

**SAGA OF AN EMERGING VOLUNTARY
ORGANIZATION IN GUJARAT**

K. K. VERMA

Blind People's Association of Ahmedabad

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DEDICATION

Dedicated to the
Professionals and others
who take Change Initiatives
and make
Innovations happen in
Voluntary Organizations

ABBREVIATION

AFB	American Foundation for Blind
ATM	Automated Teller Machine
BEd (S)	Bachelor of Education (Special)
BOB	Bank of Baroda
BSNL	Bharat Sanchar Nigam Limited
CBR	Community Based Rehabilitation
CBS	Centre Based Scheme
CII	Confederation of Indian Industry
CDS	Career Development Courses
CP	Cerebral Palsy
CSR	Corporate Social Responsibility
Db	Deafblind
DNDA	Danish International Development Agency
DLA	Daily Living Activities
EDI	Entrepreneurship Development Institute
ENT	Eye, Nose, Throat
EPC	Employment and Placement Cell
FCED	Foundation Course to Educate Disabled
FICI	Federation of Indian Chamber of Commerce and Industry
GAIL	Gas Authority of India Ltd
GSEB	Gujarat State Education Board
GR	Government Resolution
HRD	Human Resource Development
HSEB	Higher Secondary Education Board
IBR	Institution Based Rehabilitation
IE	Inclusive Education
IEDC	Integrated Education for Disabled Children
IEDSS	Inclusive Education of Disabled at the Secondary Stage
IGNOU	Indira Gandhi National Open University
IIMA	Indian Institute of Management Ahmedabad
ITC	Indian Tobacco Company
ITI	Industrial Training Institute
JMMT	Japanese Medical Manual Therapy
KCRC	Kutch Comprehensive Rehabilitation Centre
KFC	Kentucky Fried Chicken
KVK	Kaushaly Vardhan Kendra
LCIF	Lions Club of International Foundation
L L B	Bachelor of Law and Legislation
MBA	Master of Business Administration
MBBS	Bachelor of Medicine and Bachelor of Surgery
MD	Doctor of Medicine

MEd	Master of Education (Special)
MR	Mental Retardation
MSSO	Maharshri Sewa Sangathan Organization
MSW	Master of Social Work
NAB	National Association of Blind
NCERT	National Council of Education, Research and Training
NCVT	National Council for Vocational Training
NHEH	Navalbhai and Hiraba Eye Hospital
NHFDC	National Handicapped Finance and Development Corporation
NIBM	National Institute of Bank Management
NIVI	National Institute of Visual Impairment
NPE	National Policy on Education
NRI	Non- Resident Indian
GREGA	National Rural Employment Guarantee Act
OBC	Other Backward Classes
ONGC	Oil and Natural Gas Corporation Ltd
OPD	Outward Patients Department
PCO	Public Call Office
PhD	Doctor of Philosophy
PMI	Persons with Mental Illness
PR	Public Relations
PwB	People with Blindness
PwD	People with Disabilities
PSU	Public Sector Undertaking
RAC	Rural Activities Committee
RLC	Regional Learning Centre
RICO	Rajasthan State Industrial Development and Investment Corporation
RCI	Rehabilitation Council of India
SC	Schedule Castes
SEWA	Self- Employed Women's Association
SSA	Sarva Shiksha Abhiyan
ST	Schedule Tribes
TCS	Tata Consultancy Services
UNICEF	United Nations International Children's Emergency Fund
UEE	Universal Elementary Education
UK	United Kingdom
USA	United States of America
VI	Visual impairment
VIAD	Visually Impaired with Additional Disability
WHO	World Health Organization

Foreword

Saga of An Emerging Voluntary Organization in Gujarat is a study of wonderful institution, established by an even more remarkable person, Jagdish Patel. In addition, it has a number of inspiring stories at the end about many other remarkable people who are living exemplary lives despite being blind or having other disabilities. For example, it describes Dr Suresh H. Advani, who was disabled due to childhood polio and in spite of that, studied medicine and became India's renowned cancer specialist and the man who pioneered bone-marrow transplant for leukaemia in India.

In a world where the newspaper headlines are always about violence – terrorism and rape and murder whether of human beings or of long-cherished values, we are these days bereft of exemplars as to how to spend our lives if not usefully, then at least in peace. Those who are privileged are internally scared at their privileges being taken away abruptly and those who are deprived are constantly thinking of themselves as victims of an unjust system.

What this book does is show that being privileged and being deprived are both human conditions, each with its own advantages and disadvantages. Those with sight appear to be privileged compared to the blind, but if we read about the actions of those deprived of vision, the privileged look like they are deprived of the qualities of acceptance, forbearance, adaptation and grace.

Jagdish Patel was blinded at age of eight years due to meningitis and went on not only to become a renowned physiotherapist in Ahmedabad but also one of the founders of the National Association of the Blind and the founder of the Blind Men's (later People's) Association in Ahmedabad. The scores of obstacles he had to overcome to establish the BPA and keep it growing successfully and meaningfully, are far more than what most of us with sight ever choose to grapple with.

The book has a significant section on the various activities and programmes of the BPA and how they were conceived, how they were funded and how they are run. The book is not all praise for BPA - the author is critical of the manner in which certain HRD practices from recruitment and induction to performance appraisal and incentives, are under-practiced in the BPA. But the author describes how this can be improved and that can be very useful to other voluntary agencies. This is just one of the many sub-systems of the BPA which are analysed in detail by the author and all of his suggestions are applicable to the wider voluntary sector.

The book is a bit reticent on the role of Bhushan Punani, the IIM Ahmedabad graduate who has been with the BPA since 1987 and is its Executive Director. While Bhushan has written a chapter, it is about the Gujarat government's contribution to persons with disabilities. In the chapter titled Moonlight After Sunset: Post-Patel Era, there is a frank discussion in the differences in the management styles of Patel and Punani and how difficult it must have been to be a senior professional when the founder Jagdish Patel was still at his peak contribution. It also deals with how Bhushan ushered in a change in culture after Patel passed away in 1999. Indeed, Bhushan has been with the BPA for longer years without Patel than with him and his contribution in building this remarkable institution needs to be narrated as well. But this may be Volume II of the Saga of the BPA.

In the prologue the author Mr KK Verma tells us that nearly 50 years ago, the Delhi University chose his thesis for his Master's in Social Work degree to be first post-graduate students work published by the University. Obviously the judges chose well, for the flair for writing is still there, 50 years later.

I recommend the book highly not only to readers interested in specialised issues of voluntary agencies and social enterprises but also to those looking for inspiration from the remarkable people and their actions described in this book.

Vijay Mahajan
Founder and CEO,
Basix Social Enterprise Group

Hyderabad.
14th January 2015

A Few Words

This publication is a dream come true to me and many other persons who have spent their whole life nurturing Blind People's Association and witnessing its growth. While the organization has witnessed phenomenal growth over last 6 decades, there is no publication to its credit which traces its history and nature of growth. It is a well established fact that pattern of growth of any organization can be best traced and established by an independent author. More so, when person like Prof. K. K. Verma who has excellent experience of human resources development takes up the challenge of conducting in-depth exploratory study with the objective of studying nature, extent, quality and pattern of growth of developmental organization.

I have closely witnessed Prof Verma putting his best efforts in extracting required information, statistical details, success stories, road blocks it faced and role of different stake-holders during journey of more than 5 decades of this ever growing organization. I very admire his courage, persistent efforts and determination in bringing out this publication. This book not only reflects success story of this organization, it also lists milestones its progress and growth. As author has attempted to analyze significant contribution made by its founder, Late Jagdish K Patel, it is true tribute to the contribution of founder, Trustees and all those who have contributed over the decades towards the progress of the organization.

I am sure readers would enjoy reading the last chapter “Moon light after the Sunset” which reflects most practical approach of Trustees and Founders of this organization in developing “second line” of administration and control during one's own life-time which to me is the most significant characteristic of this organization. I hope other voluntary organizations would learn a lesson and put efforts in adopting similar approaches. Similarly, Inspiring Stories” also makes a wonderful revelation as regard

sustainability and viability of this organization which again is most essential pre-requisite for the survival and growth of voluntary organizations.

To me, this publication is a “Light House” for the voluntary organization as attempts to exemplify emergence, growth, outstanding achievements and sustainability of this one of the fastest growing disability development organizations in India. Similarly, this publication is an important “mile-stone” in the history of emergence of voluntary sector in the field of disability development. All those students and proponents of institutional development would find this publication a “landmark” in respect of developing an institutional structure which is effective, functional, cost effective and yet sustainable.

Very rarely one talks of financial sustainability, social marketing, accountability, transparency, credibility and innovative methods of mobilizing resource in context of voluntary organization, especially in disability development sector. The author ably presents a very detailed analysis of some of those unique approaches followed and perfected by this organization. All those interested in understanding such innovative approaches in the field of NGO management would find this publication an “eye-opener”.

This publication also mentions the strategies and approaches followed by the organization to surmount these difficulties and maintain its uninterrupted journey of progress and growth. The approach of developing human resources and using technology for achieving desired objectives is also another dimension which the author has skillfully reflected in this publication.

While I am grateful to Prof Verma who has also pointed out various areas where BPA should take corrective actions to maintain its momentum of growth. I find this publication a very honest and sincere attempt on projecting pattern of growth of NGO sector in this country and the need for improving

functioning of the same and ensuring statutory compliance within the legal framework of our country.

This publication is a ray of hope for NGOs in this atmosphere of gloom and attempts on restraining growth and emergence of NGOs as “fourth Sector” of developmental system.

Bhushan Punani, Ph.D.
2015
Executive Secretary,
Blind People’s Association (India)

January 18,
Ahmedabad

ACKNOWLEDGEMENTS

I had cooperation, information, discussions, advice and frank remarks from all I contacted for the study. Without their inputs this book would not have materialized. My gratitude is to each and every one of them.

Being a voluntary sector project, particularly of an emerging organization in emerging state, all I contacted welcomed me to meet, talk and correspond. My regards go to all 55 of them, from BPA and outside. Most of them, barring friends and relatives, I met for the first time and later established almost a permanent relationship.

Directors and Office Bearers

Dr Bhushan Punani, then executive director (now executive secretary), Ms Nandini Rawal, then project director (now executive director), and Mr Harish Panchal, training director, were always available. Mr Panchal exhaustively explained the history and growth of the Workshop and Adult Training Centre Trust. To understand BPA, a complex organization of 49 services, Dr Punani and Ms Rawal, who were computer storehouses on BPA, willingly shared all I sought. I discussed the drafts of the book with them. After their rich inputs, corrections, suggestions and verifications I revised some of the chapters. Dr Punani guided me like the best of the professionals I was familiar with. As he wanted, the study provided suggestions for future action. My concern for suggestions led me to repeated research discussions. Some proposals were not accepted. Some, like performance appraisal, Chintan Shivir, were indicated to be taken up for implementation. I appreciated his openness, flexibility and style of working. Rawal was fascinating. In spite of her busy schedule, she listened to my requests while concentrating on her computer. She insisted, "I am here, please." She offered me creative insights and details of subjects she was dealing with. My sincere regards, gratefulness and appreciation to all three directors-Dr Punani, Ms Rawal and Mr Panchal.

I had the opportunity of witnessing one managing committee's meeting of BPA. I had a long meeting with the BPA's president, general secretary and treasurer wherein I presented my major findings. The members listened patiently, made notes and wished me good luck for the study. I am grateful to late Mr Jahangir R.J. Cama, president, Ms Nandini Munshaw, general secretary, and Ms Sunita Thakor, treasurer.

Writers

I had limitations in writing three technical chapters. I requested Ms Rawal to write on Community Based Rehabilitation and Dr Punani on Government of Gujarat's role in ameliorating conditions of Person's with Disability (PwD). Bank of Baroda Staff College principal, Mr Kamlesh Patel, arranged for the IT study. Mr Rajive Ranjan, a senior faculty member of Bank's IT College, surveyed the functioning of IT in BPA. These three chapters added value to the book. What was more important was their readiness to oblige me. I am sincerely grateful to Ms Rawal, Dr Punani and Mr Ranjan.

Contribution was made by an old friend and a freelance writer, Ms Jyoti Jumani. When I was extremely busy with typing work and interviewing people, she offered help. She summarized nine stories in a brief and conclusive manner.

I must also mention Ms Shrikha Jain, research assistant, MICA, Ahmedabad, who contributed two stories and accompanied me to few interviews at the initial stage of the research. She got busy in her institute's work and finally left Ahmedabad.

Academia and Industry

I was fortunate to know several accomplished people from academia and industry in the fields of my interest - HRD, management and organizational behaviour.

Captain K J S Barar, Managing Director, Designmate, Ahmedabad who has created an exemplary organization of 225 persons with disabilities and enabled them to do prestigious white collar jobs of graphics and animation in his organization, gave me 75 minutes interview.

I discussed with Dr Anup Singh, Director General of Nirma University, one of the eminent behavioural scientists, about the voluntary sector. I checked with him some of my assumptions and the role of dreams and its impact on life. He gave me good insights in his non-directive style.

Dr Anil Khandelwal, former Chairman and Managing Director, Bank of Baroda, and a well sought after management consultant and speaker, has several expertise, one being HRD. In his busy schedule, he spared half a day discussing, commenting and guiding me on the HRD chapter. His perspectives about voluntary organizations brought me closer to reality and his comments helped me tighten the nuts and bolts and refine the chapter.

For the same HRD chapter I requested HRD Guru, Dr TV Rao, also for his comments. Dr Rao and the late Dr Udai Pareek, another father of HRD movement in India, both former professors of IIMA, created immense literature and programmes in HRD during the 1980's. Dr Rao was kind enough to guide me to supplement certain inputs. He also pointed out Dr Pareek's extension education application in NGO area.

Coincidentally, little after I began, Dr Shubhra Gaur, a behavioural scientist and professor from MICA, undertook a research project in BPA. I had known her before. She is knowledgeable, exacting and experienced. We often discussed and shared views. Amongst other things, she spared data for me that she had collected on special needs centres but decided not to use in her book.

I am grateful to Cap. K. J. S. Barar, Dr Singh, Dr Khandelwal, Dr Rao and Dr Gaur for extending help and sharing their expertise. Their help has added value to my book.

Editing

I had requested Prof S. Sreenivas Rao, former professor of IIMA, who pioneered the WAC (Written Analysis and Communication) course and later various management institutes started the WAC

course on similar lines. Prof Rao had edited my articles and case studies when I was at IIMA. Discussions with him led to designing of my book as a biography. He edited seven to eight chapters. Then he fell sick and got bed ridden for three or four months. I was unhappy losing his contribution and BPA made alternate arrangements.

BPA contracted Ms Smita Pranav Kothari, a qualified professional, to edit two books including mine. The whole book had to be edited as otherwise the differing styles of editing would have created problems. She put in hard work and added quality. Sometimes she demanded to learn and clarify things and sometimes to redo.

I am grateful to both Prof Rao and Ms Kothari to have made a difference to the book.

Foreword

When I sent briefs of the project and highlights of my background to Dr Vijay Mahajan, he agreed to write the foreword. I was very happy that a great social institution builder, livelihood promoter and philanthropist of rural India had agreed to write the foreword. The founder and CEO of the Basix Group did a pains-taking job writing and analysing the highlights of main features and even weakness of the book. He observes “Saga of an Emerging Voluntary Organization in Gujarat is a study of wonderful institution, established by an even more remarkable person, Jagdish Patel.” He stressed the inspiring stories about many remarkable people “who are living examples of exemplary lives.”

I approached Dr Punani for comments. He considered “the book a 'Light House' for the voluntary organizations as it attempts to exemplify emergence, growth, outstanding achievements and sustainability of this one of the fast growing disability development organizations in India.”

I have no words to acknowledge my gratitude to Dr Mahajan and Dr Punani.

Family

The whole family gets involved in a major project. At the top of the layer was my beloved wife and life partner, Neena, who never grumbled and kept sweetly smiling though faced loneliness when I was busy several hours a day on the book.

All my family members and friends greeted my decision to retire in 2010. Apoorvi and Harit were the first to suggest I write a book and gifted me a Sony ICD-PX820 to record the interviews and my thoughts. Ankura and Ankit bought a new laptop for me. Harit's office and Ankura's office prepared attractive and appropriate cover page design. My friend and computing Guru Rohit Patel showed lot of patience to solve my uncounted internet and computer problems. My 83-year old sister, Ms Prakash Varma, kept missing me as for a year I did not visit my native place.

I am lovingly grateful to all family members and to the blessings of Almighty who gave me inner strength to involve deeply in the project and helped me create a legacy for my lovely grandchildren, Sahir and Jiya.

Many Others

I am grateful to many others for sparing time, sharing data at length and coming over several times in the meeting room:

1. Mr Dharmendra Jena, an aggressive crusader met me a couple of times at BPA and at the Eye Hospital which he heads and compiled certain data for me. On telephone I could seek clarifications and data for gaps.
2. Mr Arindam Ray, head of KCRC, Kutch, was nice enough to attend to my several phone calls and furnish data about KCRC. Entire discussions and data collection took place on telephone as I could not make it to Kutch.
3. Ms Vimal Thawani, head of Department of Special Needs Services and deeply sensitive to the needs of people with disabilities, helped several times on a large variety of the constituents of her department. Apart from meetings we communicated several times through mail.

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4. Mr Bharat Joshi, an ardent lover of the down-trodden, manager of the Community Based Rehabilitation and Mental Health Department, coordinated my meetings. He provided reports on the CBR Department, collected/compiled valuable manpower data that I needed and organized many meetings. Often I could discuss with him to verify the information. His colleague, Mr. Vanraj C. Chavra, the only person to respond fast, always came forward to help.
 5. Mr Bipin Mehta, a one-man department, discussed the details of the People with Disabilities (PwD) Act, 1995. Being in-charge of the Inclusive Education and Distance Education, he furnished the necessary details.
 6. Ms Meera Shah, head of Funds Raising Department, was the first person I chose to meet as I considered funds and services were the nerve centre. I can't forget the morning to evening meet to do in-depth study of the department. She proved she was from a freedom fighter family.
 7. Mr Ramesh Patel, head of Employment and Placement, and his two enthusiastic colleagues, Ms Vyas and Ms Ajalpuriya, discussed how they helped the BPA students and outsiders for their placement. I learnt that placement activity was another nerve centre of BPA. They escorted me to some company managers who regularly come for placement.
 8. Ms Sudha Joshi, a very energetic lady, principal of the Secondary & Higher Secondary School, discussed the growth of educational activities in BPA and provided useful data of how the students of secondary and higher secondary are taught to produce excellent results.
 9. Dr B.K. Panchal, head of the Physiotherapy School, provided details of school's growth and discussed various emerging issues. He took the initiative to let me know the important developments of the school from time to time over the phone.
 10. Mr Tarak Lohar, principal of the Primary School, discussed about the primary school activities.

11. Mr B B Sharma, administrative officer, provided details of personnel and administrative activities.
12. Mr. Vijay provided details of trouble shooting of computers.
13. Ms Tejal Lakhia, head of the ITI School, discussed the details of the school, sports activities of students (other than with blindness), their trips and celebrations.
14. Mr Ambalal Pandya, manager of the Workshop, and his colleague Mr Jagdish Trivedi took lot of pains for taking me around the Workshop and its activities and providing data of trainees and employees.
15. Ms. Kinnery Desai, project manager of Advocacy, narrated how she was selected for a coveted post-graduate programme by the Syracuse University, USA and her thoughts on Advocacy for women.
16. Mr. Amul Kapse, IT officer of A N A Design, Mumbai, linked his computer with my computer through TeamViewers 9 software of Google. Whenever I had a break down in functioning of my computer, he could detect and correct it.
17. Mr. Gurpreet Singh of Purplepink, Delhi and Ms. Neha Sethi of ANA Design, Mumbai downloaded large options for designing the cover page and Harit Sethi, Director of Purplepink finalising the design.
18. Futermal Porwar, manager of Braille, and trustee and secretary of BPA, enthusiastically provided details of his functions and discussed how with his limitation of total blindness he progressed in life.
19. Twelve teachers (names given in Table at the end of the first chapter) who participated in a meeting to discuss founder's Dream Organization.
20. Eleven outsiders (names given in the Table at the end of book) whom I met to discuss varied issues.
21. Mr. Pratik Dave for Financial Analyses of BPA.

Stories

Each story was developed based on meetings, discussions, their work and inputs from their managers. I am deeply obliged to the following and thank them profusely:

- i) Mr Futtermal Porwar
- ii) Mr Dalip Shah
- iii) Dr Sanjay Sharma
- iv) Miss Nagratna Venkayla (Miss Shikha Jain interviewed her a couple of times)
- v) Dr Suresh H. Advani (Mr P N Ullekh met him for writing on him for Economic Times)
- vi) Eight sources drawn from for writing the story on Helen Keller.
- vii) Ms Patricia C. Williams, Executive Director, The Helen Keller Centre, American Foundation for the Blind, U.S. A. who sent me her comments on Helen Keller story.
- viii) Mr Zakir Sipai.
- ix) Mr Shantaram Parab.
- x) Mr Tarak Luhar.
- xi) Mr Zakir Sipai also for page setting of the book

Ms Lalita Menon of BPA typed one story.

Mr Virendra Guilder and Mr Aalam Pathan did the running around; they even knew when I needed a cup of tea.

Please pardon me for my lapse of memory to recognize here anyone who had contributed in my venture.

K. K. Verma
Ahmedabad

February 26, 2015

PROLOGUE

Six months after graduating with Master's in Social Work from University of Delhi, I received a phone call from one of my professors, Dr SS Ayer. He broke the news that my thesis: A Survey of Beggars in Delhi submitted towards fulfillment of my degree had been selected by the university as the first post-graduate student's work to be published by the university. I had not even written an article till that point. Feeling elated, I profusely thanked my professor for the good news who having edited the thesis further asked for my permission to join me as co-author for the same. Brimming with happiness arising out of the honour my name appearing with my eminent professor, I readily accepted the offer for which my professor thanked me.

The above episode encouraged me to look at social work as a rewarding career. Another of my professors, Professor KN Vaid offered me to join him at Shri Ram Centre for Research in Human Resource Development (HRD) where he held position of director. But at that time, I preferred to be a social worker. So I joined a Delhi government job at Beggars' Home as my first job. One day, my boss blamed me for not updating records which dated to the period before my joining. This happened when an inspection was going on. Thereafter, I faced discrimination from my boss which frustrated me leading me to resign. Leaving Beggars Home, I had a short stint with Shri Ram Centre and moved over to join Indian Institute of Management, Ahmedabad (IIM-A), as research assistant.

