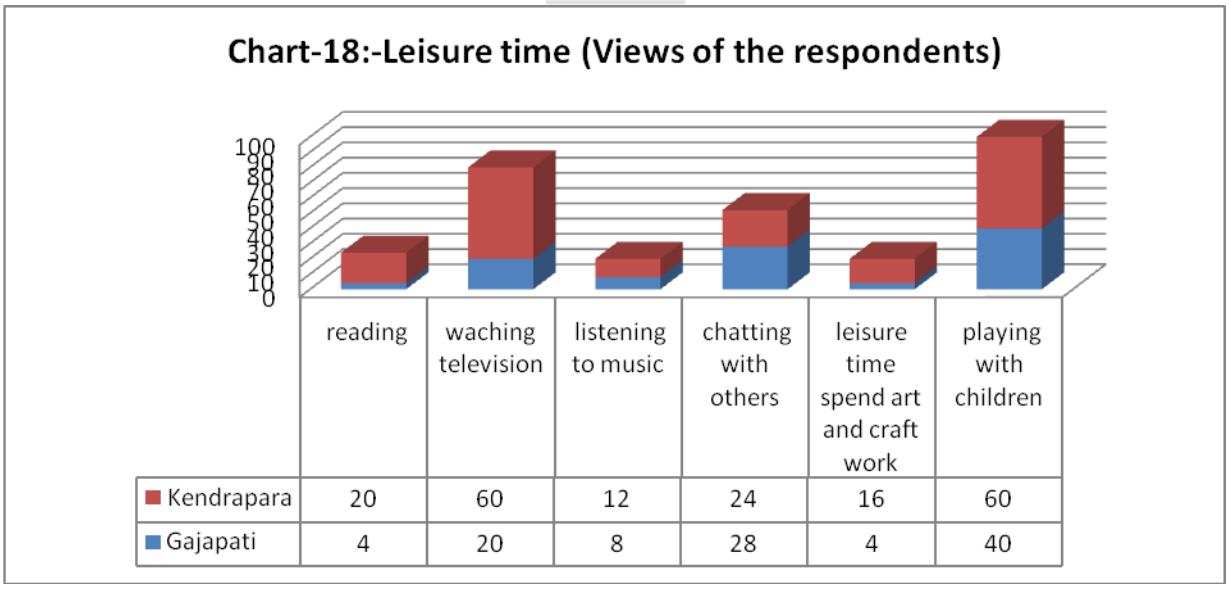


The chart shown above clarifies that majority of the respondents face positive attitude by their neighbors and community members. The helpful attitude by the community found to be higher in Gajapati than the Kendrapara. In Gajapati 86% respondents and Kendrapara 62% respondents have never been discriminated by their community members/neighbors. However, still, a significant portion of the respondents in both the districts have been facing insensitive and derogatory attitude by their neighbors in terms of calling them with their disability or devaluing their capabilities. This implies there is a need to sensitize the community members about the disability.

Distribution of sample respondents attending the function/social ceremony/festivals in their villages

Responses	Gajapati	Kendrapra	Total respondents
Yes	38 respondents (76%)	30 respondents (60%)	68
No	12 respondents (24%)	20 respondents (40%)	32
Total	50 respondents (100%)	50 respondents (100%)	100

The above table shows whether the participants are involved in various social ceremonies and festivals take place in their villages. The figure of Gajapati found to be more encouraging compared to Kendrapara as there is more involvement of children with disability (76%) in the social ceremonies. The reason could be in Gajapati being tribal district where one could easily find the community bonding and sense of belongingness among their communities.



When the respondents were asked whether they spend their leisure time, it was found that in Gajapati 40% respondents and in Kendrapara 66% respondents do spend their leisure time doing some form of activities.

Further, when they were asked what kind of activities they do in their leisure time, the majority of the Kendrapara respondents spend their time watching TV and playing with the children. In Gajapati most of the respondents spend their time playing with the other children and chatting with others.

This implies that major percentage of children with disability stay at home without doing any activities and this could be because they may not have source of entertainment. However, children should be encouraged to spend their time doing some form of activities like playing games and art and craft activities which may make them feel better mentally and can also make new friends in the communities. Further, the effort may be made to create the accessible facilities sports and other recreational activities.