From that time, I have been in and out of academia and corporate jobs at several levels. Last I worked for five years with Academy of HRD, Ahmedabad, as its director. This is a doctoral-level institute in HRD area with which eminent academicians and corporate big bosses were associated. I was fortunate to have derived immense satisfaction contributing to all the jobs I worked on for 47 years. Then I decided I call it a day and work in a

non-remunerative situation. This is how I landed up in Blind People's Association (BPA), Ahmedabad.

What attracted me to BPA was the reputation of its founder, Jagdish Patel, known as the entrepreneurial activist for persons with blindness as well as kudos about its executive director, Bhushan Punani, a management graduate of IIM-A, the finest business school of the country.

Upon meeting Punani, he proposed that I chip in with undertaking research at the organization as research formed the intersection of my background and BPA's need. I expressed my apprehension of possessing little knowledge of the voluntary sector other than that derived from my short stint in a beggars' home in Delhi. Moreover, I did not have any experience in the domain of, blindness in which BPA works. Nevertheless Punani suggested that I could consider their organizational issues for the study relating to BPA's departments, growth trajectory, human resource activities etc. But coming back to social work after a long corporate journey, I felt like coming back to my roots.

In our next meeting, Punani introduced me to Bharat Joshi who resumed his services at BPA after pursuing two-year master's course in Human Rights from the UK. Joshi coordinated my meetings with managers at the organization and also compiled certain manpower data for me.

The book is in the nature of an institutional story. It is written with the intent that it is a short biography of a voluntary organization which can be a useful read for varied professionals; management, social work and non-government sector students; voluntary organizations providing service to the disability category; and even governments and corporate sectors who have responsibility to discharge towards the less fortunate people. In addition, even a common man today takes interest in knowing what a voluntary organization does for the people suffering from blindness.

Punani was keen that the research findings are useful to BPA as well as to other voluntary organizations. He also wanted suggestions for future actions in different organizational areas and also what could be the learning for BPA and others. In fact, new thoughts do arise in the process of study and writing. That is what I attempted to share as suggestions. Though these suggestions arise from analysis of BPA study alone, they could yet be useful to other voluntary organizations, was my feeling also. The biography book thus may sound mixed up as consulting report with research report at times. But it is to meet a requirement.

I set the objectives of the study as follows:

- Which disabilities BPA deals with, respective services and how they manage and deliver them
- How were the newer services in BPA --special-need services-- introduced and how BPA prepared for the tough challenge
- How Community Based Rehabilitation (CBR), which is opposite to the concept of institutional rehabilitation, fitted with age-old practices of BPA
- Staffing and specializations, professional orientation and what are the learning from practices of the organization
- What is the present status of training function, HRD and technology applications to cope with needs of the future
- Assessing transparency in resource management and methods used to raise funds
- How do they go about building careers for Persons with Disabilities (PwD)
- Exploring what the founder's dream BPA was and what the academic system (schools) did to realize it
- Patel led BPA for five decades and in the process made vast contributions to the movement for Persons with Blindness (PwB). How are his successors, the professional team of three directors (Punani, Nandini Rawal and Harish Panchal) following suit? Also, reviewing their strategies and effects of the same on performance of BPA

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- How is Gujarat government's attitude toward PwD and what services the government encouraged to promote the rights, benefits and participation of PwD
 - Writing short stories of about 10 selected challenged people who have settled down successfully in life and who can inspire the readers
 - Suggesting my thoughts in terms of future actions.

The title of the book I had once decided as Saga of Blind People's Association of Ahmedabad. I did not claim any credit for the title. One evening I had brainstormed possible options for my book's title with a few professional friends. Professor S Srinivas Rao, former professor at IIMA, who had edited many of the chapters in this book also, suggested the above title. We all liked it. Thus, the credit for crafting the title would have gone to Professor Rao. But at another time while we were involved in discussing some issues about BPA, Punani came out with an alternate title. He remarked a broader topic to reflect on its utility he had visualized. He spelt it out- Saga Of An Emerging Voluntary Organization In Gujarat. It did sound nice. In meanwhile Nandini entered into his cabin and said, "This title seems attractive. Bringing in Gujarat is a good idea." So I decided there and then the title to be, "Saga Of An Emerging Voluntary Organization In Gujarat." I thanked Punani for his caring for my study.

As the book is an institutional biography, I had to depend on other sources for the information. From exploring BPA founder's passion to knowing about the organization's past, present practices and future course of action from managers and other personnel at the organization; my most critical sources were:

1. The three directors who impressively had data about the organization at their fingertips. This data ranged from founder Patel, historic growth, launching of the schemes, benevolent trustees, and BPA initiatives, overseas to the balance sheet.

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2. Book *Jagdish Patel: The Visionary* by Punani and Rawal. Published by BPA, Ahmedabad, in the year 1997; this book provides a detailed description of BPA's background, its founder and how he built BPA.

Thus, methods I used for the study were:

1. Long meetings and discussions with Punani, Rawal and Panchal. In total, I interviewed 55 people including 11 outsiders to BPA who had either known Patel, or company executives, or for academic discussions.
2. Group discussions with 12 teachers of different academic and professional study schools. Content from these discussions was incorporated in the first chapter "Founder Patel and his Dream Organization," particularly their efforts in dream realization.
3.
 - i) Main book consulted was Jagdish Patel: The Visionary (see above); other books used as resources are listed at the end of the chapters.
 - ii) Newspaper articles, references of which are given in the text or at the end of the respective chapter.
 - iii) BPA's other secondary sources tapped were: a) Annual reports, b) Quarterly newsletters, c) Balance sheets, d) Brochures, e) Manpower data and f) Annual reports and balance sheets of Adult Training Centre (Trust).
 - iv) The book contains three chapters on technical subjects from experts in the areas-Nandini Rawal on CBR, Bhushan Punani on Gujarat Government's role and Rajiv Ranjan of Bank of Baroda IT College on IT in BPA. Their contributions have enriched the value of the book.

Apart from the story of BPA, the book also contains motivating stories of people with blindness and other disabilities that developed with institutional help as well as due to their own determination and aspirations to grow and make something of

their lives. Moreover, the book also includes story of a 79-year-old employee at BPA (sighted) who is yet energetic, enthusiastic and dedicated to the purchase function at the organization.

During my research on BPA, I realized that the beauty of the organization is that studies on it can go on endlessly. Events keep happening on its timeline. I had started the study in the middle of 2011 and after the study design was completed, I decided to close data collection by September 2013. But information about the organization never stopped flowing. For example, during one of my visits to BPA, I saw Panchal (training director) leading a congregation of about 300 people. On inquiring, I learnt that an inter-institution art and culture competition for PwD of western zone of the country was going on. In another instance, one day I read on front page of The Times of India that The Confederation of Indian Industry (CII) was taking a delegation of top companies like Tata Motors, TCS etc. to BPA to recruit 1000 PwD. I covered some such incidents in the study against my own plan.

BPA has been achieving exponential growth in recent years from the time it started expanding outside Ahmedabad city. It reached rural areas with The Eye Hospital at Bareja and Samarth Respite and Residential Care Centre and Inclusive School for the children. Moreover, BPA set up semi-rural based Kutch Comprehensive Rehabilitation Centre (KCRC) which has added a new dimension to disaster management. Also, through four new special-need centers around Ahmedabad, BPA caters to new categories of disabilities.

With the above expansions, BPA now serves all the ten categories of disabilities which afflict Indian populace as listed in People with Disability Act of 1995. BPA is no longer an institution for only people with blindness. It renders service to people with physical, mental as well as psychosomatic disabilities. Thus, BPA should be looked at as multi-disabilities management organization. It now delivers service to children, men and women. It has day care as well residential arrangements. It has

grown out of response to emerging needs be it environmental emergencies or expectations from the society. It has utilized land, manpower and money at their disposal through donations, project financing and government grants for the purposes granted.

On the management front, a major change took place in April 2014. Punani who gave 34 years after graduating from the IIMA to BPA superannuated as executive director on March 31, 2014. Rawal, then project director, was elevated to executive director position with immediate effect from April 1, 2014. Punani was retained as executive secretary of BPA.

An unfortunate event took place in August 2014. The president of BPA, Mr. Jahangir R. J. Cama, a prolific philanthropist breathed his last on August 25, 2014. BPA management was shaken as Mr Cama commanded tremendous respect and was highly involved with BPA. In his place BPA trustees appointed Mr. Piyush Desai, CEO of Wagh Bakri Group as the president of BPA. Mr Desai is a well known personality who has been associated with the BPA for a long time and a donor too.

Being aware of the value of this book to several interest-groups, Punani had proposed that BPA publish this book. I accepted the offer thinking that BPA would best know who the audience of the book should be including other voluntary organizations. I am grateful to Punani for the proposition.

K.K. VERMA
Ahmedabad

October 14, 2014

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CHAPTER 1

FOUNDER PATEL AND HIS DREAM ORGANIZATION

“Hundreds of Olympic athletes have not only lived their dreams, they have spiked our dreams too with their courage and accomplishments. The Olympic Games are perhaps the world's greatest and most dramatic stage for those in pursuit of lifelong goals and dreams—living life as it should be lived- fully, enthusiastically, with every breath you take.”

--Les Brown (i)

Similarly, Jagdish Patel, founder of Blind People's Association (BPA), nurtured a dream to build an organization par excellence for Persons with Blindness (PwB) that caters to all types of services for development of the said demographic. He had a strong will to achieve his dream. Patel held the reins of the organization as its general secretary for five decades and during his life introduced services, some of which were the first of their kind at least in Gujarat.

Two of his colleagues, Bhushan Punani and Nandini Rawal, have written a book, *Jagdish Patel: The Visionary*, wherein they gave a detailed account of Patel's personal and professional life(ii). This book in question, is an extension of the above, however, with a major attempt to discover what BPA intrinsically is. This chapter deals with Patel's contributions in different directions and his Dream BPA.

Patel's childhood

Patel was born on September 5, 1928, to Dr Kashi and Lalita in a village called Borsad situated in district of Kheda in Gujarat. The

family moved to Kolkata when Patel was eight-years-old. There he became a victim of meningitis (a disease causing inflammation around the central nervous system with high fever) which led to blindness in 1936. The best local doctors attended to him but to no avail.

As a child, Patel and his mother prayed every day for his eyesight. In 1962, he visited Lourdes in France, a world-famous Roman Catholic pilgrimage centre. It was believed that a dip in the holy water would cure any ailment. Thousands claimed that they recovered, but Patel did not. Frustrated Patel decided not to try any more rituals.

Patel's youthful years

Gradually, Patel grew into a tall, fair-complexioned young man. An admirer of Patel once remarked, "He is like Gregory Peck of Hollywood of yesteryears"(iii). Although he suffered loss of sight, his courage did not let him hinder his achievements in school, professional studies or even in his becoming an outstanding leader, an institution builder and a fighter for a cause. He passed his vernacular examination in 1944 from Victoria Memorial School for the Blind, Mumbai, known then as the most progressive school for PwB in the country. He was then admitted to a three-year physiotherapy diploma course in the same school. At that time, physiotherapy course for PwB did not exist anywhere else in the country.

The school helped Patel to develop in multiple ways. He socialized extensively both on campus and outside it. He respected his teachers and was amongst the few who interacted with principal of the school. The school often asked him to take the visitors around. He charmed them with his engaging manners. He was the editor of *Satya Prakash*, the school publication. Patel also joined the orchestra team of the school on an all-India tour. He competed in elocution and debates. Apart from these extra-curricular activities, his academic performance was also outstanding. He stood first in the physiotherapy course.

Patel practised physiotherapy in Ahmedabad. Simultaneously, he enrolled for graduation studies. In 1962, he graduated from Gujarat University. His physiotherapy clinic, Medico Massage, proved to be a successful endeavour. Set up in 1948, the inception of Medico Massage coincided with a polio epidemic in Ahmedabad. Patel gave therapeutic massages to the affected children and gained reputation as an expert physiotherapist in spite of blindness.

In 1949, Calico Mills Hospital invited him to be its honorary physiotherapist. It was a great honour earned within a year of his practice. He was also taken to Ambalal Sarabhai, the textile tycoon and owner of Calico Mills (biggest textile mill of Ahmedabad), for rendering his massage services. In this regard, Patel visited Sarabhai regularly. During the massage sessions, Sarabhai often talked about business issues and people's problems. Patel thus learnt the business and work-place intricacies quite early in life as a bonus of his service. Sarabhai was also impressed by the sightless man and introduced him to several businessmen. Consequently, Patel's patients increased manifold.

His new customers included businessmen, bureaucrats, doctors and advocates. Unlike a pain killer, physiotherapy involves days of treatment. In the process, the patient-physiotherapist relationship became personalized. This worked to Patel's advantage as will be evident in the following parts of this chapter/book.

Growth as a professional

Patel's professional work and development work went hand-in-hand. Sarabhai who became his anchor and recommended him to many businessmen of Ahmedabad made him popular amongst the industrialists. Thus followed other opportunities:

- Ahmedabad Municipal Corporation invited him to be honorary physiotherapist at LG Hospital, Maninagar. Later, the hospital appointed him as its physiotherapist.

-
- Employees State Insurance Corporation approved him as a physiotherapist.
 - Gulab Bai Hospital appointed him as honorary physiotherapist for the Ahmedabad region.

Patel always welcomed difficult cases and loved challenges. Once, at LG Hospital, he treated a woman who had fallen from the fourth floor of her house and had suffered 18 different fractures. In a year, she fully recovered without any residual problems.

Patel provided his services at LG Hospital till he was 60-years-old.

He undertook the challenge of revival of the dormant Blind Physiotherapists Association of Ahmedabad. He led the association for some time and groomed a successor to take over.

Patel became the leading physiotherapist of Ahmedabad. However, in 1978 he decided to discontinue the practice so that he could serve PwB full-time. The withdrawal was gradual. His business associate and partner in Medico Massage, Natwar Patel, took over Patel's work-load. Patel, however, continued the part-time job with LG Hospital for two reasons: One was that he could be in contact with the doctor community and second, more importantly, was that he could treat poor people at the hospital who could not afford his clinic.

In 1958, Patel married Bhadra Satia who also became his partner in the developmental movement for PwB.

Founding of Blind Men's Association (BMA)

Patel had become a prominent physiotherapist. His clinic was open from 5am to 10pm. While practising physiotherapy, he kept interacting with PwB. Thereby an informal entertainment club of PwB was developed. They met to chat, be together and sing songs. They played cards, chess and read Braille books. Being among one's own type, they were very comfortable and frank. Their chats laid the seeds of Blind Men's Association (BMA).

A conference of certain people of Gujarat concerned about blindness was held in Surat in 1947. They set up National Association for the Blind (NAB). It was also decided in the conference to set up BMA in Surat. Patel was one of the founders of BMA, Surat. However, BMA, Surat, got fragmented into three parts: BMA, Mumbai, Ahmedabad, and Pune. Patel founded BMA, Ahmedabad, on April 4, 1950, and was its general secretary till his death on March 31, 1999.

Thus, Patel remained associated with BMA for half a century. He had the vision to ensure that his dream organization is created with contributions of the trustees, executive committee, directors, managers and his friends. Through the vehicle of BMA, he took umpteen initiatives in the movement for development of PwB.

When NAB was formally established in January 1947, he was elected one of the seven secretaries of the same. He was also elected to chair its Rural Activities Committee (RAC). Though Patel devoted considerable time to NAB activities, his commitment to BMA never slackened.

BMA to BPA

Blind Men's Association (BMA) was renamed as Blind People's Association (BPA) in 1998 to make it inclusive of women with blindness. From this point onwards in the book, the organization will be referred to as BPA.

A serious agitation

Twenty years after BPA was founded, in April 1974, there was a stir reflecting dissatisfaction and protests by teachers and principal and students of a school of BPA. The environment at that time was pro agitations. Student unrest was going on in Gujarat against economic crisis and corruption, led by a social reformist, Jayaprakash Narayan under NavNirman Movement. Many schools were on agitation and closed. At BPA about 70-80

people went on agitation daily, followed by indefinite fast by some. The agitators criticised the general behaviour of Patel, quality of food and lower salary of staff. BPA declared lock-out.

The state government intervened and temporarily took over the administration of BPA. The 3-month long agitation started waning when the students got tired and started leaving for their native places. AP Trivedi, Principal of higher secondary school and who was leading the agitation and many of his followers ultimately left BPA.

The lock-out and the government take-over brought bad name to BPA. A commentator said that Patel played divide and rule. He had favourites. Another one said that both were hot-headed and even on ordinary matters "*mann-mutave hogaya*" (difference of opinions), angers would burst out from both sides. Punani and Rawal's book of 1997 says: "The major cause of the agitation was the interpersonal conflict between this group (Trivedi and followers) on one side and Patel on the other side" (iv).

Though Patel was the main target of the lock-out, it did not deter him to continue with same enthusiasm. On the decision of Management Committee, presided over by the president of BPA, senior professionals were appointed and progress of BPA became better and faster.

Following are Patel's major achievements at BPA:

1. **Light House for Blind Girls** : With the financial support of Sarabhai, Patel established Light House for Blind Girls at Memnagar, Ahmedabad. It is now a well-run and independent special-school imparting education and vocational training to 250 girls with blindness, run by an independent Trust.
2. **Popularizing Braille** : Patel helped popularize Braille by taking a number of steps as below:
 - An innovative step taken in 1958 was to seek prisoners' contribution for embossing Braille books. The prisoners

of Sabarmati jail embossed more than 25,000 Braille books for which they were given relief in imprisonment period in exchange.

- Patel and his wife organized Braille-writing competitions for school children in the country.
- CN Braille Circulatory Library was set up. Today it has 350 members who it serves through post/courier.

3. Adult Training Centre (ATC)--school and workshop: Patel met a young beggar with blindness who wanted to give up begging but had to do it for survival. The recreation club's brainstorming sessions on the panhandler's predicament led to expeditious actions. The club decided to set up an Adult Training Centre (ATC) for PwB. BPA encouraged forming an independent Trust to set up a school and workshop in this regard. Thus in 1960, a primary school was set up. Patel further floated the idea that the workshop should be like NSDL Industrial Home, Bombay, which essentially provided on-the-job training to PwB. Consequently, ATC set up a workshop. Initially, workshops to train PwB in handloom weaving and Braille writing were held here. The panhandler and three other PwB joined the workshop as first batch of trainees.

Patel had borrowed ₹1,000 from his father as initial capital for the centre. Thereafter, Government of Gujarat recognized the centre and the workshop, and provided grant-in-aid for hostel and kitchen staff salaries and for room and boarding expenses of 275 inmates.

Later, Ministry of Social Justice and Empowerment, Government of India, introduced a job-training scheme for any of the Persons with Disabilities (PwD). This scheme provided for upgrade of the workshop. Patel applied for the grant and received the approval in March 1974. After importing the necessary machinery, Multicategory Training Centre was started in 1975. The upgradation involved:

-
- Training offered in six trades (light engineering, plastic moulding, commercial printing, tailoring, motor rewinding, and carpentry)
 - Beneficiaries could be from any disability category and not just limited to PwB.
 - Aptitude and dexterity of the candidates was checked by a team comprising of vocational counsellor, a welfare officer and an occupational therapist.

BPA received the one-time grant and the recurring grants. Today, the centre not only trains for the skills but the goods manufactured by the trainees are sold which generate good amount of revenue.

4. Procuring land : As Patel had conceived of boarding schools, the requirement of land and buildings was large. He procured from Government of Gujarat 5,750 sq. yards of land in Vastrapur which now houses the headquarter of BPA, the workshop and other institutional programmes. Patel's wife also succeeded in obtaining 3,038 sq. yards of land for BPA from Ahmedabad Education Society at a price of ₹10 per sq. yard in January 1966. The society also sold another 2,000 sq. yards to BPA at ₹75 per sq. yard in 1982. All these plots of land are contiguous to one another. On another 4,840 sq. yards allotted by the state government, BPA established Lioness Karnavati Hostel for Blind Women and CN Kinariwala CIDA Asian Rehabilitation Training Institute.

5. Secondary and higher secondary school for adults with blindness: As Patel attached top most importance to education, he established secondary and higher secondary schools for PwB. He obtained recognition from Government of Gujarat for the secondary school in 1964 and for the higher-secondary level in 1976.

Currently, there are 260 students with blindness who study in the primary, secondary and higher secondary schools.



A class session going on with principal Joshi.

5a. Students have low vision or total blindness : A large majority of students have low vision meaning they still have some usable eyesight but it cannot be corrected or improved through spectacles. The remaining students suffer from total loss of sight in one eye and partial loss in the other. We use blindness word comprising both low vision and total blindness.

6. Music school for adults with blindness: Another useful educational activity introduced by Patel was Music School for the Blind to provide music training to PwB up to Visharad level. The training is recognized by Gandharva School of Music, Maharashtra. The music school helps the students to blossom into professional musicians.

7. Mental Hygiene Clinic: With the shift in focus from blindness to multi-category disabilities, Mental Hygiene Clinic was established in 1990 for treating persons with mental handicap, mental sickness and emotional disturbance as well as children with cerebral palsy, learning problems and behavioural disorders. It was supported by Department of Social Defence, Government of Gujarat. It was staffed with specialists headed by Vimal Thawani, graduate in psychology and post-graduate in social work, who had rendered honorary service earlier at BPA. Moreover, Patel sought and received honorary services from ophthalmologists and orthopaedic surgeons. Even today, some doctors of repute visit the clinic and offer their expertise free of cost.

Subsequently, Centre for Audiology and Speech Therapy was set up at the clinic. It also sought the honorary services of leading audiologists and speech therapists of Ahmedabad. Today, BPA has an employed audiographer and speech therapist for half a day every day.

Under Sadbhavna Rural Development Trust, BPA had floated a comprehensive service for Multiple Sclerosis (a chronic disease of central nervous system which disables the patient in doing day-to-day tasks). However, the Trust stopped

serving the patients after sometime as the Trust found that treating Sclerosis in villages was not serving the purpose.