CHAPTER-7:-Important Findings and Recommendations

The followings are the major findings

Disability Information

- Physical or Locomotor disability found to be the most prevalent disability in both the district.
- Majority of the respondents are found be belonging to the age group 10 to 15 years in both the districts
- Percentage of girl respondents with disability found to be higher in Gajapati than Kendrapara
- Majority of the respondents belong to ST category (86%) in Gajapati whereas in Kendrapara the majority of the respondents are from another category (70%) which includes OBC and General caste.
- There is a huge gap between age of onset and age of detection in Gajapati than Kendrapara
- 70% of the Gajapati respondents have sought either Non-medical treatment (60%) or no treatment (10%) whereas in Kendrapara more than 60% of the respondents have sought medical or therapeutic treatment.
- In Gajapati 74% of the respondents had delay in treatment (both medical and non-medical treatment) whereas 60% of the Kendrapara respondents had immediate treatment after the detection of disability.

Health Needs

- Gajapati has poor healthcare facility compared to Kendrapara
- Only 36% respondents of Gajapati and 72% of the respondents from Kendrapara stated that they have PHC in their locality
- Gajapati the maximum distance to reach their PHC is 35 kms whereas in Kendrapara the maximum distance is 10 kms.
- In Gajapati 30% of the respondents do not have a road connecting to their nearest PHCs.
- 68% of the respondents stated that they have to walk in order to reach their nearest PHCs in Gajapati
- 36% of Gajapati respondents and 28% of the Kendrapara respondents stated that their PHCs are inaccessible because of not having ramps in the medical buildings.
- Around 58% respondents have the disability certificate issued by government authority in Gajapati district whereas in Kendrapara 82% of the respondents have a disability certificate
- As found 80% of Gajapati respondents have never used aids and appliances whereas in Kendrapara 48% respondents have never used aids and appliances
- Children having physical disability and Mental Retardation do not have a rehabilitation therapy Centre in Gajapati and for that, they will have to go to Bhubaneshwar which is around 300 kms far from their places.

Educational Needs

- The distance between villages to school in Gajapati varies from 1 to 7 kms wherein Kendrapara the maximum distance to their school is 3 kms.
- In Gajapati 30% of the respondents stated that they do not have a proper road to commute to their school.
- Educational status of children with disability in Gajapati is poor compared to the educational status of children with disability belonging to Kendrapara
- Of those who have attended schools, around 80% of the respondents in Gajapati stated that their teachers' attitudes are sensitive and encouraging compared to Kendrapara (55%).
- The extent of inaccessibility of school and classrooms is higher in Gajapati than Kendrapara.

- Of those who went to schools, around 60% of them stated that their schools are not accessible as they find it difficult to use classrooms due to not having ramps and handrails
- An average of 70% of the respondents (out of the respondents who have attended schools) in both the districts revealed that they do not have toilet and proper drinking facility in their schools
- More than half of the respondents have not received educational scholarships in both the districts.

Social and Recreational Needs

1. Gajapati has more involvement of children with disability in the social ceremonies than Kendrapara.
2. In Gajapati 40% respondents and in Kendrapara 66% respondents do spend their leisure time doing some form of activities.
3. The helpful and sensitive attitude by the community found to be higher in Gajapati than the Kendrapara.
4. In Gajapati 86% and Kendrapara, 62% have never been discriminated by their community members/neighbors

CONCLUSION AND RECOMMENDATIONS

Several important conclusions may be drawn from the overall findings. It is very much apparent that there is a significant difference of needs among children with disability between two districts. In Gajapati issues like basic services are yet to be made available for children with disability.

It was also understood during data collection process that communities have to face strikes-Bandh called by Naxals as a result, their regular life functioning gets disrupted. Schools, offices, Panchayat and roads remain closed. When people with injuries would like to go to hospitals they cannot reach and they have to be satisfied with Nonmedical treatment available in their places.