- 8. Lions Club affiliation:** Patel sought membership of Lions Club of Digvijaynagar. BPA had already become a multifarious voluntary organization. Academic schools for PwB, ATC which served multi-category disabilities, Braille Circulating Library, Mental Hygiene Clinic, Music School, and women's hostel were in place which was good achievement. Joining Lions Club was a natural progression for Patel as the club stood for service to the society, particularly for the needy and downtrodden. In that context, he could work through the club also for the PwB and others with disabilities. Patel became the first member with blindness of Lions Club in Gujarat. He took keen interest in improving the lives of PwD that during his second year with the club, he was appointed chairman of its Sight Conservation Committee. Later, he was promoted as district chairman of the committee and then made secretary of the club following which he also served the posts of vice-president and president of the club. Under Patel's leadership, the club was given Best Club Award. He was finally designated as the governor of Lions International District 323-B for the year 1982-83.

Patel's entry and success in Lions Club encouraged many aspirants with blindness to assume leadership positions within the club. A large number of members of Lions Club of Vastrapur, Ahmedabad, which was located in the BPA's campus, were challenged. Nine of them became presidents. One such member-turned-president, Bhaskar Mehta, said, "One of Jagdishbhai's most shining contributions is the way he has shown us people with disabilities to get involved with Lions Club. Society has given us a lot and this is one way for us to return."

Given Patel's close association with BPA, Lions Club found new vistas to effectively contribute to the cause of blindness:

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- Lions Club of Ahmedabad donated ₹25,000 for constructing the first building of BPA which was completed in 1964. Schools were set up in this building.
 - Lions Club of International Foundation (LCIF) donated \$50,000 (₹7,00,000) for the construction of a building to house professional training centre for PwB. Courses such as computer programming, telephone operating, stenography, and physiotherapy are offered here. Mental Hygiene Clinic was also started under the same roof.
 - LCIF also donated \$63,000 (₹10,08,000) through Lions Club of Vastrapur and International District 323-B for a Braille Embosser to be bought from Norway. With the help of this high-tech machine, BPA started printing Braille books not only for its own students but also for all the students with blindness in the 23 schools of Gujarat. The press was named 'LCIF- Lions Club Vastrapur and Ranip Computerised Braille Press.'
 - Lioness Club of Karnavati contributed to the hostel for women with blindness. The initial capacity of room and boarding of 50 was increased to 75. Working women with blindness and students participating in the professional training courses, coming from anywhere in India, are given the facility to stay here.
 - Another significant contribution of Lioness Club of Karnavati was in 1995 for setting up Braille Research and Documentation Centre. A donation of ₹500,000 helped augment collection of research materials, Braille books, and technical aids and appliances. Exhibitions were also organized for the benefit of PwD.

Thus, Patel's association with Lions Club facilitated significant changes in the lives of PwB. Academic schools were set up, room and boarding for homeless women with blindness were provided, training for professional courses was offered to PwB, and persons with handicaps participated in the club activities with some of them elected to hold positions therein.

9. Community Based Rehabilitation (CBR) and integrated/inclusive education : The leadership positions that Patel held in NAB and its Gujarat branch resulted in including Community Based Rehabilitation (CBR) and integrated/inclusive education as a new strategy at BPA.

Rural Gujarat provided a great scope for promoting CBR. NAB's RAC, of which Patel was the chairman, co-ordinated the rehabilitation work in the whole of Gujarat. Moreover, the committee provided technical and training support to other states and to several other countries like Malaysia, Malawi, Bangladesh, Kenya and Nepal. As a result of the programme, the communities took up several social and economic welfare projects for PwD.

CBR programme was also launched in urban centres. Patel made arrangements with Sahyog Eye Hospital, Victoria Jubilee Hospital, Lioness Karnavati Eye Hospital, and Stadium for Cataract Surgeries to perform cataract surgeries. (Presently, under CBR activity, BPA organizes eye surgeries through BPA's own hospital, Navalbhai and Hiraba Eye Hospital (NHEH) at Bareja.)

In the area of inclusive education; Wolf Stein was a German humanist who did a lot of integrated education work in developing countries like India. Patel called him 'citizen of the world.' Stein believed: "special schools and integrated education are not mutually exclusive, they are not substitutes of each other, they are in fact complimentary to one another and each one helps to supplement the other"(v). Although Patel had set up special schools for PwB, he too like Stein promoted the concept of integrated education. He believed the integration of children with disabilities with other children in the general schools as equal partners could develop the former on one hand and sensitize the other students on the other. He realized advantages of special schools as well as of general schools.

Teachers of such schools required a highly balanced bent of mind with certain skills of handling the challenged children. NAB's RAC took advantage of the centrally sponsored scheme 'Inclusive Education of the Disabled at Secondary Stage (IEDSS)' and helped schools create enabling environment for inclusive education in rural India. The strategy included orienting the school administration and teachers to the new concepts, promoting their awareness and understanding of planning for the change. Though the initial response was mixed, the training programmes took care to discuss more thoroughly how they shall prepare for the challenge. The training team of BPA comprised three senior most executives including Patel.

10. Rehabilitation centre at Mount Abu : NAB set up a rehabilitation centre at Mount Abu Road, Rajasthan. This centre catered to the needs of those adults who recently contracted blindness. It was realized that this target group required slightly different approach for effective help. The trainers also required deeper behavioural skills. Patel was appointed its secretary and his wife, the director. The centre trained PwB in orientation and adjustment, personal management, grooming, mobility, handicrafts and vocational skills. Given his deep commitment, Patel was retained at the centre for over two decades. When Patel was relieved of the secretary's responsibility in 1988, he was appointed a member of the advisory committee.

11. Human resource acquisition and development: Patel interviewed the candidates for appointment. He possessed some unique qualities for judging a person. "Many times from the general behaviour and voice of a person, he pointed out whether the person has a warm personality, whether he is trustworthy or a genuine person," (vi) observed Punani and Rawal in their book. Such soft skills are especially important in the voluntary sector. BK Panchal, occupational therapist, presently head of the physiotherapy school at BPA, speaks of

a similar experience with Patel: “Jagdishbhai could discover the strong points of the candidate within 10 to 15 minutes of his interaction with the candidate.” Text books say that interview is a weak method to assess a person's ability. Psychometric tests to predict human behaviour are also not found to be too reliable. But the above contentions of those who had long experience with Patel cannot be ignored. Perhaps, Patel had the gift to select the right people for BPA. He made human unpredictability predictable.

The first time Patel attempted to recruit a professional was with the induction of Harish Panchal, a qualified electrical and mechanical engineer, who joined the organization in 1975. Likewise, Punani was recruited in 1979 from Indian Institute of Management, Ahmedabad (IIM-A), the best business school for management education in the country. Rawal, also a management graduate from another reputed business school --BK School of Management, Gujarat University-- was inducted into BPA. Some more management graduates were hired in the effort to infuse professionalism at BPA. A series of other professionals like social workers, legal and marketing specialists, occupational therapists, a nutrition professional, and computer specialists were also recruited.

Another important professional step Patel took was that the joiners fit in the culture of BPA. He took care that the young professionals were accepted and adjusted in the organization. He took special interest in their induction. The young professionals commonly face trouble from the old guards who built the organization with their missionary spirit. However, Punani and Rawal share their smooth experience relating to their induction: “Fortunately, at BPA, the young professionals were not hot-heads and the old war horses came forward more than half way to accommodate the young”(vii).

Another visionary measure that Patel as a leader carried out was succession planning. This step begins with selection of the right people who could be potential managers of the organization. Punani was appointed executive director in 1987. Rawal and Panchal were also promoted as project director and training director respectively. At that time, Patel was reported by the two authors to have said, "I do not have to worry about BMA's future"(vii). as a second line of management was in place.

About Patel's modus operandi, he had already created the infrastructure at BPA for a number of developmental activities for PwB. Therefore the professionals, who brought with them techniques and systems in their areas, could become productive early in their careers. However, as Patel was closely linked with everything that happened at BPA; the professionals could only reduce, if not take over, the load of running the organization from Patel. Apart from the execution work, they (professionals) worked on new systems.

Some professionals like the doctorates, agricultural specialists, fund raisers, legal professionals, computer specialists and social workers left BPA for different reasons. But many found the work challenging and stayed with the organization till superannuation. There were others who were asked to continue even after their retirement.

Apart from keeping people on regular payroll of the organization, Patel utilized the services of visiting professionals, for example, for filling the gaps in areas like ophthalmology and orthopaedics. He also invited visiting professionals for physiotherapy school, Mental Hygiene Clinic, teacher training, urban CBR project, computer work etc. The concept of visiting faculty worked well in all these areas and is doing fine even today. It is not possible for BPA to afford such specialists on their payroll.

In addition to visiting faculty, volunteers also teach at BPA. There are eight voluntary faculty members in the physiotherapy course alone. Professionals were also invited to volunteer for functions such as members of the executive committee, advocates, architects, resource mobilizers, readers, evaluation and management support, and auditors.

Many of these professionals were nationally known and were the who's who of Ahmedabad. The value of these visiting faculty and volunteers was immeasurable. BPA could not afford hiring equals of these volunteers such as Dr Usha Vyas and Dr Abhay Vasavada, ophthalmologists; Dr NR Sheth, former Director of IIM-A; Dr Ramesh Kapadia, cardiologist; Dr Rajesh Mulwani, educationist; and Jahangir Cama, businessman and former President of BPA.

12. Training and development programmes: Another of Patel's major contribution was in the field of people development. He had been a firm believer that PwD would not come up in their lives unless they have opportunities for training and development that leads to employment. He, therefore, created training infrastructure in three categories:

12.1 Programmes for PwD : A thoughtful and innovative programme introduced by BPA in 1982 which was not ordinarily offered was Skills Development in Bakery for Disabled Women. This programme rehabilitated women with disabilities, enhanced their finger dexterity and functional coordination skills, and promoted their confidence. But after a decade, the programme could not attract many takers and so it was closed down.

A second initiative in this regard was starting Cama Computer Training Centre for the Blind in 1984 around when personal computers were hardly introduced in India. BPA received recognition from Government of

Gujarat for two one-year courses: BASIC Programming and Computer Operating for the Blind and Disabled. The centre received financial help from the following:

- Grant-in-aid for equipment from Government of India
- Donation of ₹5 lakh from Cama, then vice-president of BPA
- Braille embosser financed by Cama's relatives
- Versa Point Braille Computer from Christoffel Blindenmission (CBM) of Germany

Thirdly, a building for Professional Training Centre for the Blind was constructed with the donation from LCIF as mentioned before. The centre housed Mental Hygiene Clinic and all professional courses such as computer programming, telephone operating, stenography and physiotherapy.

12.2 Programmes for their parents : A UNICEF sponsored programme on Awareness Creation, Training and Counselling of Parents of the children with disabilities was offered between 1984 and 1988 at BPA. It covered 2,800 parents. The programme was based on need as it was discovered that a) much of the disability could have been avoided had the parents been counselled at the right time and b) for children with mental handicap, not much service was available. After the programme, parents returned home with insights to help their child.

Moreover, in 1996, BPA organized a three-month long programme for the parents to be home teachers. They were given training in orientation, mobility, Braille and teaching.

Also, the CBR strategy involved the parents of the children with disabilities, community people, local welfare and medical officials, and local administration

to play a helping role. BPA, as the co-ordinating agency, counselled and created facilitating skills.

12.3 Train the Teacher : Under integrated-education scheme, regular schools accommodated children with disabilities. Teachers of such schools were trained to handle the students with blindness. Such trained teachers were called itinerant teachers. BPA, starting in 1994, undertook to train 15 itinerant teachers of Gujarat schools. This was a one-year course recognized by Rehabilitation Council of India, which awards a diploma after completion of this course successfully.

In addition, BPA admitted Akhil Paul and later on more teachers from Mental Hygiene Clinic to Perkins International Programme to enhance their skill of handling children with multiple disabilities. This was probably the best course available in the world for teachers of children with blindness in the developing countries. On return, Paul and others conducted short-term courses for teachers of PwB.

A tribute to Patel

Patel took several commendable steps for development of PwB and their movement. He recognized that only teachers equipped with technical know-how and special teaching-skills could deliver to the above demographic, and that parents needed to support their children with blindness and disability.

Moreover, Patel experimented with new concepts like CBR and integrated education both at BPA and NAB branches. He stressed as early as in 1984 in a NAB seminar that each branch of NAB should take up a CBR pilot project. He organized a regional workshop on CBR in 1995 to share BPA's experience with voluntary institutions in western India. Patel also presented a paper on Employment of the Visually Impaired. A CBR Network, as a part of a wider national network on CBR in the SAARC region,

was set up in 1999. The network envisaged smooth flow of information, knowledge and experience between the four parts of the country.

Prestigious Awards

Here, I refer to only a few of the two dozen prestigious awards conferred on Patel:

For his contributions spanning his life time, Patel was bestowed with the prestigious 'Padma Shree' award and National Award by then Presidents of India.

The UK selected Patel for International award for Community Services Overseas. He received the award from the Princess of Wales, Princess Diana.



Patel receiving International Award for Community Development Services from Princess of Wales, Princess Diana.

Federation of Indian Chamber of Commerce and Industry (FICCI) presented an award to BMA recognizing it being first in the state of Gujarat to render yeoman services to the cause of blindness.

Patel's demise

Since late 1980s, Patel's diabetes became serious and so was his blood-pressure and later followed by deafness. His health deteriorated due to repeated heart attacks and a stroke. Bodily, he became feeble and dependent. But he remained strong and active mentally. He breathed last on March 31, 1999, leaving behind BPA as a legacy. His demise shook up the entire community of BPA and PwB in the country.

Patel's Dream BPA

Based on consultation with Punani, executive director at BPA, and discussions with a team of 12 teachers including principal of the higher secondary school at the organization who worked closely with Patel for a long time; following four areas emerged that Patel envisioned his dream organization should foray into to serve PwB:

1. Enhancing capacity building
2. Improving self-confidence
3. Inculcating a sense of independence
4. Creating a strong and committed organization

Following is a scenario of the conditions of PwB that existed as drawn from one of Patel's articles(viii): "...most blind persons and their families come from the lower rungs of the society. In fact studies in many countries disclose a high correlation between poverty and disability. When there is a blind person in a poor family, the cost of maintaining that person adds to the burden of the family." What Patel narrated in 1983 has been true then as well as now. There is a cause and effect relation of poverty and blindness in India, particularly rural India. Most of PwB are uneducated. Many are sick. Their families can not afford the treatment. They (PwB) can not take care of themselves and their presentation. Majority of them suffer from poor self-esteem. They face denial from all quarters ranging from schools to the society in general. Most employers look at their appearance than their potential. They have nowhere to go. The voluntary institutions in India were inadequate, both in quality and quantity, to give them opportunities for development.

With this context, Patel set out to create a robust organization that would enable PwB to come out of the vicious cycle of poverty by equipping them with education and training that would further lead to their employment and fill them with self-confidence. Moreover, Patel was clear that the training and

vocation should be on-the-job to make them marketable. Let us now study in detail the interventions carried out by Patel at BPA in each of the above areas:

1. Enhancing capacity building : Education forms the primary building-block for other areas like boosting the sense of self-esteem and independence in PwB. Thus, BPA aimed at several capacity-building interventions:

- Formal educational facilities were set up from primary to secondary and higher secondary for PwB. Boarding and lodging capacity was created for 260 students.
- Enhancing the ability of the teachers was a top priority as a teacher could give only what she or he had. Expecting more than she/he has, does not work. Qualified teachers for formal education and for CBR were appointed. Teacher-training programmes were organized on different themes from time to time. Twenty-one day Bridge Training, training programme approved by Rehabilitation Council of India which aims at building the metaphorical bridge in the lives of the PwB, was held for new teachers.
- Emphasis was placed on compulsory participation in basic learning for Daily Living Activities (DLA) in the foundation classes. Classical-music classes were made compulsory.
- Special school/s and inclusive school/s were promoted to co-exist.
- Facilities for skill development were created through vocational-training workshops.
- Patel wanted to break the myth that PwB are only capable of singing and grinding flour. He wanted to establish that they can do a wide range of tasks and be as productive to the society as anyone else.
- Women with blindness studying or working in the city were provided lodging and boarding facility in hostel that accommodates 75 ladies.

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- Physiotherapy Institute for the Blind offering a certificate course was started. A physiotherapy clinic serving the poor was also set up.
 - Library, audio library (with 6000+ CDs), Braille services and equipment were made available.
 - Apart from the academic syllabus, counselling and health awareness were instituted.
 - All academic courses were recognized by the relevant state boards. Time and again, review and feedback of the courses was carried out for incorporating change.
 - Students were taken on field visits such as to Gandhi Asharam, post office and bank, and projects were given on that basis.

2. Improving self-confidence : From his research, Patel found that voluntary organizations only catered to children with blindness. So through his organization, Patel wanted to address the needs of adults with blindness, one of which was self-esteem. Helping adults develop self-confidence is not an easy task. Experience, support, appreciation and other positive strokes, particularly of the childhood influence the confidence of a person. Probably genes also play their part here. Thus, the attitudes of a person before joining BPA mattered. However, class-room encouragement, counselling and programmes offered at the organization also make a difference in the way PwB perceive themselves. BPA's steps for promoting their self-confidence were as follows:

- At BPA, education of PwB was not limited to academics. They were involved in group activities inside the class and group games in the field. They were also given opportunities to take part in discussions and presentations.
- Emphasis was placed on morality, values and good behaviour. Stories of Mahatma Gandhi, Swami Vivekanand and other spiritual leaders were discussed.

There are examples of the teachings manifestation in student behaviour.

- A student's good performance in class, examinations, sports, ideation etc. was appreciated.
- No punishment was given if a student made a mistake. The student was urged to confess, understand the mistake and promise not to repeat it. Counselling was given in needed cases.
- Mobility training was the most critical activity for confidence building for PwB. Therefore, mobility training was compulsory at BPA from the student's first day.
- Job-oriented courses like industrial-training programmes, trade-focused courses and technical courses gave students the confidence of assured job market and of acquiring knowledge and skills in a field of one's choice. Furthermore, because of the existence of Employment and Placement department, they feel assured about placement.
- The students were taught how to dress up, comb hair and wear footwear to appear presentable.
- BPA's CBR programme emphasized, amongst other things, that the community and family of PwD accept them as they are while they continue to live in the same environment. When the community and the families accept them, they gradually feel comfortable and adjusted and display higher level of confidence.

3. Inculcating a sense of independence

- One requirement of an independent-minded person is her or his health. BPA arranged for students' eye care, audiometric checks, hearing aids, eye surgery, ENT (Ear, Nose and Throat) consultation etc. Class sessions for exercise/yoga were held as part of the regular schedule.
- UNICEF advocated that sports help enforce better health. At BPA, facilities were created for outdoor and indoor

games. Student schedule provided time for sports and the sports teacher guided and encouraged participation.

- Student schedules at BPA were very tight and hard work was expected from PwB. The purpose was to get them used to future work demands outside BPA.
- To enable PwB to be financially independent, BPA organized job fairs and tapped into its network of corporate relations. The 'job ready' people were picked from the campus. Others were given more opportunities. A large number of students started small enterprises being helped by BPA financially and with business kits and guidance.
- BPA provided artificial limbs, appliances and equipments free-of-cost to the needy to make them physically independent.

4. Creating a strong and committed organization : In order to achieve the above objectives, Patel realized that the dream organization should have an appropriate structure, staffing and professionalized systems. Also, a core Human Resource (HR) team that designs schemes and ensures their effective implementation to achieve the mission of the organization should be in place. Patel executed the following to align BPA with the organization of his dreams:

- BPA maintained a lean and thin structure throughout. It was cost effective, improved clarity in communication and enabled faster delivery of services.
- Senior management personnel were recruited on the basis of their educational qualifications and readiness to accept the limitations of a big career in BPA. They were from the better institutes of the country. For instance, Punani was recruited from IIM-A.
- Staff at BPA was given exposure by sending them for domestic and foreign conferences and by deputing them to other voluntary organizations overseas.

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- In case of staff which was not very efficient, it was essential that they were totally committed to the cause of blindness if they were to be retained in the organization.
 - BPA not only advocated recruitment of PwD, it also recruited them for its organizational needs. Today, there are 40 such staff members with disabilities out of a total of 256 employees.
 - Patel being in the same boat as PwB, he could identify the needs of different categories of PwB. He framed viable schemes and programmes that would deliver. Very rarely, BPA had to abandon a scheme it started.
 - BPA had employed one of the largest numbers of professionals among the voluntary organizations.
 - Many professional systems are in place so that work does not suffer in the absence of key people at the organization. This is evident, for example, work at BPA was not halted or staggered even at the time of Patel's hospitalization.
 - Patel gave up any work he was busy with to listen to a person with blindness who came to him. This attitude of attaching utmost importance to PwB has trickled down in the entire workforce at BPA.

These were the components of Patel's Dream BPA. However, there were certain constraints in realizing the dream. The organization needed to cater to several categories of PwB: those with low vision, others with total blindness, those whose blindness could be prevented, and those who needed on-the-job or professional training, those who needed day care or residential care, and those who needed services near to their homes. In addition to blindness, Patel also made a beginning in terms of serving people with multiple disabilities on both physical and mental levels. Thus, on one hand, whole gamuts of rehabilitation services were being offered and these required huge finances. On the other hand, because the target groups

came from humble beginnings, services had to be provided gratuitously.

Patel tried to make both ends meet through his strategy; his successors adding to his efforts as would be revealed in the chapter on fund raising.

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Annexure

GROUP DISCUSSION PARTICIPANTS

Primary school (ATC)

Sr. No.	Teacher's Name
1.	Rajendra Gamit
2.	Dinesh Pandya

Higher secondary school

Sr. No.	Teacher's Name
1.	Sudha Joshi, Principal
2.	Chetana Parikh
3.	Manaji Patel
4.	Govind Patel
5.	Gajendra Vyas
6.	Bhikhu Patel

Technical School for the Blind

Sr. No.	Teacher's Name
1.	Nalin Dhingani
2.	Mukesh Rajput
3.	Damaji Hadiyal

Physiotherapy School for the Blind

Sr. No.	Teacher's Name
1.	Dilip Shah

CREATING SELF-SUPPORTING PERSONS THROUGH EDUCATION

A) Breaking the Darkness Barrier

Origin and usage of Braille

Braille, essentially a script of dots to read and write, is a system used by Persons with Blindness (PwB) for their education, training, entertainment and empowerment.

Louis Anzalove Braille (1809-1852), a Frenchman with blindness, went to study at Royal Institute of Blind Youth. Captain Charles Barbier visited the institute in 1821 and discussed the method of embossed dots on a metal sheet, used by the French army. The army code called 'night writing,' was used by soldiers to communicate after it was dark. It was based on a twelve-dot cell, two dots wide by six dots high. Each dot or combination of dots within the cell stood for a letter or a phonetic sound. The problem with the military code was that the human fingertip could not feel all the dots with one touch.

Louis spent days and nights to develop and refine the dots that have come to be known by his last name. The refined code is based on a cell of six dots. This crucial improvement made a fingertip to encompass the entire cell unit with one impression and move rapidly from one cell to the next. Louis refined the code in 1825. But Braille came to be accepted only in 1844. Once accepted, it became the fundamental form of written communication for PwB throughout the world. Even today, it remains basically as he invented it.

The Braille system consisting of six dots arranged in two columns of three dots each are universally numbered as follows:

1 ○ ○ 4
2 ○ ○ 5
3 ○ ○ 6

Each character is formed by a pattern of raised dots. The possible combination of raised dots is 63 characters. The system is phonetic. Each language has its own science for each phonetic. Codes have been developed for maths, science and music. In India, during 1970s, there was no single standard for the use of Braille. Different states used their own combinations of the six numbers. For example, 1 and 3 may be one word in Mumbai but in Kolkata 2 and 4 may be used for same word. Likewise there were 6 or 7 types. But the initiative of activists, voluntary organizations and government officers dealing with disabilities led to Indian standard Braille, known as 'Bhartiya Braille,' adopted in 1951.

Braille-reading competitions

Blind People's Association (BPA), Ahmedabad, was one of the early users of Braille and Brailier (Braille-linked computer) meant for typists with blindness. Braille and Brailier brought about a critical change in the life of PwB. Bhadra Satia, wife of Jagdish Patel (BPA founder), was a qualified teacher for children with blindness. She took the initiative of organizing a Braille-reading competition in 1959 for children with blindness of schools of Gujarat and Maharashtra. Satia then organized an all-India Braille-reading competition in Mumbai. Here, 200 children participated in the competition. Several such events were held thereafter.

Braille Circulatory Library

In 1960, BPA set up Braille Circulatory Library in the building Indu Dayabhai had offered for use. The library was developed for BPA's schools and later admitted outsiders also. Currently, the library has 350 members. The members borrow and return

books personally or through post/courier. Here, members avail the facility free of cost.

Computerized Braille Press

Before Braille books were printed, the teacher compiled a set of Braille books and all the students studied from the set. They studied the compiled book turn by turn or one did reading and others listened. Making more sets was a very costly affair. Later, cassettes were used during 1970s. Now the time has come when each student with blindness gets his or her set of Braille books and that too free of cost. This has become possible due to a computerized Braille printing press that BPA received from National Association for the Blind (NAB), Mumbai, as a donation. This was an old press, yet a boon. BPA used this press till they imported the latest model Braillo 400 using ₹40 lakh donated by Lions Clubs International Foundation (LCIF) through its Lions Club of Vastrapur and the Lions Club of Ranip, both in Ahmedabad. According to the retired Braille press and library manager, F. J. Porwal, the latest press enables BPA to supply Braille books to about 8,000-10,000 students enrolled in 23 blind schools in Gujarat every year. The press also prints magazines. BPA is compensated by Government of Gujarat for the books.

Braille Research and Documentation Centre

The spread of BPA would not have been possible without research in rehabilitation and mobility aids. With a ₹5 lakh grant from Lioness Club of Karnavati, Braille Research and Documentation Centre bought Braille books and technology from all over the world. Massive information from magazines, documents and books were taken on BPA records.

A quarterly newsletter is published in English and Gujarati with the Gujarati version being printed in Braille.

In earlier years, the Braille research spread knowledge about prevailing practices. However, currently Braille research is not done actively at the organization.

Preparing for contingency: Bank of Baroda contribution

Having functioned for over 10 years, Braillo 400 had sometimes started breaking down. The loss of time during repairing of the machine led to delay in producing and distributing the books which in turn made the students suffer. BPA wanted to avert such circumstances. So the organization selected Embosser (Braille Box) to be used when Braillo 400 broke down. BPA sent a request to Bank of Baroda to donate an amount of ₹9,94,850 which was the cost of the back-up machine (Embosser). Bank of Baroda sanctioned the amount as donation. Now the books are being distributed all over Gujarat as per schedule.

Teaching Braille

Learning to read and write Braille is indispensable for education of PwB. At BPA, Ranchod Soni, who also has blindness, teaches the practice of Braille to the students of the organization's schools right from their entry time. He also teaches Braille to PwB not affiliated to BPA.

Staffing of Braille department

Initially, the library and the press had 10 staff members. Gradually, four of them retired/resigned. Thus, currently the remaining six bear the workload. Proposals for two more staff members had been submitted, but no action was taken. Overwork and fatigue of the staff can lead to serious errors in printing. This may defeat the very purpose of educating PwB. Deferment of work schedules also cannot be ignored as late availability of books hampers the student learning.

The executive director of BPA must take up the sanction of at least two technical employees with Government of Gujarat on immediate basis. The manager of the department has superannuated, but because of his commitment, he comes to office to supervise the work. It is imperative that the manager and technical staff are recruited at the earliest possible.

CREATING SELF-SUPPORTING PERSONS THROUGH EDUCATION

B) Primary School for Blind—Adult Training Centre (ATC)

Inception and legal entity

The founder of Blind People's Association (BPA), Jagdish Patel, had formed a club for Persons with Blindness (PwB). The informal entertainment club of PwB culminated into Adult Training Centre (ATC) for the Blind. There were schools for children with blindness, but no such institute for their adult counterparts. Therefore, the latter group missed the opportunities of schooling, play and childhood fun. BPA set up ATC in 1960 which incorporated a school as a part of it. This school was for students of age 18 years and above. As time passed, the age criterion was relaxed. Students of 14 or 15 years and now even those of 11 plus years are admitted.

In 1965, ATC was registered as a public charitable Trust under Bombay Public Trust Act, 1950, and as a society under Indian Societies Registration Act, 1862. The Trust runs the school and a hostel for the students. The school at ATC was accorded recognition by Department of Primary Education, Government of Gujarat, as a primary school in 2010 (Primary school is defined as a school from fifth to eighth class). The school is also fully funded by state government's Department of Social Defense under grant-in-aid scheme.

Curriculum and extra-curricular facilities

The school offers a mix of formal syllabus and Activities of Daily Living (ADL) covered in what they call foundation classes relevant for PwB. The foundation classes are compulsory and they include:

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- Language and elementary maths
 - ADL like washing clothes, cooking, grooming etc.
 - Mobility as in how to reach different venues like office, class, shops etc.
 - Building cane-furniture
 - Music, mainly classical music, as it has employment and self-employment prospects

The intrinsic attempt through the above is that PwB learn self-management and independent living.

Subjects up to the fourth standard are taught in the foundation classes. From the fifth standard onwards, the syllabus is the same as prescribed by Gujarat Government Board for primary studies.

Students of the primary school stay in BPA's hostels. Indoor and outdoor sports are encouraged at the school. Students are encouraged to take interest in football. The music course is affiliated to Gandharva Mahavidyalaya, Maharashtra, and has professional orientation. Computer education, particularly hands-on training relating to data entry, Excel, Word, programming etc. is also imparted. Screen reader software is used. Four computers per 10 students are available in the primary school.

In addition, there is Resource Room which stocks maps, charts, 3D models of animals and fruits, statues of human beings etc. to provide tactile sensation of items of daily use. Alphabets of Hindi and English are taught through 2D shapes and multiple-piece puzzles. For science, there are embossed internal body parts on a card board. "Students (with blindness) come here and after touching and moving fingers on the object, they start understanding its shape and feel, become curious, ask questions and discuss with the teacher. This is how they learn the physical aspect of things," said Maulik Trivedi, a teacher in the primary school.

Modus operandi

For effective learning, the students are grouped into three categories based on age, class level and earlier education.

The principal of the primary school, Tarak Lohar, has appointed 13 qualified teachers, seven of who have blindness. They meet the principal once a week to discuss student behaviour, growth and development. The principal of the school said that the discussion in the meetings help them to identify needs of the students as well as to foster team spirit and healthy relationship between the school staff.

The teachers and office staff are required to be more than teachers and employees respectively to the students. They have to share familial relationship with the students so that they feel at home.

All in all, this is a school led by a principal who contracted Visual Impairment (VI) in his childhood and where students with blindness are also taught by mostly teachers who have blindness.

Some challenges and questions

The admission over the years at the primary school at BPA, which is a special school, is declining for some reasons like other states also now have schools for PwB, growing emphasis on general schools etc. Undoubtedly, attending the general school under the inclusive education system nearer to home has its own advantages. However, that does not rule out the necessity of special schools. Special schools like the ones at BPA are fully developed to meet the needs-especially trained teachers, wide range of equipments, peer group learning, facility of development of other skills like music and vocational know-how and opportunities for employment and soft loan for business units. Perhaps for several of them special schools offer the services they need. Besides, inclusive schools are also run. Both

types of schools are serving useful purpose in their own capacity. Special school and general school complement each other. We shall talk more about inclusive school in chapter 4. However, the issue will be raised at different platforms which BPA should be ready to answer.

Another major challenge for the school is to encourage girls/women to enroll. Primary school is very critical as a feeder to classes for higher education. ATC and BPA can strategize to ensure safety of females which is a prohibitive concern of their parents in admitting their daughters to this residential school.

CREATING SELF-SUPPORTING PERSONS THROUGH EDUCATION

C) Secondary and Higher Secondary School for Blind

While the primary school provides foundation skills to the students with blindness, the secondary and higher secondary school from grade nine to twelve aims at developing their personalities multi-dimensionally.

A typical day

All the students and teachers attend the assembly in the morning and prayer is held. After the prayer, the teachers read out important items of news from the newspapers. The accompanying photographs of the news are also explained. Sometimes, students who offer to share the news, also make presentation.

Daily schedule of lectures and discussions are planned. To complete the syllabus for board examinations, extra classes before and after the school timings are held. Teachers extend extra care to students who require additional guidance on difficult exercises or revisions. Students are provided with one study CD and a player between two persons which they can listen at their convenience and pace.

Curriculum and extra-curricular facilities

As science subjects involve laboratory experiments and practicals, BPA runs only arts school at secondary and higher secondary level. The school prepares syllabus in Braille. At the state government's request, the material is circulated amongst all the 23 schools for children with blindness across the state.

The school also offers a wide range of extra-curricular activities such as singing, dancing, dramatics, fashion show, essay writing

and Braille competitions in which each student is expected to participate. The principal of the school, Sudha Joshi, takes keen interest that teachers motivate and help the students to compete in inter-school games and cultural functions. Many students have demonstrated their potential in various competitions at state and national level. A student, for instance, participated in an essay-writing competition and was adjudged the best. Another student participated in a fashion show which was telecast by Doordarshan. Recently, some students participated in a state-level cricket tournament and in a national-level chess competition. NAB, Gujarat branch, organizes the competitions.

Moreover, the school is equipped with 35 computers. Computer classes and practice sessions are held regularly. Many of the students seek careers in computer fields.

The school also organizes special lectures on issues such as cleanliness and dangers of chewing tobacco. They also offer a week-long optional course on Art of Living which is a mental health programme through yoga and spirituality.

In addition, students have TV in the hostel which they use to listen to cricket matches, educational programmes and daily news etc.

The higher secondary school offers career-oriented coaching classes in banking and computer courses and prepares the students for selection by the state government and banks.

One suggestion that the school can implement upon is that in addition to providing career-oriented coaching, it also offers self-employment coaching especially considering the weak employment market. In this scenario, briefing about urban and rural small enterprises, trade and farm requirements etc. may inspire some students to explore and opt for starting their own businesses at their native places.

The personnel

Joshi, principal of the secondary and higher secondary school, is a graduate in education. She has spent 25 years teaching and managing the school.

Principals of the primary and of the secondary and higher secondary school meet once a week to share respective experiences and discuss common problems.

There are eight teachers in the secondary and higher secondary school: two with blindness and six sighted.

The students

The secondary and higher secondary school has 90 students, of which only five are girls. Joshi explained the reasons for the skewed ratio: First, they started girls' enrollment only some years ago. Secondly, because all the students are required to stay in the hostel; most parents did not want their girls to stay outside home due to fear of their safety. Joshi added that they would encourage more parents to admit their daughters in the school by making ex-students meet them (parents) and explain the real situation on the ground. She also plans to take up the issue with the principal of the primary school and make a joint effort as the main supply line of secondary and higher secondary school comes through primary school. In this regard, ATC and BPA should devise or increase safety measures for girl students with blindness living in the hostel. Only then can Joshi's target of admitting 30 percent girls in the total number of students in the coming years, a ratio decided by executive committee of BPA, can be achieved.

The verdict

Joshi claims that her school achieves 100 percent result in the board exams. The table below shows results of last five years:

Year	Secondary Board		Higher Secondary Board	
	Passed	Appeared	Passed	Appeared
2007-08	16	19	28	30
2008-09	15	16	32	34
2009-10	16	16	15	15
2010-11	13	16	15	16
2011-12	11	12	22	24
Total	71	78	112	119

Thus, in the last five years, 71 out of 78 students in Secondary Board and 112 out of 119 in Higher Secondary Board exams passed out. Those who did not pass were again coached to appear in the supplementary exams in which they cleared the same.

Joshi attributed three reasons for the academic excellence of students with disabilities: good memory of the students, study CDs and CD player, and hard work of teachers.

Suggestion

Sighted individuals have several means for self-learning through observing visually, imitating others and environmental exposure. But PwB are deprived of these stimuli. So their learning needs to be augmented by special teachers who are committed and motivated. I believe the teachers of PwB themselves require multi-dimensional growth in terms of sharpening their special skills, developing positive orientation, and updating their domain knowledge about new learning methods and technologies. What they learn in BEd may not be adequate and relevant for their lifetime. I would doubt that schools of PwB and of other students with disabilities do enough in such directions of teacher development. In public sector, many organizations organize six monthly or annual workshops for their teachers and invite specialist institutions/professionals to conduct courses. There is need for institutions imparting education to Persons with Disabilities (PwD) also to pay attention to these aspects.

**CREATING SELF-SUPPORTING PERSONS
THROUGH OCCUPATIONAL TRAINING
AND EDUCATION**

**A) Distance Education for Special
Teachers**

Distance education picked up steam in India after Indira Gandhi National Open University (IGNOU) and Distance Education Council set up by the government, started functioning. Distance-education programmes at graduate, post-graduate and doctoral level were designed and offered in various subjects by IGNOU and some conventional universities. The primary objective of distance education has been to make facilities for higher education available to people who are working, in order to improve their employment prospects.

However, Persons with Disabilities (PwD) were deprived of facilities for higher education. Social activists and voluntary organizations have been consistently trying to influence Government of India to make statutory provisions for PwD so that educational programmes are available throughout the country for them. In 1992, Rehabilitation Council of India (RCI) Act was passed to 'promote and regulate training of rehabilitation professionals.'

The conventional universities were not ready to venture into the new area of special education. Only Madhya Pradesh Bhoj Open University, Bhopal, came forward to collaborate with RCI for undertaking special-education programmes. During 1999-2000, RCI identified study centres throughout the country and extended recognition to centres which had infrastructure.

This is how three programmes to produce professional teachers through distance-education system for special education came into being in the year 2000:

1. Foundation Course to Educate Disabled (as they named it) (FCED)
 - 3-month distance-education course
 - Certificate programme
 - For in-service teachers or PwD or their parents
2. Special BEd
 - 2-year distance-education course
 - To prepare teachers to deal with people who have Visual Impairment (VI) and/or hearing impairment and/or Mental Retardation (MR)
3. Post-graduate Professional Diploma
 - 1-year distance-education course
 - For teachers with BEd or special BEd qualification
4. Advanced diploma in HI (Hearing Impairment), VI and MR

In 2006, Dr Babasaheb Ambedkar Open University, Ahmedabad, also undertook to organize two of the above three courses in Ahmedabad, namely Special BEd and Post-graduate Professional Diploma.

In 2009, IGNOU undertook to organize the three courses. IGNOU took interest in setting up study centres outside Madhya Pradesh.

Entrance examinations are held at the select study circles for admission to Special BEd and Post-graduate Professional Diploma. The study circles organize counselling sessions for applicants and classes and coaching for the applicants who qualify for the entrance test.

Roles are listed as under:

- To hold counselling sessions to apprise the aspiring candidates about the course details like its objectives, subjects covered and broad contents, prospects etc. and to clarify any doubts that the aspiring candidates have.
- To conduct classes to help participants prepare syllabus-wise topics of all the three subjects. Subject experts are engaged by the study circles. Two weeks of classes for each course are held once in six months from 10am to 6pm. A modest honorarium is paid to the visiting faculty.
- To administer practicals to test the participants' understanding of the subject and ability to analyze and solve problems. Here, the faculty give assignments and project work.
- To hold internal examinations to help reinforce knowledge and skills in the participants.

Blind People's Association (BPA) and distance education

Blind People's Association (BPA) has been taking interest in starting a distance-education centre for aiding the process of producing professional teachers adept at handling students with disabilities. In 2009, when IGNOU began these courses; it approved BPA's proposal for a centre for distance education and allotted regional centre number nine in Ahmedabad for the same. The centre was organized for BEd, Post-graduate Professional Diploma and Certificate in Early Childhood. During 2009-12, the enrollment at the centre was of 513 candidates, with highest being for Special BEd to the count of 368 followed by 111 candidates for Post-graduate Professional Diploma and 34 for Early Childhood Certificate. The centre also holds counselling sessions, classes, practicals and examinations.

Final thoughts

Distance education has far more scope to offer than only providing the basic educational programmes for teachers of

PwD. IGNOU is known for its management courses through distance learning. Management education like MBA or diploma programmes for officers of voluntary organizations and others who are interested in working for such organizations are critical to professionalize the organizations. National Association for the Blind (NAB) and associations of other disabilities and voluntary organizations in general, need to take initiative and approach IGNOU and other authorities to start distance education for officers of their member organizations. Organizations like BPA can partner with IGNOU to enable practical training at their workplaces.

CREATING SELF-SUPPORTING PERSONS THROUGH OCCUPATIONAL TRAINING AND EDUCATION

B) Physiotherapy School for Blind

Blind People's Association (BPA) founder, Jagdish Patel, was a person with a rare combination: He had blindness and he was an outstanding physiotherapist. He treated the poor and the richest people of Ahmedabad alike. Through his experience, Patel realized that physiotherapy was a rewarding career for people with blindness. So he had a strong desire to set up a school of physiotherapy for Persons with Blindness (PwB).

In March 1977, he recruited a few professionals including BK Panchal, a graduate in occupational therapy from Bombay University, for the purpose. Patel and one of his friends, Kanu Thakar (also an individual with blindness), along with the involvement of Panchal drafted a two-year long industry-orientated physiotherapy course on the lines of programme at Royal Institute for the Blind, London.

At that time Victoria Memorial School for the Blind, Mumbai, and School for the Blind, Ahmedabad, were running a two-year course in physiotherapy. But these courses were neither recognized nor in consonance with the changing technology and methods in treating patients.

BPA approached three authorities for recognition: Higher Secondary Education Board (HSEB) of Government of Gujarat, Gujarat University, and the director of medical education of Civil Hospital, Ahmedabad. The state government's education board recognized the course. The two-year course was thus named HSEB Vocational Career Course in Physiotherapy for the Blind.

Thakar led the programme as the head of physiotherapy school.

In the first batch, 10 students with blindness were admitted which equals to 50 sighted students according to the norm of 1:5 for with blindness to sighted students as approved by state government. The course design blended theory with practice. For practice, a physiotherapy clinic was set up. One of BPA's first batch pass out, Daleep Shah (who had contracted blindness at the age of 23 while he was writing his MCom examinations), was appointed as a faculty for practical teaching.

Panchal became the coordinator of the course when Thakar died in March 1997.

Daily, 39 to 50 patients visit the physiotherapy clinic thus exposing the second-year students to actual cases. Normally, the teachers are around to make sure that the patients get the right treatment and the students get proper guidance and experience. The service in the physiotherapy clinic is offered free-of-charge to the patients. Panchal explained the rationale, "Jagdishbhai thought that we were blessed by the society, in return we must provide free service to the poor and people with disabilities. "About 15 percent of the beneficiaries of the clinic being well-off people, Panchal said: "The well-off patients pay us back in different forms of donation. We have received computer printers, blank CDs, CD players, clothes etc. and even money as donation."

The school is equipped with models of human anatomy so students can learn about the same by touching, moving fingers and feeling the shape. For example, each student can understand how the bone of the hand is by touching and feeling the model and thereafter discussing with the teachers. Thus, it is a more time-consuming process to teach an individual with blindness than a sighted student. The former has to be guided individually. "That is why we select only 10 in a class. Time is appropriately factored in each topic and sometime further flexibility is provided," remarked Panchal.

Panchal said the following about how he, being sighted, learnt to

teach students with blindness:

"Even though I was an occupational therapist by profession, physiotherapy was a challenge. Jagdishbhai, a successful physiotherapy practitioner, shared his experiences particularly the challenges he faced. Although I read a lot of books on physiotherapy while being here, Jagdishbhai gave the real insights to teach the blind. He took great interest to shape me, so I learnt Braille and practised writing and reading from the Braille system. I also participated in a residential course.

The practice of teaching by being with the blind kept continuously growing me. A combination of the blind and sighted faculty as we are here is a good idea. Both learn from each other."

Apart from the internal teachers, eminent practising doctors are invited to the school to hold sessions. A few doctors offer hospital visits to the students so that the students can be educated through actual organs, bones, nerves and arteries of the human body.

The final examination of physiotherapy is conducted and the certificate is issued by GSEB. So far, 274 PwB have graduated from BPA's school of physiotherapy (Please see exhibit below).

**EXHIBIT 1
PHYSIOTHERAPY RESULTS**

Serial Number	Year	Appeared (number)	Passed (number)	Failed (number)
1	1984	06	06	
2	1985	07	07	
3	1986	10	10	
4	1987	07	06	01
5	1988	03	03	
6	1989	08	07	01

Continue...