There are instances when the common tribals with disability are beaten brutally. *For instances, during combing operation in a village in Gajapati district, a person with hearing impairment was roaming in the village and he was spotted by the militants; soon the militants started asking*

question about who he was and why he was there. The person (hearing impaired) was trying to reply with the possible sign language but the militants took it otherwise and he was beaten harshly thinking that he was a Naxal.

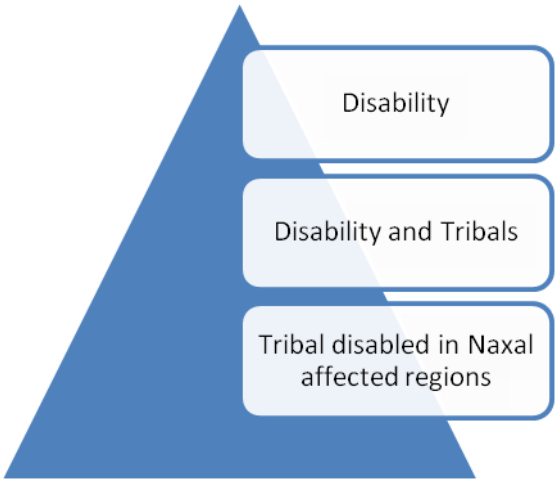
The crux of the discussion was whether the life of people with disability are affected by the Naxal operation and it was found that the life of people is affected overtly or covertly by the Naxals.

The lack of connectivity was found to be the major challenging issue in Naxal-affected region. The lack of connectivity in terms of not having roads to villages, not having enough public vehicles for commuting, not having the cell-phone network are the matters of deep concern. These factors, no doubt deprive the entire community however the people with disability are further deprived because it was found in this study that there have been cases of delayed treatment due to connectivity issues.

The connectivity issues in Naxal-affected regions have multiple manifestations in the life of persons with disability. For example, children without disability can reach school or hospitals even if there are no roads however for children with physical and hearing disability it is a matter of concern. People with mental retardation such as persons having Cerebral Palsy and people with physical impairment need to use wheelchair to commute to school or hospital and if we do not have proper roads then it creates a blockage to access such services. However, the non-Naxal affected regions are better off in terms of accessing such services. Similarly, in education sector, the percentage of respondents who have attended school is higher in Kendrapara compared to Gajapati and this could be because in Kendrapara is more accessible than Gajapati in terms of Connectivity (Roads, Buses), Infrastructure, human resource and delivery of service.

Although there is infrastructure in the Naxal-affected region but the study found to have lack of human resource such as PHCs do not have the doctors, schools do not have special educators. Further, the lack of proper roads with not having aids and appliances make children further vulnerable.

Level of Marginalization



As known, people with disability are the largest minority and their needs and concerns are hardly been paid attention by the society. They remain to be marginalized in the domain of education, health, employment and social life. In the last two decades, there have been initiatives taken both by the Govt and NGOs to bring them into mainstream life. Especially in urban areas people with disability have an advantage because in urban areas there are better hospitals with better rehabilitation centres, more schools with special schools, more employment opportunities and more technologies which ease the life of persons with disability, The study shows (Rao et al., Jose, 2014, Kumar et al.) that people with disability living in urban areas are more likely to experience better health, lower disability, more acceptance, better education and more employment opportunities. Therefore people with disability living in rural and tribal regions are further marginalized.

While in the context of LWE or Naxal-affected region, people with disability are triply marginalized as they are directly or indirectly affected by the Naxalite activities and characteristics of its region as explained earlier.

RECOMMENDATION

The following are the sector-wise recommendations and it suggests that Government and the Disability Organizations may initiate interventions in LWE/Naxal-affected region for children with disability in areas like health, education, rehabilitation and social empowerment.

Health

As understood in Gajapati only 36% of the respondents have PHC facility in their locality and 30% of the respondents do not have a proper road to commute to the nearby PHC. 70% of the respondents have to walk in order to reach the nearby PHC. Therefore, the quick and strong attempt is to be made in constructing the roads in all the villages in a Naxal-affected district like Gajapati. There are several schemes under which road construction activities may be undertaken such as MGNREGA, PMGSY, BRGF, IAP and related schemes of state government. The effort is also to be made to provide cell-phone network in all the villages of Gajapati.