Serial Number	Year	Appeared (number)	Passed (number)	Failed (number)
7	1990	09	09	
8	1991	08	07	01
9	1992	06	06	
10	1993	09	08	01
11	1994	09	08	01
12	1995	10	09	01
13	1996	11	11	
14	1997	11	11	
15	1998	07	07	
16	1999	09	08	01
17	2000	10	09	01
18	2001	10	09	01
19	2002	15	09	06
20	2003	13	11	02
21	2004	15	13	02
22	2005	18	16	02
23	2006	16	11	05
24	2007	15	07	08
25	2008	19	15	04
26	2009	17	10	07
27	2010	17	14	03
28	2011	15	14	01
29	2012	15	13	02
Total		325	274	51

Certificate upgraded to diploma

BPA's school of physiotherapy has been constantly reviewing the content and methodology of the programme. The course once again received recognition in the year 2012.

The two-year certificate course for PwB has been upgraded to three-year long Advanced Diploma for Visually Impaired recognized by Ahmedabad University, a private university founded by Ahmedabad Education Society.

The first batch of 16 candidates joined in June, 2012.

Among the new subjects added include science, technology and computer. Three new faculty members have joined the school. The final examinations which Ahmedabad University will conduct will be enabled to be answered on the computer through multiple-choice system. The earlier practice of a reader writing the exam is done away with. After completion of the course, internship of six months in a reputed hospital/clinic is required.

The new syllabus and training for the diploma further enhances professionalism of BPA in its educational-institute avatar.

Japanese Medical Manual Therapy (JMMT)

Japanese therapies are known to have benefited a large number of sufferers including those having lifestyle diseases, bones and muscles atrophy. The therapies improve their blood circulation. Various chronic and acute discomforts such as pain, fatigue and numbness are treated through therapeutic effects on heart, nerves and other important systems of the body. The practice of these therapies has empowered thousands of therapists with blindness in Japan, Malaysia and many other Asian countries.

Japanese Medical Manual Therapy (JMMT) is one of the techniques. National Association for the Blind (NAB) and National Institute of Visual Impairment (NIVI), Dehradun, made arrangements with the active support of Japan International Co-operation Agency for training the physiotherapist trainers of BPA and (NIVI) of JMMT. A team headed by Dr Saburo Sasada, a seasoned teacher of Japanese therapies, trained six physiotherapists with blindness for one year at BPA, Ahmedabad.

Now a practitioner's course of two years is being conducted at BPA and NIVI under Dr Sasada's guidance by the faculty trained earlier at BPA. The training is being funded by Ministry of Social Justice and Empowerment. It is the only training of its type that the ministry has funded.

Moreover, practical exposure by the Japanese is also being offered to the four physiotherapy trainers of BPA and their co-coordinator at Sukuba University, Japan. Arrangements were also made for the four trainers to participate in a three-day international JMMT seminar in Bangkok, Thailand, on their way to Japan.

The physiotherapist trainers and practitioners' courses will improve the career potentials of these PwB. In due course of time, the trained people would have provided relief to thousands of the sufferers from pain, fatigue and numbness.

There is shortage of physiotherapists in India. BPA and other similar institutions should arrange more such educational opportunities in the domain.

Conclusion

BPA's initiative to start physiotherapy education is admirable. The students acquire a professional qualification and render a valuable service to the society in the process. BPA also helps candidates find employment or set up a clinic.

BPA offering physiotherapy and other therapies on gratuitous basis is a noble policy. However, there should be a discriminating element through the concept of cross-subsidization: free to the poor but chargeable to the well-off, proceeds of which can go into treating the former.

CREATING SELF-SUPPORTING PERSONS THROUGH OCCUPATIONAL TRAINING AND EDUCATION

C) Expanding to Multicatagory Disability Training

Blind People's Association (BPA) set up Adult Training Centre (ATC) for Persons with Blindness (PwB) in 1965 which was registered as a public charitable Trust under Bombay Public Trust Act, 1950, and as a society under Indian Societies Registration Act, 1860. While a primary school already existed since 1964 under the auspices of ATC, the Trust established a workshop to provide on-the-job training in 1975. The workshop trained adults with blindness in certain trades. To professionalize these two interventions (school and workshop), BPA engaged a qualified engineer, Harish Panchal, with some years of experience as superintendent in 1975. A hostel was also set up for students with blindness under the umbrella of ATC. The school and the hostel were supported and recognized by Department of Social Defense, Government of Gujarat, for the purpose of grants.

Panchal facilitated the creation of infrastructure for practical training. Creation of such an infrastructure involved capital costs. Jagdish Patel, BPA founder, made the funds available to Panchal to upgrade the workshop with advanced machines suitable for PwB to learn. As the training is hands-on, at the end of the day, there were products produced: for example, tables and chairs in the carpentry shed. These goods were quality products and hence could be sold. ATC started supplying the produced goods to the market. Finally, the workshop became a source of earning while the trainees gained experience and confidence.

Panchal was then asked by the Board of Directors at BPA to set the target of the workshop sales to ₹10 lakh in next three years. Although he was not sure if he would be able to deliver the expected level, his inter-personal relations with trainees yielded results: At the end of three years, the workshop crossed the target to achieve sales of ₹13lakh in 1978. In 2011-12, the workshop sales were over ₹10 crore with a net surplus of ₹1 crore.

Enlarging training scope for Persons with Disabilities (PwD)

As Panchal had been personally supervising the workshop, he observed that PwB faced difficulties in performing certain jobs, especially heat-generating activities. He thought their performance would improve if they were assisted by sighted people. Thus they could have sighted people with other kind of disabilities at the workshop. He started inducting adults having any other disability than blindness on experimental basis. When trainees with different disabilities work together, work teams are formed in a complementing partnership. Teams comprised of people with different disabilities – blindness, deafness, Mental Retardation (MR), leprosy cured, and physically challenged. Their supervisors (also sighted people) were trained experts at dealing with such a heterogenous group.

Government's interest in multi-category training

Ministry of Social Justice and Empowerment, Department of Disability Affairs, Government of India, announced a training scheme popularly known as 'multi-category workshop' for people with any disability. As ATC's experiment of serving people with some categories of disabilities was underway, they immediately designed a proposal and submitted it to the government. The proposal was approved and grants started flowing in.

The programme admitted people up to 45 years of age with any kind of disability. Panchal said that his team extracted ability out

of disability. The goods they produced like cane furniture and handloom products were sold in open market. The trainees were given stipend as per their performance. Orders were received from state-government institutions for cane chairs, from textile industry, for sub-contracting in aluminium-die casting, for electric-motors rewinding etc. About 70 percent of the sales were to state-government institutions such as the Central Jail, Beggars' Home, and Khadi and Village Board. Government of Gujarat released a Government Resolution (GR) informing its departments that when they buy products from BPA, they should not call for quotations, which is otherwise mandatory. This reflects the government's faith in the organization. Other buyers also trust BPA products. Dr Pankaj Patel, Dean, VS Hospital (a municipal hospital) Ahmedabad talks favourably about the prices and the quality of the products.

Looking at different abilities of the participants, more programmes such as commercial printing-press, light engineering, plastic moulding and tailoring were introduced. The workshop contributes substantially to the finances of ATC and towards training people with different disabilities.

Tracking the trades

BPA constantly monitors the changing value and demand of different trades. Panchal, in consultation with the trustees, decides to eliminate programmes which have decreasing employment prospects for their trainees. For example, training in chair caning was stopped as these chairs became outdated. Similarly, training in handloom weaving is discontinued as its market declined.

A few three-month courses were introduced: mobile repairing, plumbing, radio jockeying and massaging. These courses are on the Industrial Training Institute (ITI) pattern. The enrollment in these courses shows an increasing trend amongst PwD.

International exposure

National Association for the Blind (NAB), Mumbai, floated a scheme under which they were sponsoring officers of the member organizations to Russia for training in running enterprises in certain areas of production wherein PwB can be involved. The idea was to develop competencies in running small production units. Panchal was selected for training in assembling electronic gadgets. He said that the visit was enlightening as technical and business-knowledge transfer took place. The visit also inspired him to start an Electronic Assembly Training Centre for PwD in Gandhinagar, the electronic zone of Gujarat. However, the zone did not survive for long as general business in electronics was not doing well. Consequently, ATC had to close the electronic workshop.

Rehabilitation Engineering Institute for manufacturing

Patel urged Panchal to start Rehabilitation Engineering Institute to aid physically challenged people. The institute was set up in 1982 which produces artificial legs, arms, and foot; crutches, callipers, tricycles and wheelchairs for physically challenged. In addition, it manufactures products for PwB such as writing slates and folding sticks.

A separate division was started within BPA to avail government grants. But after three years, the grants were gradually reduced. So the division was merged with other functions under the workshop to cut costs. In spite of the fact that the institute did not flourish, BPA did not let the activity die. BPA created a rehabilitation fund to maintain continued supply of appliances to the physically challenged people. As an ethical policy, BPA does not ask for donations for the fund from its customers.

To provide these aids at affordable prices to the needy, the products were sold on no-profit-no-loss basis. BPA produces the cheapest appliances in India as it buys materials directly from the producers and also gets tax exemption. BPA's ISI certification for tricycles is at the registration stage. It targets to reach out to

all needy PwD across the country through this manufacturing facility. Walking sticks for PwB are also exported to neighbouring countries like Indonesia, Malaysia, Pakistan and Bangladesh.

Staff and Trainees

The successful programme planning and growth of ATC has rewarded its staff. Panchal was promoted from superintendent to works manager to manager of training function and to currently the post of training director of ATC. To quote another case, Ambalal Pandya was promoted from planning officer to manager.

Here, 15 internal staff and 29 daily wage and piece-rated workers are employed.

On the side of trainees; today, the workshop conducts seven trade programmes and has 41 trainees with different disabilities. Please see the tables below showing number of staff and trainees enrolled trade-wise. The enrollment has come down from 60 before five years to 41 in early 2013. Many such schools have come up in other states from where trainees used to come to Ahmedabad previously. Also, the students now prefer computer and networking programmes.

Number of Staff and Trainees

Staff (15+29* = 44)	Trainees (41) with
Manager = 1	Blindness = 14
Welfare officer = 1	MR = 14
Supervisors = 7	Deafness = 6
Assistants = 3	Physical challenges = 7
Clerks = 3	
*Workers (daily wage and piece rate)	

The chart above shows the enrollment of PwB as well as of trainees with deafness, physical challenges and MR in the workshop. One prevailing perception is that people with MR can not do work. But here, we find that they represent highest number (14) in the workshop thus debunking the myth.

Trade-Wise Distribution of Participants/Trainees

Trade	Blind	Deaf	Physically Challenged	Mentally Retarded	Total
1. Weaving	1			1	2
2. Tailoring	4	2		1	7
3. Printing and binding		2	4	9	15
4. Callipers	2	1			3
5. General mechanic					
6. Carpentry	2		2	1	5
7. Motor rewinding	1				1
8. Miscellaneous deployment (store, physiotherapy and administration)	4	1	1	2	8
Total	14	6	7	14	41

As mentioned earlier; in a team system, one disability, say blindness, is compensated by a MR person for example. There are linkages in workshop trades with the school for PwB, Mental Hygiene Clinic, technical school and other programmes of BPA. After completing the programme from the respective school of BPA, some join the workshop as they get hands-on training and monthly stipend which varies from ₹800-₹1,500 per month. They work at the workshop for two to three years. Meanwhile, if one gets an offer, he quits. Those who complete the training are given a certificate of proficiency mentioning the trade they were involved in.

Suggestions

1. Panchal needs to groom a suitable successor to his post at ATC. Now 65 years of age, he has already superannuated seven years back. This critical position; which gives career to 41 trainees with disabilities, 29 daily wage and piece-rate workers and 15 staff members, and which facilitates sales surplus of ₹1 crore rupees a year; cannot be left unoccupied.

Panchal shared with me that he was grooming Pandya, manager of the workshop, and that he had delegated pricing of the products to him (Pandya) which earlier a committee headed by him (Panchal) was doing. However, Pandya has limited exposure to workshop/BPA activities. Before two years, he was only a planning officer. Without having a person with a sound background at the helm, the workshop would slowly wither away. A qualified engineer with relevant experience and charitable disposition is the requirement. Along with the candidates independent of BPA, Pandya could also be considered for selection provided he is given relevant exposure for the job.

2. Trainees at the workshop comprise dominantly men. There used to be women in tailoring before but now there is only one female trainee at the workshop. ATC should encourage women to join the workshop. They can consider earmarking training in tailoring trade only for women.
3. Although the workshop manufactures several appliances needed by PwD to improve their mobility, it needs to take advantage of technology to add new facilities, for example, I passed on a design of a tricycle to BPA which could be carried easily on the stairs by a person with disability. Many similar possibilities exist which can be explored or identified for adaptation.
4. It may be a revelation for some voluntary organizations that they can meaningfully engage four categories of PwD in a workshop training and production system. Thus, information regarding modus operandi of the workshop should be shared with other voluntary organizations so they can also extend similar services.

Conclusion

Voluntary organizations which are running similar workshops for PwD must take timely measures to groom a successor to head critical departments, activities and functions. Succession

planning is crucial in such posts as chunk of the manpower and scores of PwD trainees are involved. In case a potential candidate for the post is not available internally, the organizations must take timely steps to induct from outside.

In addition, women are an important segment of the demographic. Many of the trades; for example, tailoring; can be earmarked for admission to the women with disabilities so as to rehabilitate them and help them enhance family income and become important part of the society.

CREATING SELF-SUPPORTING PERSONS THROUGH OCCUPATIONAL TRAINING AND EDUCATION

D) Industrial Training for Persons with Disabilities

Blind People's Association (BPA) had been conducting certain six monthly courses classified as Career Development Courses (CDC) for Persons with Blindness (PwB). They were: telephone operation, plumbing, salesmanship, and office management. These courses were discontinued and upgraded to Industrial Training Institute (ITI) level. ITI were set up by Government of India to fulfil requirements of various technical people. These training programmes are in engineering and non-engineering domains such as electrician, electric mechanic, welder, draughtsman, stenography, plumber etc. Now state government-sanctioned institutes and central government-sanctioned institutes conduct these courses. Though ITI courses were not for Persons with Disabilities (PwD), later when the central government understood that many of these courses were suitable for PwD, some of these were made applicable for specific categories of PwD. That is how BPA launched three one-year courses in 1984: to train as receptionist cum telephone operator, computers, and stenography. BPA succeeded in getting these three courses recognized by Employment and Training Department of the state government. These courses were for PwB and for those with other physical handicaps.

Tejal Lakhia, working on a project for prevention of nutritional blindness at BPA, was nearing closure of the project. Lakhia was assigned responsibility of running the three ITI courses. Subsequently, BPA applied for four more courses to be started: cutting and tailoring, desktop publishing, hair and skin care, and

offset printing. Government of Gujarat approved grant-in-aid for the same and recognized the four additional ITI certificate courses for PwD in 1994. Exhibit below presents the eligibility criteria, respective disability to take up the course, number of seats and duration of the courses.

Exhibit

Serial Number	Trade	Type of Disability	Eligibility	Seats	Duration
1	Data preparation and computer software	Physical handicap, Blindness, Deafness, and Dumbness	12th level in school with English proficiency	10	10 year
2	Desktop publishing	Physical handicap, Deafness, and Dumbness	12th pass	10	1 year
3	Stenography	Physical handicap, Blindness	10th pass with English	10	1 year
4	Telephone operator cum receptionist	Blindness with English	10th pass	10	6 months
5	Offset printing	Deafness and Dumbness, Partial blindness	10th pass	10	1 year
6	Hair and skin care	Physical handicap, Deafness and Dumbness, Partial blindness	10th pass	10	1 year
7	Cutting and tailoring	Deafness and Dumbness, Partial blindness	8th pass	10	1 year

Course occupancy

Computer-based courses have been very much in demand and the two courses have been receiving maximum applications every year. On the other hand, seats of stenography course were never fully occupied.

BPA selects candidates on merit and course-wise suitability. On the basis of 10-12 students for each course, the selection list of the seven courses often runs into 80-85 candidates. As per Government of Gujarat set ratio of 1:5 for PwB to other students, above 80 students equal 400 other students.

A new development that has taken place is that persons with Mental Retardation (MR) and those with multiple disabilities are also eligible for admission in the ITI courses.

Staffing

The government had sanctioned grant-in-aid for seven teachers when these seven courses were started. Three of the teachers have retired/resigned and the vacancies have to be filled up.

Employment prospects

The students are examined for 100 marks in theory and 300 in practical ability. Nearly 75 percent of them pass out. The engagement level of those who pass is over 80 percent, either by way of getting employment or self-employment. For courses like tailoring, and hair and skin care; BPA gives sewing machine and basic kit respectively to candidates so that they could immediately start earning their livelihood. The employment opportunities have also been bright. The state government departments prefer to employ physically challenged persons. Banks and Public Sector Undertakings (PSUs) mostly employ PwB skilled in computer work. The private companies prefer their skills in desktop publishing and computers. In general, candidates skilled in computers get selected within a month. Most of the others take couple of months.

Mentorship

BPA designed these courses, their materials and required instruments in accordance with the special requirements of students with blindness, orthopaedic handicap and deafness. Gujarat was the only state at that time where such government-recognized courses were offered. Employment and Training Department of the state government has been appreciating the administrative and technical skills of BPA and has thereby appointed the organization as the nodal agency for the field of disability for Gujarat. In that role, BPA guided other voluntary organizations in Gujarat about designing programmes as per the government as well as targeted beneficiaries' requirements so that they accordingly submit programme designs for recognition and certification.

The road ahead

Effort is made to get these courses recognized under National Council for Vocational Training (NCVT). When this change takes place, it would provide national perspective to the ITI courses instead of state-level patronage. Once national patronage is given, these courses would stand recognized throughout India. Then the employment prospects in all probability will go up beyond 80 percent.

The three vacancies of teachers existing in ITI function of BPA would harm the quality of delivery of learning. It requires focussed discussions with determination with the state government that without full fleet of specialized teachers to train the candidates with different disabilities, the latter would suffer. It is said that if a student has not learnt, the teacher has not taught. This philosophy would stand proven in this case and therefore decision makers in the government should instantly permit recruitment of three teachers.

Suggestions

ITI courses provided are quite suitable for PwD. Some such skills especially desktop publishing, offset printing, plumbing, electrical trades, hair and skin care, data preparation and software development can be successfully acquired by them. There is shortage of these services in most of the towns and cities in the country. Thus, such skills will provide required services to the society. Voluntary organizations who do not offer such trade-focused ITI courses, should consider offering these courses.

However, stenography is a skill of the past and therefore the course needs to be closed.

CHAPTER 4

GOVERNMENT'S INCLUSIVE APPROACH TO EDUCATE CHILDREN WITH DISABILITIES

Experience suggests that given the right opportunity, children with disabilities are not different from other children. Unfortunately, education of children with disabilities in our country was not given due importance till 1986 when Government of India announced National Policy on Education (NPE). NPE incorporated, among other things, education for children with disabilities. It suggested integrating children with disabilities with the general community with the aim of putting the former on normal growth process. However, it was not outlined in the scheme how the integration will be done.

In 1992, the central government espoused a scheme 'Integrated Education for the Disabled Children (IEDC).' IEDC required that children with disabilities be provided educational opportunities in the general schools. Their expenses including cost of items like books, stationery and uniform; transport allowance, hostel accommodation etc was provided by the central government through the state government. Special teachers could be appointed and resource room could be created under the scheme. The IEDC scheme was implemented in over 90,000 schools benefiting over 2, 00,000 children with disabilities. This means a little over two children per school benefited which is not an impressive statistic.

Subsequently, some states like Gujarat made integrated education a part of their Community Based Rehabilitation (CBR) programmes. In the process, 45,000 children with disabilities joined the general schools in the states that took up the challenge of using CBR mechanism. Special teachers to the count

of 1,300 were appointed. The IEDC scheme continued till 2009 when the 'Inclusive Education of the Disabled at the Secondary Stage (IEDSS)' scheme was launched.

IEDSS envisaged enabling all children and youth with disabilities to have access to secondary education. It aimed at improving their enrollment, retention and achievement in the general education setting. Every school was proposed to be disability-friendly. Now the policy has sufficient clarity on the following important ingredients:

- Here, 'secondary stage' means class nine, ten, eleven and twelve. At these levels, inclusive education is responsibility of the state government.
- Elementary education means standard one to eight. Here, inclusive education of children of age group 5-14 years having any disability is responsibility of central government under Sarva Shiksha Abhiyan (SSA).
- All general schools (government, government-aided and local schools) are required to admit Persons with Disabilities (PwD).
- All general-school teachers at secondary level are to be provided basic training to teach children with disabilities. Special teachers are also to be appointed.
- Every student in need of aids and appliances and assistive devices, is to be provided the same.
- There would be monitoring teams and assessment teams at the state and central levels. The assessment team may seek assistance of voluntary organizations where local voluntary organization has been running schools for children with disabilities.

Several forces propelled the movement of inclusiveness in our country:

An important development was the enactment of Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. It stressed provision of free education to all children with disabilities up to the age of 18 years. The Act made a provision that appropriate governments and local authorities should promote the integration of students with disabilities in the normal schools. They (governments and authorities) were also required to take initiatives to make strategies for the educational activities.

The above Act is a highly facilitative law for a common citizen. A senior officer of Blind People's Association (BPA), Bipin Mehta, stated; "Now it has become easy to talk to the public to have their involvement in welfare activities. Now it is not seeking *daya bhavna* (sympathy) for the blind."

Moreover, several international developments relating to Persons with Disabilities (PwD) impacted central government's Ministry of Social Justice and Empowerment. India was signatory of many international statements relating to special-needs education such as UN Convention on the Rights of Persons with Disabilities, 2006, that emphasized the need for fundamental education-policy shifts to enable general schools to include children with disabilities.

Government of India also sponsored another scheme, Sarva Shiksha Abhiyan (SSA), for the achievement of Universal Elementary Education (UEE) with time-bound targets. SSA provides support for children with disabilities in general schools. Two lakh children with disabilities were identified of which 1.5 lakh have been enrolled in general schools. Though at the elementary level, the enrollment figure seems to be noticeable; by itself, elementary education does not help an individual unless career-development training is made a part of the educational curriculum as being done by some of the special schools.

As SSA scheme related to elementary level of the education,

Ministry of Human Resource Development (HRD) devised a National Action Plan for Inclusion in Education of Children and Youth with Disabilities (IECYD). Its goal was the inclusion of children and youth with disabilities so that educational programme is available from early childhood to higher education. However, accurate data of its achievements is not available.

Understanding Inclusive Education

Inclusion is not merely admitting or allotting seats in general schools to children with disabilities. This is very limited view of the administrators. The concerned authorities and the teachers need to understand inclusion holistically. The objective of inclusion is to create and make available opportunities for the normal growth of children with disabilities while they are school-mates with the other so-called normal children. Inclusion normally rejects the practice of special schools. Inclusive education is therefore an approach of educating students with special needs. Under the inclusion model, students with special needs spend most or all their time with students without disabilities under the guidance of general and specialized teachers.

These schools are local schools so that the children with disabilities can easily and independently reach the school. The study materials, aids and appliances which are special needs of the student with disabilities are provided by the school. The girls with disabilities are also given certain stipend. All facilities that students without disabilities enjoy like canteen, toilet, play ground etc. are shared and equally belong to the special-needs students. Any physical facility that is barrier for the students with disabilities needs to be demolished. All these are systemic supports and are easy to create or render. A few more-challenging requirements are:

- 1. Integration :** Only a well-designed social process initiated by the teachers and the school would fulfil the inner need of

sense of belonging in the students with disabilities. They (students with disabilities) need to be exposed to actual environment, real situations and to people without disabilities. Moreover, the special students should be facilitated to interact, befriend, and play with other students so that they feel part of the same community. The teachers should create situations wherein students without disability help special students without extending any special treatment. Teachers should also provide a favourable environment to enable PwD so their confidence to go about their lives independently is boosted.

This approach to integrate PwD should be followed not just in schools but in society as well by providing them the right support system. W Stein, who carried out lot of inclusion-related work in African countries and India, said: "We must lead them into our societies¹."

2. Teacher training : The teacher of children with disabilities should be a facilitator, counsellor, instructor and learner rather than a teacher in the literal sense. She/he should play these interdisciplinary roles. For this purpose, the person should undergo specialized training in dealing with children with disabilities. The government has prescribed B.Ed in Special Education, a yearlong training programme approved by Rehabilitation Council of India, in their scheme of inclusive education. The objective of the programme is to sensitize the selected teachers towards the special students and to equip them with effective behavioural skills and ability to win confidence, solve conflict and handle special children one to one or in heterogeneous group of students with and without disabilities.

3. Resource Room : This room possesses essential equipments, learning aids and instructional materials for students with

¹Punani, Bhushan and Nandini Rawal. 1995. *W. Stein: Integrated Education*, Ahmedabad. Blind People's Association. 32.

disabilities. Three kinds of allocations are done: what the individual, suiting his disability, is given; what the school possesses for common use; and what is shared between the schools. National Council of Educational Research and Training (NCERT) has prepared a handbook which also indicates the type of facilities in the resource room. A list of disability-wise equipments required is attached as Annexure.

The challenge of a resource room is in its systematic use by and for the children who have disabilities. For example, if a person with Visual Impairment (VI) can not see the objects meant for him in the resource room, he would not understand the objects. He has to hold it, feel and ask what it is, how it is different than the other stuff he discussed. Moreover, in a multi-category disability resource-room, the children with their specific disability pose different problems to the teacher. The teacher has to skillfully guide each of them in one-to-one basis. The teacher has to also optimize the utilization of the heavy-cost resource-room equipments.

Thus, for the successful implementation of inclusive education for children with disabilities, the effective use of above three factors is essential.

ANNEXURE

Disability-wise Requirement of Equipment and Material for Resource Room

Disability	Aids and Equipments			Instructional Material
	Individual	Sharing within school	Sharing amongst schools	
Orthopaedic	adjustable furniture, special writing material, thick pen	adjustable furniture, Provision for development of improvised prosthetics.		
Visual Impairment, Blindness	Braille slate and stylus abacus, Taylor frame, mobility canes	Braille, abacus, Taylor frame, cassettes and talking books, maps, embossed recreational materials	Braille sheets	Braille textbooks, material on cassette and talking books
Partially sighted and low-vision children	special adaptive equipments like hand magnifiers to be used with spectacles, portable reading lamps	special designed desks with adjustable magnifiers, white boards in place of black boards	special arrangement for producing large print materials	large print materials
Hearing impairment	individual hearing-aids	voice trainer, Mirror in size of 3'*6' for speech therapy, big mirrors 10'*6' in each classroom, group hearing-aids, cells for hearing aids	audiometer, voice trainer, maintenance facilities for hearing aids.	special learning materials like flash cards, charts, educational games, handouts of classroom activities
Mental Retardation		sensory apparatus and kits prepared on the lines of Maria Montessori kits or produced by NCERT for Early Childhood Education Programme		material written on a lower reading-level than average

CHAPTER 5

THE EYE HOSPITAL

Eyes are one of the most important senses of a human. Founder of Blind People's Association (BPA) knew it better than most others, having lost his eye-sight in childhood. "The founder, Mr Jagdish Patel, was carrying a thought for a long time to set up an eye hospital for people with blindness. However, his dream could not be realized in his life time. Only after he was not there in this world, we could do it," said Nandini Rawal, Project Director of BPA.

In Bareja, a village of *taluka* Daskroi, Ahmedabad, a registered trust for a general hospital existed. The trustees could not set up the hospital and decided to donate the land to BPA to build a hospital. In 2001, the population of Bareja was little over 15,000 and nearby villages were also quite populated. Another feature of the village was that the majority of villagers were under privileged, that is, Scheduled Caste (SC), Scheduled Tribe (ST) and Other Backward Classes (OBC). Remembering Patel, BPA welcomed the offer.

The earthquake of 2001 boosted voluntary activities in Gujarat. Money and equipments flew in to support rehabilitation. Nalin Porecha, an industrialist, and his family donated ₹10 lakh to name the hospital at Bareja in the memory of their parents, Naval and Hira. BPA named the hospital Navalbhai and Hiraba Eye Hospital (NHEH). The hospital was inaugurated on January 19, 2003.

Hospital manager and his training

A diploma holder in NGO Management from Entrepreneurship Development Institute (EDI) was recruited to establish the activities of the hospital. However, he did not work at the hospital for long. Another professional, Dharmendra Jena, was working as project co-ordinator of mental health project in BPA.

It was a joint project of Department of Health and Family Welfare, Government of Gujarat, and BPA. The project was given to Indian Institute of Management-Ahmedabad (IIM-A) for monitoring.

Jena was identified as manager of the eye hospital as he had rich experience at a young age. He was working in Odisha with a federation of 21 voluntary organizations in the district of Angul. He was also well-equipped with educational qualifications: MA in Sociology, Diploma in Community Health Management, MA in Rural Management and Post-graduate Diploma in Management of NGOs from EDI. He was sent by BPA to complete a short-term course on eye-hospital management at Arvind Eye Institute, Madurai. He also completed community health development trainer's training programme from INSA India, Bangalore.

Medical expertise and technicians

NHEH consisted of eight medical experts working on visiting basis, 12 technical staff and 16 other staff. The medical experts (eye surgeons, general physicians, ENT (Ear, Nose, Throat) surgeons, orthopaedic surgeons and physiotherapists) visited on fixed days. Volunteers supplemented their services from time to time. Arrangements for attending to medical emergencies were in place. The manager was the overall head of the hospital and co-ordinated with the doctors and others. The majority of the staff was professionally trained by CBM, Germany which helped in capacity building.

In a typical day in 2012-13, about 500 Out Patient Department (OPD) patients, including ENT and orthopaedic patients were attended to. Camps were frequently organized in different rural areas of Gujarat. During the decade, 1,174 camps were organized. The patients identified for surgeries were advised to visit the hospital. Five polio-screening camps were also organized. The hospital performed 35,239 cataract surgeries in ten years (Year-wise progress is given in Annexure 2). Patients' expenses relating to Intra Ocular Lens (IOL), surgeon's fees,

medicines, pre-operative expenditure, post-operative expenditure, surgery, food, lodging/boarding etc. were covered by the hospital.

Support and donations

The hospital received support from corporates, Trusts and other charities. Corporates like ITC, ONGC, State Bank of India, CAIRN, Power Grid Corporation of India, GAIL, Sintex, Central Bank of India, Wagh Bakri Chai, Rasna, GRUH Finance, and Azure supported the hospital. Trusts like Shri Manav Kalyan Trust, Maa Krupa Charitable Foundation (a registered charity of USA), Heart Foundation and Research Institute, Maharashtra Sewa Sangathan Organization (MSSO), Positive Sight (UK), Bhaarat Welfare Trust (UK), India America Education Foundation (USA) also supported the hospital time to time. District Blindness Society supported the hospital under its National Programme for Control of Blindness. The local community till today donates wheat, rice, oils, pulses etc. The hospital normally, therefore, does not buy these items for serving free food to the hospitalized poor patients.

Inclusion-related work

BPA is participating extensively in Daskroi block of Ahmedabad district in Gujarat in inclusion-related multifarious activities funded by the Australian government and CBM, Germany, to help Persons with Disabilities (PwD). To mention some of its contributions in this domain, the nominated staff of the hospital identified PwD through door-to-door survey in Daskroi block. It provided vocational training in mobile repairing and stitching, and also gave guidance for purchasing equipment for business. Moreover, parents of children with disabilities were briefed about how to take care of their special offsprings.

In addition, the hospital facilitated PwD in availing disability certificate, identity card, income certificate and railway passes. Also, it helped them avail the relevant policies like Niramaya

health insurance policy and Mahatma Gandhi National Rural Employment Guarantee Act (NREGA). The hospital provided PwD with aids and appliances on behalf of BPA, Department of Social Defense of Government of Gujarat, and Sarva Shiksha Abhiyan. Furthermore, the hospital helped in procuring admission and scholarship for children with disabilities. For actual details of the above, please see Annexure 1.

Diversification of medical departments/services

NHEH introduced various services in five stages:

1. Eye care and physiotherapy
2. ENT treatment
3. Orthopaedic service
4. Cornea and retina clinics
5. Women's healthcare

Stage 1: As the name of the hospital suggests, NHEH has been offering eye-care since 2003. In the same year, physiotherapy clinic was also started.

Stage 2: Navalbhai and Hiraba ENT Clinic was established in 2006.

Stage 3: Gatorbhai Himmatbhai Orthopaedic Hospital was set up in 2007. Nitin Shah Sarva Rog Nidan Kendra, OPD in the domain of orthopaedics, was set up in 2007.

Stage 4: Cornea clinic was started in 2008 and it tied up with Retina Foundation, Ahmedabad, in 2008. Retina clinic was started with the support of Power Grid Corporation of India in 2012.

Stage 5: The women's healthcare unit provides gynaecological health care.

In the back-stage of these manifold developments was Jena, the manager. He was perceived as helpful by the patients, facilitating by the staff, and an achiever by the management.

Infrastructure

In the last decade, the hospital infrastructure is expanded in terms of increase in capacity, updating of machines and technology, and diversification of services.

Twenty-five beds in 2003 were gradually increased to 50 in 2006 and to 100 in 2013. NHEH which began with two wards now has four wards each for women and men.

On the technology front; slit lamp, microscope and other eye equipments supported by CBM, Germany, were installed in 2005. Ultra-sound machine supported by MSSO and Dr Chirag Shah was brought in 2012. Equipments for diabetic retinopathy unit supported by Power Grid Corporation of India were installed in 2012. These are a few examples of technological updates at NHEH.

In terms of services, treatment of all types of eye diseases and surgeries were offered free of charge. Nominal charges were levied for complicated diagnosis, laser technology etc.

Awards and recognition

The hospital was awarded 'Best Achievement Award for the Highest Eye Surgeries' in the district of Ahmedabad for 2009-10 and third in the state in the category of 'Best Eye Hospital' for 2010-11 by Department of Health, Government of Gujarat.

Conclusion

NHEH has been a successful endeavour, adding laurels to BPA in the series of services related to blindness. On one hand, it has taken measures for prevention of blindness and on the other, it has made arrangements for all eye-treatments including surgeries. Retina and cornea clinics are the latest it has set up. The manager said that their success rate of surgeries is 100 percent. Because of this reputation, people come to the hospital from far and wide for eye treatments.

NHEH not only treats eyes, it also added varied infrastructure to serve ENT, orthopaedic, general OPD, women's health care, physiotherapy and pathology domains. Looking at the way NHEH has expanded its services from just eye-care to the above areas, it can hopefully diversify into a general hospital for PwD.

Annexure 1

Arrangements/facilities facilitated by NHEH-BPA

- Disability certificate provided to 447 PwD including 151 females
- Availing of identity card facilitated for 551 PwD which included 211 women
- Railway passes provided to 60 PwD consisting of 23 females
- Number of PwD provided Sant Surdas Yojana was 30 comprising of 11 women and 19 men
- Number of PwD provided Niramaya health insurance policy was 118 including 37 females
- BPA aids and appliances provided to 146 PwD which included 41 women
- Social defense aids and appliances provided to 70 PwD including 13 females
- Sarva Shiksha Abhiyan aids and appliances provided to 370 PwD which comprised of 165 girls and 205 boys
- Leader training imparted to 54 PwD including 10 women
- Income certificate availed by 529 PwD which included 203 female recipients
- MGNREGA benefited 20 PwD out of which 7 were women
- School admission of 73 children with disabilities was facilitated of which almost half were girls
- Scholarship awarded to 527 students with disabilities including 217 females

Annexure 2

**Annual Progress of Surgeries Conducted from
2003 to 2013**

Period	Number of Surgeries
January 2003 to March 2004	1,186
April 2004 to March 2005	973
April 2005 to March 2006	1,462
April 2006 to March 2007	2,232
April 2007 to March 2008	2,289
April 2008 to March 2009	3,414
April 2009 to March 2010	5,500
April 2010 to March 2011	6,195
April 2011 to March 2012	6,968
April 2012 to January 2013	5,020
TOTAL SURGERIES CONDUCTED	35,239

CHAPTER 6

AN EMERGING BPA WITHIN BPA

A massive earthquake shattered Gujarat on January 26, 2001, crippling thousands of people. Blind People's Association (BPA) devoted itself to those who contracted disability due to the natural calamity.

People trapped under buildings suffered serious injuries. They needed surgery, treatment and assistive devices to enable them to be on their legs again. BPA set up tents in Bachau, epicentre of the earthquake, to distribute relief materials. BPA also tied up with Indian Medical Association, Bhuj that extended physiotherapy treatment to the large number of affected people mobilized by BPA. About 200 people were provided therapeutic services per day.

BPA also developed tie-up with Spandan, a medical relief and rehabilitation Trust, created with the prime objective of establishing a makeshift general hospital to render medical services during sudden emergencies. Spandan's medical help was a most welcome as only one hospital was offering medical services in Kutch--the military hospital.

However, the government, BPA and Spandan felt the need for a centre to help the population recover from the disaster in a longer term. They felt the damage was too huge to rehabilitate on a temporary basis. This is how Kutch Comprehensive Rehabilitation Centre (KCRC) came into being. The centre is a permanent entity, located deep in Saurashtra region of Gujarat. Government of Gujarat donated a 2,000 sq. yard piece of land, free of all revenues, for KCRC.

To provide services all over the district of Kutch, mobile rehabilitation units were set up in different parts of the region. Services for sensory integration of persons with mental handicap were also extended.

Moreover, the people whose body parts were amputated by the earthquake needed support services and appliances. Persons with Disabilities (PwD) affected by the quake also needed support services as their appliances got damaged. So ultimately a huge demand for prosthetic and orthotic services (like artificial limbs, spinal collars, wheel-chairs, and walkers) and all sorts of support appliances for daily mobility arose. The above services and appliances were totally supported by Ministry of Social Justice and Empowerment, Government of India.

BPA received technical help from overseas institutions like Handicap International, France for construction of building and Die Johhanitter Unifall, Germany for establishment of a high-tech artificial limbs workshop and maintained supplies of joints and limbs from Germany during 2002-04.

Though faced with several teething problems, BPA's workers and technical staff kept up high morale and motivation and rendered dedicated service. BPA recruited a professional social worker, Arindam Ray, as the project manager. KCRC gradually employed various other qualified professionals such as physiotherapist, prosthetic and orthotic engineer, special educator, vocational instructor and ophthalmic technician. Medical doctors were arranged on a visiting basis.

Eventually, KCRC also started a day-care centre for children with Visual Impairment (VI) and multiple disabilities. Moreover, in September 2003, an eye-care centre to carry out surgeries for prevention of blindness, namely cataract, was started. Next, KCRC decided to help the people earn for living. Japanese Fund for Poverty Elimination came forward to finance the project. KCRC team identified skills of men and women to start small businesses. Till date, 514 people have thus been financed to achieve economic independence.

Thereafter, KCRC focussed on **capacity-building projects** as follows:

- 1. Self-help inclusive groups :** PwD and other people (without disabilities) formed groups to help themselves and each other. Each of these 10 groups had 15 or more members with majority in the group being PwD.
- 2. Residential training institute for girls/women :** This was set up to educate, train and rehabilitate girls with multiple disabilities. Those below 18 years attended a regular school, and those above 18 years participated in a vocational programme. Presently, the institute houses 25 girls which is maximum capacity of the facility. KCRC needs to expand capacity here in line with increasing demand.
- 3. Inclusive school :** The school ran classes up to third standard and then upgraded to eighth class. Presently, 15 children with disabilities and 70 others are on school roll. Syllabi are as per Government of Gujarat guidelines.
- 4. Inclusive skills-development programme for villagers :** This programme was started to develop villagers' skills in making jewellery, repairing electrical home-appliances, repairing mobile phones (after the training, mobile-repairing kits were given) and preparing door mats.
- 5. Suzlon gave loan of ₹7,500 per person to start or upgrade self-employment business in Bhuj and Gandhidham, Kutch district.** The loan was provided without interest for a certain period to 25 villagers who had disabilities. This acted as a 'revolving fund'¹ for financing more villagers. KCRC was working with Suzlon to develop a regular scheme to future batches. Parle also supported field exposure and other programmes.

¹Revolving fund¹ means that repayments that come from the beneficiaries are invested to finance new prospective beneficiaries.

Conclusion

KCRC has emerged as a large organization in itself offering need-based services to diverse groups of people with varying disabilities. It serves several demographics: men, women, girls and children on the basis of gender; farmers, labourers, students and house-wives on the basis of occupation; and the crippled, sight-seekers, job-seekers and those requiring finance for self-employment on the basis of requirement.

Moreover, the management at the centre gave importance to crucial aspects of development of PwD through skills development, academic education and above all through inclusion strategies.

Thus, KCRC has become a one-stop service institution in the area as an emerging BPA within BPA.

**CENTRES FOR SPECIAL NEEDS:
EDUCATION AND VOCATIONAL
TRAINING**

**A) Centres for Children's Education and
Functional Education**

Blind People's Association (BPA) has been a pioneer in responding to the needs of Persons with Disabilities (PwD). Until 1975, BPA was working exclusively for persons with Visual Impairment (VI). Adult Training Centre (ATC) which BPA had set up was offering on-the-job training in certain trades to Persons with Blindness (PwB). Then BPA adapted training scheme for PwB to suit people with three more categories of disabilities: orthopaedic disabilities, deafness and Mental Retardation (MR). However, there were also demands to serve people with many other kinds of disabilities. More and more people having children with disabilities ranging from paraplegia, hearing impairment, Cerebral Palsy (CP), autism to multiple disabilities started approaching BPA for help.

In order to assign these individuals their ability-appropriate work, a need to appoint a vocational counsellor arose. Vimal Thawani, a post-graduate in social work and graduate in psychology, was appointed in 1982 as a vocational counsellor. The three activities she was initially responsible for were: 1) Aptitude assessment, 2) Individual counselling and 3) Family counselling. Individual counselling and aptitude assessment helped bring out the potentials of the individual whereas family-counselling sessions were to make the family members aware of the special needs and requirement of such individuals. These three activities helped individuals with disabilities adjust better with their environment, have a more harmonious relationship

with their family members and perhaps also initiate thinking about livelihood.

The founder of BPA, Jagdish Patel, had been keen to offer services for people with mental impairment and multiple disabilities. Therefore, BPA started offering services for children with MR, Autism, CP, Visual Impairment with Additional Disabilities (VIAD) and Deafblindness (Db) to meet the growing needs of such children as well to fulfill the wish of Patel.

The journey of these specialized needs centres spans over a decade and a half. Each of them began more with emotions than with a clear plan. However, the outcome was far more rewarding than expected. The centres are well-known today in their respective field.

Thawani, currently the programme manager, was assigned to set up the centres for children with special needs.

1. Mental Hygiene Clinic (1990)
2. Centre for children with Visual Impairment with Additional Disabilities (VIAD) (1993)
3. Centre for children with Deafblindness (Db) (1998)
4. 'Samarpan Sankul' early intervention centre for children with special needs (2005)

During his lifetime, Patel established Mental Hygiene Clinic and centres for children with Db and VIAD. Samarpan Sankul was set up later.

Each of the four centres functions as independent project under a co-ordinator who takes care of all the activities pertinent to his or her respective centre. These centres also raise their funding from the government and other sources independently. To a large extent, the activities under them are similar in process but differ in specificity depending upon the unique needs they cater to.

The common activities under each centre are:

- Assessment services – clinical as well as functional
- Need-based intervention – Training in life skills, functional academics, inclusion in mainstream curriculum
- Fitting of assistive devices
- Pre-vocational skill training
- Regular evaluation of the children
- Counselling and training to parents
- Enabling PwD to get their respective entitlements
- Home-based services

To ensure quality services, all the teachers working at different centres are professionally qualified and registered with Rehabilitation Council of India. BPA encourages parents of children with disabilities to be a part of the classroom and learn skills to deal with their children at home. Most of them come for the classes once in a while. However, parents' meeting held at the end of every term is attended by many. Although there is a formal feedback session for the parents, an informal feedback is also encouraged. Their suggestions are incorporated to improve the services. Let us trace the evolution of each of these centres, how their need arose and what has been the focus of BPA programmes etc.