Creating roads in all the villages will make people accessible to basic services of health and education. As known people with disability do have some form of impairment and creating an accessible environment for them is an essential duty of the government. Children with disability or people with disability will greatly be helped to reach to schools or healthcare centers. As found there is significant percentage of respondents of Gajapati have had delayed treatment.

Effort is also to be made by Government to provide PHC in all the Gram Panchayats if possible. As found 64% of respondents do not have PHC in their locality (Panchayat). Additionally, the focus should be on expanding the services in the primary healthcare centers. This may be in terms of incorporating specialists, therapists, and corrective surgeries, counseling, adequate medicines and verities of aids and appliances.

The massive awareness about kinds of disability and referral services system for parents is very much needed in Gajapati district.

The existing PHCs to be made accessible for children with disability

The Govt. and NGOs need to conduct frequent health camps in these regions. Gajapati has scattered villages and density of population are very low. It has been understood that due to not having roads children with disability do not consult doctors and most of them go for non-medical treatment. In fact, some of them live with the prevailing disability. Conducting health camps in their Gram Panchayat certainly be helpful for people with disability.

It was also understood that parents do not know the kinds of disability and possible reasons of being disabled. Therefore attempt is to be made to create awareness among parents about Prevention aspect. Parents of children with disability are to be educated about the Pre-natal and post-natal care and prevention of disability.

The district does not have a rehabilitation center where children with disability can get therapeutic services like OT-Occupational Therapy and PT-Physiotherapy. Setting up of an early intervention center for children with disability will certainly be helpful for the entire children with disability in Gajapati district. The emphasis is also to be made to have DDRC-District Disability Rehabilitation Center in Gajapati.

Many respondents do not have disability certificate, therefore, awareness activity to be designed for the parents about the importance of disability certificate and procedure to procure it.

It was also understood that majority of the respondents do not use aids and appliances and thus provision to be made to provide aids and appliances. Awareness programs are also to be created among parents and community about the use of aids and appliances and procedure to procure it. As found in Odisha disability camp take place only once in a year for issuing disability certificate and distributing aids and appliances to the needy. Therefore it is felt that having such camps twice a year may benefit more people and children with disability in this region.

Education

It is understood that both the districts do not have an inclusive school in their locality. The existing schools are not accessible for children with disability and most of the schools in Gajapati do not have ramps to enter the school buildings. Thus it is imperative that effort needs to be made to make the education sector inclusive at all levels. The facilities like the classrooms, sitting arrangement, toilet and washrooms are needed to be made disabled friendly. The emphasis is needed to create inclusive learning environment for children with disability in all the school. The standards of universal design method need to be adopted in designing the physical infrastructure of the school buildings and playgrounds. Further, effort also to be made to adhere the SSA-Sarva Shikshya Abhiyan guidelines by all the schools in the locality.

Intervention should even focus on creating awareness about inclusive education in the community and among the teachers, parents and siblings; and provide them information about various provisions available for children with disability by government such as scholarship/stipend and free education.

Social and Empowerment

The attempt is to be made to create awareness and sensitize the parents and community about the rights and enlistments of children with disability. However, the focus is also to be given to eradicate the negative attitude of community towards children with disability. None of the children with disability should face stigmas and discrimination in their regular life.

There is s long way to go in creating inclusive society and barrier free environment, however, the basic needs in terms of roads, accessible schools with special educator, accessible healthcare services are at priority. It is believed that many of the disability can be prevented or degree of impairment can be lessened in Naxal-affected regions if such children with disability get access to healthcare service. Govt attention is very much needed to make functional the life chain of people with disability in the areas of healthcare, education and connectivity. There are special schemes in Naxal-affected regions such as Additional Security Expenditure/IAP, BRGF, NREGA, District Innovation Fund along with the mainstream schemes need to reach such communities and children who are living with some forms of disability. People with disability may be federated with an organized platform at Panchayat, block level and district level with dedicated structure to address their issues and build their capacities accordingly.

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