1. Mental Hygiene Clinic : In 1990, the centre for children with mental retardation (MR) known as Mental Hygiene Clinic was started with the financial support of Department of Social Defense, Government of Gujarat. This was the first time BPA had started working with children with MR. The clinic began with five children in a small room in BPA campus. The personnel at BPA possessed little in-house knowledge and skills in the area of MR. Hence, a special educator was recruited who was supported by a visiting psychiatrist, clinical psychologist and occupational therapist. BPA continued its work with children with MR and gained experience and expertise which were soon acknowledged. In

a short span of five years, BPA was recognized for its centre for children with MR.

The state government's Department of Social Defense covers the salary of teachers and a portion of education material for children. The remaining expense is financed by BPA. The main aim of the government-funded clinic is to provide systematic assessment, diagnosis, intervention and support to individual children with MR.

The clinic engages a visiting psychiatrist, psychologist and occupational therapist to address multiple issues arising from mainly three categories of mental conditions namely Autism, MR and, mild MR with CP. Children with the above receive regular intervention. Six children are learning regular curriculum through sammilit pathshala (inclusive school). Twelve children are in a functional literacy class and are acquiring pre-vocational skills. Seven children with autism are taught basic communication and social skills. Five children are studying functional curriculum.

Currently, 30 children (25 with MR and 5 with Autism) in the age range of 6-17 years are enrolled at the clinic. In order to give proper attention to every child, they are divided into two age groups within MR (6-12 years and 12-17 years) and a separate group for children with Autism.

Their daily activities are planned in such a way that they learn to do day-to-day chores independently. Activities range from weekly visits to a bank to learning the concept of cheque and money transaction to market visit to purchase grocery for making snacks. Through these weekly visits, they learn concepts of money, currency identification and transactions in a market scenario. Children learn according to their potential: Someone with severe MR may learn to cross the road whereas someone else with lesser retardation might learn to receive vegetables and grocery in exchange of money. Similarly, for preparing snacks someone might

simply wash the vegetables and someone else might cut them and prepare for cooking. The snacks are usually simple items such as sandwich, upma, and poha which are sometimes prepared for small orders taken from staff members.

Moreover, they are exposed to pre-vocational training, for example, learning to decorate envelopes, making bracelets and earrings. After attaining 17 years of age, they go to vocational training centre located within the BPA campus for further training in different vocations.

Also, cultural and sports activities keep happening round the year. Children have participated in state-level competitions and won medals.

- 2. Centre for children with Visual Impairment with Additional Disabilities (VIAD) :** In 1993, a new challenge came up for BPA from a father who was determined to make a difference in his child's life. His seven-year-old son suffered from multiple disabilities—VI as well as MR which led to communication problems and motor problems. The father had taken the child to a number of organizations and had found that each organization was working for a specific form of disability, either MR or VI. BPA's state was also the same. None of them could address the needs of a child with multiple disabilities and hence refused to admit this child.

This was the time when Mental Hygiene Clinic was functioning exclusively for children with MR and BPA did not deal with multiple disabilities. When Thawani could not respond positively, the father challenged her and expressed an expectation that a huge organization like BPA should do something in the domain of multiple disabilities. Thawani did not have the resources or expertise to deal with such a problem. However, she could not forget the helplessness of the father displayed in his anger. She posed this problem to her colleagues. No one had any experience of dealing with

individuals with multiple disabilities. They decided to take the matter to the executive director. After some discussions and planning, Thawani and her colleagues started working with the child without really having technical skills in the area of multiple disabilities. Keeping in mind the child's and similar cases special needs, BPA sent its staff for specialized training. Akhil Paul, who was then working as co-ordinator of Community Based Rehabilitation (CBR) programme with BPA, was sent for six-month training to Perkins School for the Blind, USA. Thawani also participated in Professional Development Programme for Retardation in the UK.

When ready at their earliest, a centre for VIAD was set up in 1994 with five children. Today, there are 27 children in this centre in the age group of 6 to 18 years. Children get training in daily living skills, functional academics, regular mainstream, curriculum and pre-vocational skills. The unit is funded by Ministry of Social Justice and Empowerment.

For ease of learning, the children are segregated on the basis of age. Focus of the activities in this unit is primarily on daily living habits such as eating, brushing, bathing etc. In addition, they are taught general manners, acquisition of which help them to be acceptable to the relatives and society at large. Equal importance is given to two basics of communication: receptiveness and expressiveness.

Various activities are planned keeping children's cognitive and physical development in mind ranging from concepts of number, colour and objects through pictorial representation and identification to craft work, shopping and working with vegetables. Preparation and cleaning of vegetables such as plucking leaves of coriander and fenugreek or peeling peas, helps in developing their fine motor-skills along with earning possibilities.

The centre also offers training to parents. The coordinator, Kavina Khatri, interestingly thought of an innovative way and

started including mothers in their children's activities at BPA. She had observed that involvement of the mother had positive impact on the child's progress. This has three more advantages over only teacher-child interaction. Firstly, a mother understood her child's needs better. Secondly, mother spent time with other children as well and observed how they deal with the problems. And lastly, in a group, the sense of competition among mothers led to newer ways of dealing with their child.

From foraying into servicing a new area of multiple disabilities and training teachers to now being recognized a leader in dealing with children having various disabilities, BPA has truly tried to diversify its portfolio.

- 3. Centre for children with Deafblindness (Db) :** Soon thereafter arose another challenge: parents of children with dual and multisensory impairment started approaching BPA. Such children had visual as well as hearing impairment and as a result, they had not developed verbal communication. BPA had no skills and experience of working with children with Db. Patel had a personal interest in starting a centre that was exclusively for individuals having dual difficulties namely visual as well as hearing impairment. He had gradually lost his auditory sense during the 1980s and sensed the difficulties individuals with Db experienced. As a result, a centre for children with Db was started in 1998 (a year before Patel passed away) with three children. It was supported by Sense International-India. Thawani underwent training in dealing with Db in the UK.

It was the first centre of its kind in Gujarat. All training facilities including sensory stimulation programme, was offered for the first time. The first trained teacher with diploma in special education in Db joined BPA in the year 2001. It has been a continuous process of learning for the team at BPA. The project that began as a centre-based unit

gradually expanded to reach out to home based and community-based services. It became Regional Learning Centre (RLC) on Db for the western zone (Gujarat, Madhya Pradesh, Maharashtra, and Goa) of India. BPA continually adds more centres to its RLC activities to ensure sustainability of the work they have been doing.

The programme staff had to acquire knowledge and experience on the following tasks:

- Need assessment of the region
- Identification and assessment of persons with Db
- Identification of potential organizations/agencies
- Sensitization/creating awareness amongst stakeholders and community at large through exposure visits, training, and various events, programmes and media-support
- Networking and partnership with stakeholders and government
- Capacity building of stakeholders --teachers, parents, management, and community--through workshops, training and mentoring
- Developing and designing information material in user-friendly format for information dissemination
- Advocacy for the essential rights and privileges of persons with Db
- Facilitating development of networks of families and teachers of persons with Db in the region

BPA extended its services to reach to the people using different service-delivery models such as centre based, community based and home based, respite care and long-term stay programme. Every child regardless of the mode of service used, received quality services from trained staff. BPA's quality service created a benchmark for its kind, as stated by Thawani.

As a result of BPA's efforts, encouraging outcomes were seen:

-
- Medical professionals have been sensitized. Equipped with better understanding of Db, they issued disability certificate in multiple disabilities. Another example of this sensitization is that a chapter focused on Db has been included in the curriculum of BEd.
 - Moreover, training to communication students/officers resulted in better media orientation and coverage about Db.
 - Advocacy with state government influenced them to frame special budget for training teachers in dealing with Db in Gujarat. Social Welfare Department of Pune also supported services for children with Db. Due to RLC's effort in orienting district coordinators, these children are included in mainstream inclusive schools.
 - Expanded networking with teachers, parents, and organizations
 - Development of need-based material in the area of Db
 - In the area of inclusion; organizing various contests led to sensitization among mainstream children and community. Vocational services for young adults with Db were started. Inclusion of young adults in the database for employment and placement and of children in Sarva Shiksha Abhiyan Mission proved fruitful.
 - News in sign language began to be telecast live on national channels like Doordarshan.
4. **‘Samarpan Sankul’ early intervention centre for children with special needs** : Experience of working with children with multiple disabilities and Db in the age group of 6 to 18 years led to the realization that if such children were identified at a younger age and provided early intervention services, many secondary disabilities could have been avoided. Thus, with the financial support from

Hilton/Perkins International program, BPA started 'Samarpan Sankul,' an early intervention centre, in April 2006 to cater to the needs of infants and toddlers having VIAD such as Hearing Impairment, CP, MR, slow learning etc.

The existing infrastructure within BPA campus was not suitable for very young kids. Patel and his wife had bequeathed their bungalow to BPA in their will so that after their death it can house a centre for early intervention for children in the age group of 0-6 years. Currently, the centre provides services to 27 children in the above age group in the form of physiotherapy, occupational therapy, speech therapy and life-skill training. There is a training program for mothers also. Counselling services are provided to the family which enables it to accept the child and start rehabilitation service as early as possible.

The initial funding by Hilton/Perkins Foundation of USA was sufficient for the centre until 2012. Currently, BPA raises funds for it. The Grand Lodge of India, a voluntary movement, has helped BPA to set up various rehabilitation units including the equipments for assessment cum sensory stimulation in this centre. Moreover, a fee of ₹300-₹500 is also collected every month from each student/parents. For those who cannot afford the fee, the centre arranges some other people to pay for them.

The main aim of the centre is to develop children's perception abilities and optimal utilization of their sensory organs. Many times, children have the ability to grasp some of the skills but due to the absence of right stimulation at home, they can not learn it. When they are brought at the centre, all possible stimulations are given and they learn to identify various stimuli. For instance, young children usually within the age of one year are taught perception of light, bright colour, object, picture identification, association etc. If these skills are developed at this tender age, their learning

sphere broadens as they grow. For this purpose, a special room called sensory stimulation/sensory development room has been designed. This space has objects like mirror ball, optic fibre, UV lights for visual stimulation, resonance board for hearing stimulation etc.

Children in little older age-group are taught pre-Braille skills; concepts such as size, number, position (such as right, left, front, back), sorting, identifying textures; orientation and mobility etc. As the age group is young, duration of training depends on the age. Infants come for half an hour per day whereas older kids come for maximum of two hours a day. They are accompanied by a parent/guardian throughout various sessions. Every day is planned. From Monday to Thursday, children engage in one-to-one activities with the teacher. Every Friday, they are involved in group activities. Also a daily diary is maintained in which teacher and parents share all activities the child did during the day.

There is also an outreach programme for those who can not come to the centre every day. In this programme, parents and child come for 3-4 days to the centre for assessment and planning. Thereafter, activities for three months are planned. Parents are required to follow these activities at home. At the end of three months, they visit the centre again when evaluation is done as to how much the child has learnt. Thereafter, another few months are planned. The process continues until satisfactory results are achieved.

Abha Joshi, a special educator with the deafblind unit, was well-versed at working with such children and functioning at the stimulation room. She also had master's degree in clinical psychology and diploma in special education. Later, in 2007, she did a diploma in Db from Helen Keller Institute and was sent to Europe for completing her master's in special education. She was completely developed to be the co-ordinator of this centre.

Conclusion

Introduction of the four centres for the children committed BPA to challenge of serving new demographics and new disabilities. Starting with focus on the children as beneficiaries and to the new disabilities that other institutions were not catering to, began giving BPA the reputation of a larger-sized voluntary organization. The new role assigned to BPA as western region's learning centre for complex and challenging disabilities is capacitating the organization to be a knowledge hub in the voluntary sector.

CENTRES FOR SPECIAL NEEDS: EDUCATION AND VOCATIONAL TRAINING

B) Centres for Children's and Adults' Vocational Training

Blind People's Association (BPA) had already dealt with functional and basic educational activities for children with special needs. Thereafter, management at BPA sensed an increasing need for providing services for further education and vocational training for children as well as adults with severe multiple disabilities. Responding to such needs, four new centres were opened:

1. RM Parikh Resource Centre and Pre-Vocational Training Unit (2004)
2. Samarth Residential and Respite Care Centre and inclusive school (2006)
3. Lioness Karnavati and BPA Samarpan Vocational Training Unit (2010)
4. Dr Jeet Mehta Balashala Trust (2011)

1. **RM Parikh Resource Centre and Pre-Vocational Training Unit** : Snehvina Shah and family --relatives of BPA's general secretary, Nandini Munshaw-- donated the above centre to BPA to run pre-vocational services for persons who suffer from severe and multiple disabilities. This day-care centre donated in the year 2002, became functional in 2004 when Jigna Joshi, MA in Psychology, joined as the co-ordinator for the same. She had rich experience of working with persons with Deafblindness (Db) and Visual Impairment with Additional Disabilities (VIAD). She had a diploma in special education in hearing impairment. Four special educators work in this resource centre.

The centre comprises of nine rooms for studies and other activities, and a kitchen on the third floor of a complex in Ahmedabad.

The centre caters to young children as well as adults who suffer from Cerebral Palsy (CP), Mental Retardation (MR) or multiple disabilities like Autism.

Such children presently come to the day-care centre. The special teacher and other trained staff identify the child's potentials like motor ability; cognition; sensory, academic or vocational interests. Accordingly, they make a plan for each child's training and development need. Presently, children between age 3 to 6 years are involved in play activities and those between 5 to 10 years in academic training. These children are also taught day-to-day things like how to cross road, eating habits, cleanliness, speaking and listening apart from pre-vocational training.

The young age-group, except for very serious cases who are trained at the centre itself, are taken out to public places for exposure with components of physical environment like traffic lights and ATM.

Above 18 years age-groups undertake vocational training. They learn to make key chains, ear-rings, bracelets, buckets etc. Fifteen persons are in vocational training who are also given stipend of ₹800 per month. Another 15 people are in play and academic activity. The centre is supported by Government of Gujarat. There are arrangements for visiting doctors, psychiatrists, speech therapists and orthopaedic doctors to provide medical and counselling help to the students.

- 2. Samarth Residential and Respite Care Centre and Inclusive School (MSM NAAZ) :** In 2004, Dharmendra and Bharti Vyas donated a 23-acre campus to BPA because the school, MSM NAAZ School, which they had been running there, was going

through a difficult phase. As they could not manage the crisis, they decided to hand over the school to an organization that could make effective use of the existing infrastructure. BPA accepted their campus and decided to utilize the property for providing residential and respite care to children with disabilities.

As was their practice, BPA identified a suitable government scheme called 'Samarth.' Samarth is a Centre Based Scheme (CBS) for residential services, both for short term (respite care) and long term (prolonged stay), effective from the financial year 2005-06 for a period of 10 years. The disabilities under this scheme were restricted to four types: MR, CP, multiple disabilities and autism. National Trust's initial support was an amount of ₹9 lakh which declined by 10 percent every year as a strategy so that the institution learns to raise its own resources. As per the terms of the scheme; by March 2014, funding by National Trust may come to an end.

The centre comprises of two functional parts:

2.1 Residential care centre: Orphans not having a home or children with any of the four mentioned disabilities could get admission in this centre. The present strength of the centre is 30 and six of them are orphans.

2.2 Respite care centre : The admission criteria and facilities are the same as residential care centre. However, here, minimum number of days allowed is seven and maximum is 30 days to provide short-term relief to children with any of the four mentioned disabilities. Short-term relief scheme is for less serious cases than for residential admission.

MSM-BPA also set up an inclusive school, Sammilit Vidhyalay, in 2008. It provides free education to both types of children, normal children residing in the nearby areas and special children of Samarth Residential and Respite Care

Centres. Being an inclusive school, here the children who have disabilities and other children study and play together under guidance of the special teachers. The philosophy behind sammilit (inclusive) education is that the children with disabilities learn better and faster when they study and play together with children without disabilities once the former are comfortable in the environment. Moreover, normal children get sensitized to issues of disabilities by being school-mates with children with disabilities. The government has recognized the school up to seventh standard effective from academic year 2013. Presently, the school has 50 special students and 150 other students. However, the overall female and male ratio is 3:7.

Moreover, in the year 2010, BPA established Karam Yog Centre at MSM-BPA. Karam Yog Centre is an inclusive home for the old, retired people with disabilities and those without disabilities. 'Karam Yog' is a Sanskrit term which means to work, to give back through one's strength. At the centre, six karam yogis comprising three with disabilities and three others had joined the centre but they all left one by one for different reasons. While at the centre, they had worked according to their past experience and interests, for example, they taught, worked in stores, undertook child care and clerical work. For the varied activities three special educators are engaged in MSM BPA.

Other centres of BPA which believe that any student of their centre will get better help at MSM-BPA centre refer them to the same.

Jyoti Doshi, co-ordinator of the centre, participated in a nine-month Education Leadership Programme at Hilton/Perkin's School, Boston, USA. She was awarded the 'Best Teacher' title by Society for the Welfare of Persons with Mental Retardation.

The centre and inclusive school are quite well-developed institutions for children who have severe disabilities. In due course, the school will be eligible to be recognized as full-fledged higher secondary school. They have enough land for carrying out the academic function as well as play grounds and space for cultural activities. However, their Karam Yog scheme did not work well. BPA is determined to restart it again. Their diagnosis is that exclusive attention to the scheme was lacking. Now they are constructing a separate block of rooms for karam yogis and it seems that the organization shall pay proper attention to them. BPA should also undertake a study of needs and expectations of the potential karam yogis so that a viable scheme is developed. Accordingly, they need to plan the services. The give-and-take idea has potential to pick up in voluntary institutions.

- 3. Lioness Karnavati and BPA Samarpan Vocational Training Unit :** A decade of working with special-needs children taught BPA many things. These children had now become young adults. However, people with mental disabilities had no provision to be enrolled for full-time vocational training programme apart from BPA's RM Parikh day-care centre. A need was being felt to begin a centre for them and thus BPA conceptualized a new vocational-training centre for young adults having any form of mental disability.

In a house donated by Lioness Club of Karnavati, BPA started 'Lioness Karnavati and BPA Samarpan Vocational Training Unit' in June 2010 in collaboration with Directorate of Employment and Training under Government of Gujarat. Under government's scheme of setting up Kaushalya Vardhan Kendras (KVK), adults were trained for vocational talents. The unit focused on multiple disabilities like Db, MR etc. The unit offered the first KVK certified course for persons with MR and multiple disabilities. The KVK programme gives choices of 84 topics to the voluntary organizations so that considering the interest and ability of the target group, the

voluntary organizations can decide the right vocations for them. A few of the large list are: computer training, plumbing, scientific massage, anchoring, and arts and crafts. Arts and craft training are especially for MR trainees. The centre is non-residential. Here, the candidates are trained in making paper-bags and candles, tie-and-dye, decoration of file/folders etc. The candidates are given a monthly stipend from ₹700-₹1500 depending on merit.

Three batches have completed the course successfully under KVK. Ten candidates per batch were enrolled for this one-year course. Because of heavy demand, BPA had also admitted 20 more individuals and financed them from its own budget. Currently, 27 students consisting of four females and 23 males are under training at the centre.

The procedure followed here is a little different from other education-focused centres. Admission eligibility requires fifth-grade-pass candidate. Admission is given at any time of the year. After one has been assessed for functionality, their individual goals are set for the year. At the end of the year, a parents' meeting is organized in which there is exchange of feedback and expectations they may have. Apart from this annual feedback, informal collection of day-to-day observations goes on. Each candidate has a daily diary which has incidents from both the co-ordinator as well as parents written therein. At the end of day, the co-ordinator writes what the student has done or has been able to learn; and the next morning, the student comes back with what he did at home written in the diary by parents. This makes the students feel that something serious relating to him is being done. Each day brings with it something new to learn and generates a sense of confidence among Persons with Disabilities (PwD) as well as their family members. Parents who can not write make arrangement to do so with a neighbour or some other person.

The minimum age to get enrolled for an adults training programme is 17 years and maximum is 35 years.

The centre is being managed by a qualified special educator and co-ordinator, Nitin Parvaliya. He holds a diploma in journalism. He has undergone training at Helen Keller Institute of Deafblindness, Mumbai. Moreover, there are arrangements for visiting doctors, psychiatrists, speech therapists and orthopaedic doctors to provide medical help to the candidates.

The centre's objective is to make its students self-dependent. During Diwali, the centre gets order of candles/diyas from corporates such as Vodafone, Idea, Infocity, ICICI Bank, Wagh Bakri Group, and Radio Mirchi which the companies distribute as gifts among employees. The candidates are trained in a way that all the activities from start to finish are performed by them. For instance, while making candle/diya, starting from melting wax to a certain temperature, pouring it into moulds, arranging them in boxes after they are decorated, wrapping them, to delivering them via auto-rickshaw, is all being done by the candidates.

Apart from vocational training, the centre works for their holistic development. They are taught to travel alone if there is no major obstacle due to their disability. They visit places such as mall, garden or bank once a week. They also take part in sports, dance, and festival celebration. The students have won medals in cycling and running in a state-level sports competition 'Ramatsav.' Practising hours for various competitions are included in their daily timings of 10am to 6pm. They have a tea-break of one hour in which candidates themselves do the purchasing when required and make tea. They take orders of snacks for small events within BPA campus.

The centre also tries to place the candidates in companies through BPA's Rojgar Mela (employment fair). In the past, the students have been hired by lawyers for office assistance work such as giving files and ordering tea; by teddy-bear makers; and by firms in general for sorting the letters and parcels etc. There are also instances where a donor has agreed to provide for a tea-stall to be run by candidates. In yet another case, poor parents were trained in embroidery so that their offsprings with disabilities could work with them. If someone does not get any work to earn, which is rare, they are allowed to stay for one more year at the centre. For each student, not only a student-specific plan is developed but she/he is given personal attention in one-to-one setting.

In the process, parents also get confidence in their son/daughter's ability to manage their lives on their own.

4. **Dr Jeet Mehta Balashala Trust** : In addition to the above units, the latest addition to special-needs centre family of BPA is Dr Jeet Mehta Balashala Trust, Paldi, Ahmadabad. It also works in the field of disability. The Trust has been in existence for the last 30 years.

Manorma Mehta and her family were running a school named after her son called Jeet Mehta Balashala to help the children with low mental ability and MR. After Manorma's demise, her daughter, Gita Trivedi, ran the school activities with great dedication. But later, due to her old age, Mehta family passed on the management of the school to BPA to perpetuate the memory of Dr Jeet Mehta. Although BPA took over the management of the balashala (children's school) in the year 2008, due to delay in legal processes, it became operational in 2011.

BPA decided to focus here also on the multiple and mental disabilities as the need of the society was manifold. While as

children, they had undergone functional and academic training apart from medical treatment and guidance. As adults now, their needs changed. These new adults with multiple disabilities, mental disabilities and mental sickness required treatment for their health problems on top priority and appropriate vocational know-how and experience. At the top of all these, they required a belief, confidence and faith in self. BPA worked for encouraging them towards these. BPA even perceived need for a home for some and consequently made arrangements for their shelter.

To revive the centre, BPA reduced the number of excess staff, renovated the building, and posted an experienced officer-in-charge, Meera Shah on part time basis. Today there are four special educators and one vocational training instructor at the Pathshala.

Presently, there are 45 children of biological age ranging between 4 and 22 years in this school. Services provided include running educational and pre-vocational programmes for below 18-year-old children and vocational programmes for above 18-year-old people.

A functional academic programme has replaced the pure academic programme as BPA believes in practical learning for challenged people so that they can earn their living. Furthermore, vocational programmes are provided for making items like bags, pouches, and files. Many of the adults are reported to be earning some amount now and living independently on their own. For institute's requirements, funds are raised from the public and Suraj Suraksha scheme of Government of Gujarat.

Conclusion

BPA's centres for special needs dedicatedly worked on acquiring the new knowledge and skills to solve problems of multiple disabilities, mental disabilities and mental sicknesses such as deafdumbness, MR, Autism, VIAD, CP, Db, multi-sensory impairment etc. The concerned department's staff were unfamiliar with the above disabilities. Without the necessary expertise, one could fail in helping the intended beneficiaries. But their motivation to serve these new needs was high. For example, Thawani took interest to explore possibilities to treat and help these groups of people when she confronted their expectation that BPA must run facilities for them/their children. She could successfully make a case with the management such that BPA decided to prepare and offer the new services. It is clear that person at the helm of a department makes a difference in voluntary organizations if she/he has inclination to take initiative and offer innovative solutions to its beneficiaries.

Another interesting learning from special needs case-study is that learning is a challenge. It requires strong motivation. Motivation is most important for designing and launching innovative services. Here, acquiring talent for helping new groups of PwD was not easy to find. The management knew that these were difficult and new areas. Therefore, they were highly supportive of human resource development at levels of managers, co-ordinators and other staff of the department. The managers and would-be-managers were sent abroad and many within the country to the best training-institutes. The new talent has been producing good results and due to their performance, BPA is emerging as a highly reputed and leading institution in such new areas called special needs. BPA now serves all the 10 disabilities afflicting the people in India as per People with Disabilities (PwD) Act, 1995 (Please refer to attached Annexure for the names and definitions of the 10 disabilities).

Annexure

Names and Definitions of Disabilities under PwD Act, 1995

Blindness

It refers to a condition where a person suffers from:

- Total absence of sight
- Visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses
- Limitation of the field of vision subtending an angle of 20 degree or worse

Hearing impairment

It means loss of sixty decibels or more in better ear in the conversational range of frequencies.

Leprosy cured persons

Any person who has been cured of leprosy but is suffering from:

- loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eyelid but with no manifest deformity
- manifest of deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity
- extreme physical deformity as well as advanced age which prevents him from undertaking any gainful occupation

Locomotor

This is disability of bones, joints or muscles leading to substantial restriction of the movement of limbs on any form of cerebral palsy.

Mental illness

This is any mental disorder other than mental retardation.

Autism

It means a condition of uneven skill development primarily affecting the communication and social abilities of a person, marked by repetitive and ritualistic behavior.

Cerebral palsy

A group of non-progressive conditions of a person characterized by abnormal motor control posture resulting from brain insult or injuries occurring in the pre-natal, perinatal or infant period of development. Characteristics of CP are:

- It is a brain paralysis.
- It affects brain mainly the parts control movement.
- It may happen before, at the time of birth or after the birth due to brain damage. Not clear what this symbol means. Does it mean CP is NOT...?

Mental retardation

It is a condition of arrested or incomplete development of mind of person which is specially characterized by sub normality of intelligence.

Multiple disabilities

A combination of two or more impairments results in severe communication and learning difficulties. Educational and training needs are not met by programmes available for single category. Assessment/evaluation of people with multiple disabilities is difficult to conduct. Multiple disabilities are also characterized by poor social interaction and integration. It requires structured programme and support for longer period of time.

Deafblindness

This is a unique disability. It is a combination of vision and hearing impairments in an individual. Resulting in severe communication and learning issues.

A NEW STRATEGY FOR REHABILITATION(CBR)*

India being a developing country has 68.84 percent of its population living in villages(i). Out of this, exact number of Persons with Disabilities (PwD) is not available. However, it is a fact that proportion of population with disabilities in rural areas is higher than its population share due to causes including lack of access to proper medical facilities, insufficient resources etc. Yet majority of services for PwD are based in urban institutions. Especially parents of girls with disabilities residing in rural areas hesitate to send their daughters to urban institutes away from home due to safety concern. On the other hand, it may not be possible for all PwD in urban India also to avail of Institution Based Rehabilitation (IBR) services because there is upper age criterion that blocks entry.

Community Based Rehabilitation (CBR) emerged as new strategy. The concept of Community Based Rehabilitation (CBR) seeks local-community intervention at the place of the target group. This means that PwD do not have to travel away from their homes. This location factor singly makes the strategy suitable to Indian situation. Further, the CBR strategy which planted its roots in India during the 1980s with medical focus initially, gives PwD access to rehabilitation in both rural and urban setting. The CBR concept refers to rehabilitation effort by the community, in the community setting, using predominantly local resources. The community constituents in this regard are the local people, families of PwD, local government (which in rural case would mean Panchayat or any similar body), social workers and voluntary organizations, local hospitals/doctors etc. The local voluntary organizations involvement has its own advantages in terms of familiarity with the culture, mores and resources.

National Association for the Blind (NAB), Gujarat, took the lead in the country in establishing the first such project at Dholka, a village of Ahmedabad district in Gujarat. Founder of Blind People's Association (BPA) --Jagdish Patel— when he was chairman of NAB, Rural Activities Committee, the CBR Projects increased significantly in the rural areas. They also worked to rehabilitate PwB economically. Moreover, NAB undertook CBR training nationwide.

The Dholka project had three main objectives namely prevention of blindness, integrated education of children with blindness in village schools, and social and economic rehabilitation. A single category of disability, blindness, was covered at that time. Following the success of the project, about 100 similar projects were carried out in different parts of India. The NAB-encouraged CBR projects were financially supported by Sight Savers International (then known as Royal Commonwealth Society for the Blind).

Patel and Captain H J M Desai¹, Chairman of NAB's Rural Activities Committee (RAC), were the pioneers who promoted CBR concept in India.

Initiation of proliferation

Patel as general secretary of NAB, Gujarat chapter, joined by his senior colleagues in BPA, trained employees to undertake CBR programme in BPA and for others outside the organization. CBR was a new rehabilitation strategy. Thus, taking certain steps, BPA extended its capability to provide CBR services far and wide. For example, BPA and RAC of NAB networked with a number of relevant developmental agencies, government departments and local communities to sensitize them. A large number of international funding agencies came forward and provided

¹Captain H J M Desai was Chairman of Rehabilitation, Training and Employment Committee of the World Council for the Welfare of the Blind. Later he was chairman of RAC of NAB when he and Patel collaborated.

financial help. The BPA team was successful in getting a sanction of ₹1 crore from Danish International Development Agency (DANIDA) for CBR projects. This was the first large grant that BPA-RAC could get. The next foray was with CBR Network South Asia. Projects sanctioned by the organization required nationwide implementation. Four senior executives were assigned the responsibility for each zone namely north, south, west, and east. Bhushan Punani, Executive Director of BPA, and Nandini Rawal, Project Director of BPA, were appointed zonal coordinators. Accordingly, BPA teams conducted CBR programme activities.

Some Specific CBR programmes by BPA

BPA has been engaged in designing, conducting, coordinating, monitoring and evaluating CBR programmes not only at state and national levels but in many other developing countries as well. Following are some of the CBR programmes it has conducted:

Maharshri Asthawakra Yojana, Gujarat

BPA approached Department of Social Defense, Government of Gujarat to consider state-wide CBR programmes for PwD. The department agreed to implement the same by approving ₹79 crores². This was the first time in India that any state government had funded CBR projects at such a large scale. The uniqueness of this project was that the project had partnership between government and voluntary organizations. BPA was appointed the nodal agency whose role was to encourage, promote and educate communities about disabilities. The project was implemented at block (a delineated area as part of a district) level by local voluntary-organizations for a period of two-four years. The project was implemented in five phases as illustrated in table below with achievements in each block.

²₹79 crores state wide assignment for CBR required planning, coordination, implementation and evaluation of the projects in which BPA played a significant role.

Phase-wise achievements

Phase	Disability Certificate	I-Card	Sant * Surdas	Railway Pass	Aids & Appliances	I.E.#	Scholar Ship	N.H.F.D.C.\$ Loan	Other Loan
1 st Phase	7251	5209	552	2069	2499	1137	358	22	25
2 nd Phase	23442	13763	1616	6422	6983	3324	2716	203	51
3 rd Phase	15666	13190	1730	2978	4877	875	1901	375	233
4 th Phase	64062	43684	8279	15783	12651	3857	3982	231	988
5 th Phase	19387	16042	6513	4685	14797	2381	6792	625	518
Total	129808	91888	18690	31937	41807	11574	15749	1456	1815

* Sant Surdas- The scheme was intended to help people with all disabilities .

IE- Integrated education

\$ NHFDC- National Handicapped Finance and Development Corporation

1. CBR programmes for people with Deafblindness (Db):

Subsequently, BPA tried CBR strategy to rehabilitate persons with Deafblindness (Db) and multi-sensory impairment in the year 1999. The above CBR programme was first of its kind in India. It was financially supported by Sense International (India)--an international organization working for persons with Db worldwide. This project was implemented in three blocks of Gujarat (Idar, Surendranagar and Dhoraji) as a model project. People who had multi-sensory impairment were identified, their rehabilitation plan was designed, and services were extended at their door-step by the local community enabled by BPA. Here, 88 people with Db received rehabilitation services. They were engaged in social and economic activities.

2. Recognition of mental disability and training of government officers :

BPA approached the Central Government and the Government of Gujarat, to advocate the issue of mental disorders to be considered as disability.

They shared the data about growing expectations of families of PwD from their organization based on the cases they received. They held discussions with the senior officials that it was about time that mental diseases which were increasing, were given recognition.

Once the government decided on mental-disorder policy, BPA suggested that it being entirely a different subject for bureaucrats, they needed adequate exposure to the concepts and exploration of respective roles. Convinced that the mental problem was a new entity for their officers, government approached BPA to organize training programmes for them. BPA gladly designed and organized special training-programmes for district social-defence officers in co-ordination with Department of Health of Government of Gujarat.

In implementing the various programmes for officials, BPA involved Hospital for Mental Health, psychiatric department at BJ Medical College, and Civil Hospital, Ahmedabad. The Department of Social Justice and Empowerment approved severe mental illness disability and disability identity cards were undertaken to be issued. Now, a person with severe mental illness whose disability is above 40% is entitled to avail all benefits such as free transportation, pension, and availing schemes under Indira Awas Yojana (for housing) and Mahatma Gandhi National Rural Employment Guarantee Act (NREGA) etc. which had been provided to people with other disabilities.

In addition, state-level workshop for psychiatrists (practising in the government hospitals) on Indian disability evaluation and assessment scale was organized at BPA. As a result of this workshop, Persons with Mental Illnesses (PMI) began getting disability certificates from civil hospitals where psychiatry services are available.

Further, Mental Health Care Pilots in Gujarat report (2007) mentions that after the implementation of the pilots, the

number of patients receiving outpatient services at civil hospitals in the locations increased to about 90 to 112 per week while the numbers were negligible before.

- 3. CBR for integration of PMI (Persons with Mental Illness) :** PwD Act, 1995, amongst others includes mental illness as one of the disabilities. Until this point, BPA was working for all other categories of disabilities except mental illness. So BPA management thought about offering the new service both through CBR and institutional model. Also, the pilot plan intended to focus on integration of PMI with the society. This project was undertaken with a firm belief that the CBR used for other disability categories equally makes sense for mental illness too. Based on this belief, BPA designed the pilot project 'Integration of Persons with Mental Illness through Community Based Rehabilitation model.' This was probably the first time a CBR approach was used to treat PMI.

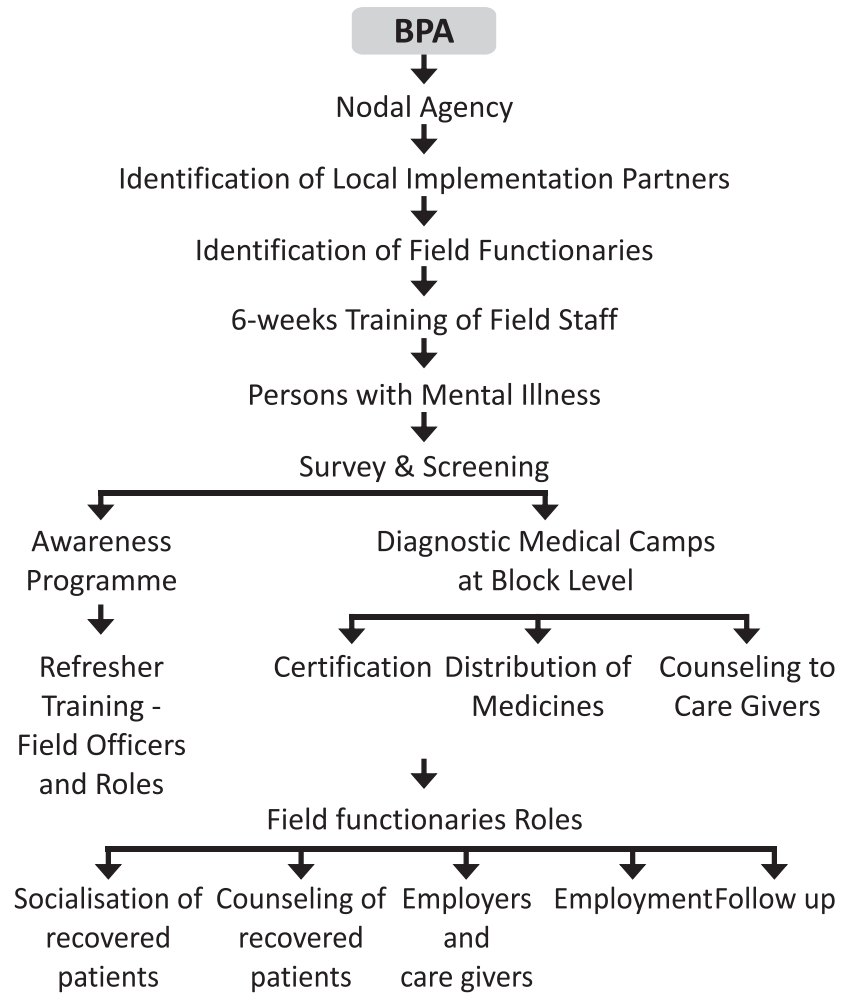
The project

Following are some salient features of BPA's pilot project 'Integration of Persons with Mental Illness into Community Based Rehabilitation Model.'

- **Aim :** To examine the feasibility and effectiveness of an integrated multi-disability approach for a CBR model for people with severe mental disorders
- **Objectives:**
 - Reaching out to persons with mental disorders through a community-based approach
 - Human Resource Development (HRD) training for field-level persons in handling persons with mental disorders
- **Scope of the project :** The project was implemented in five blocks (Limbdi, Sayla, Jamnagar, Navsari, Kapadwanj) of Gujarat state for 18 months (May 2004 to December 2005).

- **Target group** : The project was designed for people having severe mental disorders such as schizophrenia, bipolar affective mood disorder, and depression.
- **Strategy** : BPA formulated the implementation strategy as depicted below:

**INTEGRATING PEOPLE WITH MENTAL ILLNESS THROUGH
COMMUNITY BASED REHABILITATION PROGRAMME**



Let us discuss processes of strategy in brief:

Identification of local implementation partners : For BPA, it was very important to identify competent partners that had an experience in conducting CBR programmes in order to implement their project as this was the first time the organization was catering to PMI. Hence, BPA selected four local partner-organizations that had been at the intersection of the field of disability and CBR for more than 10 years.

Identification of field functionaries : Field officers are field-level functionaries who are responsible for all the running around, legwork, coordination and implementation in the field. They are also the links between the community and managers of the projects. The field workers conduct the community-level events. Considering all that they were to do, they were selected from the local sources and trained for 45 days.

Six-weeks project on staff training : Basic skills; relating to dealing with various mental disorders, management and rehabilitation of persons with the disorders in the community; needed to be developed in the identified field staff. For this purpose, rigorous training spanning 45 days was organized for field workers, supervisors and co-ordinators. For practical learning, they were placed in psychiatric ward of Civil Hospital.

Door-to-Door survey and screening : This was the first time in Gujarat that door-to-door survey was conducted to identify persons with severe mental disorders. BPA worked closely with psychiatric department of BJ Medical College, Ahmedabad, and Mental Health Hospital, Ahmedabad, to develop a simple survey-form cum symptoms-checklist to identify those suffering from mental disorders. As a result of this, the grass-root workers were able to identify such people at their doorstep. The survey was undertaken in 461 villages of five blocks covering 9, 00,000 people. In that survey, 1,597 people were identified as having mental illness, 596 (400 males and 196 females) people having schizophrenia, 536 (75 males and 461 females) people having

depression, and 465 (400 males and 65 females) people having manic disorder.

Awareness programme at village level : During the pilot project, it was found that people were reluctant to disclose names of their family members who had mental illness. They feared that society would stigmatize them. Hence, the first priority for the inclusion of PMI was to create awareness in the community. For this purpose, information about mental illnesses was shared with the community members at length to get their participation and involvement in the rehabilitation.

Diagnostic medical camps : Majority of people identified as having mental disorders in door-to-door survey resided in rural areas. On the other hand, majority of the projects³ did not offer psychiatric services either at block or district level. It was very challenging⁴ to mobilize the identified persons to other places (in other districts) for diagnosis, treatment and certification purposes.

Therefore, BPA shared an idea of 'single-window services'⁵ above window services through medical and certification camps with concerned government authorities. They approved organizing camps in all five locations. Mental Health Care Pilots in Gujarat report noted(ii), "Through screening, certification and medical camps, BPA launched unique single-window services for the patients and family members of the mentally ill". Further, it mentions that the camp approach made services accessible and

³The mental health services were only available in Navasari Civil Hospital under District Mental Health Program and in GG Medical College and Civil Hospital, Jamnagar- both urban- when the project commenced.

⁴Because these services were located in city area, it was difficult for family members to bring persons with severe mental illness due to lack of transportation facilities; fear of running away and violent behaviour of the patients.

⁵Single-Window Services means a place where all PMI services required by identified persons/patients are available such as diagnosis, treatment, provision of medicines etc. and if her/his mental illness is severe then she/he is also given a disability certificate.

was a cheaper option for the patients as it reduced transportation and other opportunity costs (iii).

Some outcomes of the project:

1. The pilot project discovered that PwD feared sharing family information as stigma was associated with their illness. Therefore, on priority basis, BPA realized change should begin at community level. Effort was made to expose community to the realities of mental illnesses and sharing right information. This way their perceptions and sense of responsibility changed to positive perspectives. Their awareness about the real issues improved.
2. CBR pilot had also designed home-based training for PwD. The field workers visited homes of PwD and trained them in activities of daily living and held discussions on social and communication issues aimed at creating social skills. As a result of this activity, family members of PwD were involved in the activities and PwD participated in domestic and community work.
3. At a later stage, PwD who recovered were engaged in community process. This aimed at socializing, and developing vocational and livelihood programmes. Efforts were made to encourage family members and local community members to absorb them in agricultural activities and local trades. As a result, 237 people went back to their previous occupations like agricultural labour, animal husbandry, and running shops and stalls. Many of the women with disabilities who were out of domestic tasks due to illness rejoined their domestic chores. There were 14 people who had started new businesses with the financial contribution of family members and the pilot project. Thus, CBR embedded PwD in their own communities.

Changing with the times

In recent times, there have been many positive developments in the field of disability and rehabilitation. United Nations (UN) had enshrined rights of PwD in UN Convention on the Rights of Persons with Disabilities (UNCPRD) in the year 2006. In 2010, World Health Organization (WHO) published guidelines on CBR. These two documents demanded shift from service-delivery approach to rights-based approach in the CBR programme.

Accordingly, BPA made changes in its CBR programmes and altered its CBR practices. The new CBR programme, funded by Ausaid and CBM, is on the rights-based approach. The programme aims to improve the accessibility of government services, inclusion of PwD and empowering them for advocacy work.

The programme was implemented in three districts: Ahmedabad, Surendranagar and Kutch. District Information Center was established which renders its services on single-window concept. The programme covered following key activities:

- Networking with government departments
- Vocational training and capacity-development programmes for PwD and other stakeholders
- School enrollment of children with disabilities
- Formation of self-help groups
- Activities for sustainable development

BPA as training institute for CBR

In order to implement any CBR programme, it goes without saying that the staff needs to be well-trained in key areas like resource mapping, orientation and mobility, counselling and awareness building. BPA gained expertise in designing and publishing training manuals for CBR field workers, managers of voluntary organizations as well as for PwD and their family members. The CBR manual for field functionaries which was

written by Punani and Rawal is updated regularly to incorporate changes occurring in the field of disability and CBR. The third edition of the manual is available now.

Additionally Punani and Rawal were part of drafting committee of WHO CBR guidelines. They contributed in developing education component of the guidelines. At present, BPA is engaged in translating WHO CBR guidelines in Hindi. BPA has also initiated translation of summary of the guidelines in languages like Gujarati, Hindi, Odiya, Assamese, Bodo and Khasi.

Moreover, BPA is a recognized training institute for conducting training programmes on CBR by various funding agencies such as Sight Savers International, CBM India, Germany, Leprosy Relief Association, Netherlands Relief Funds and Tata Institute of Social Sciences. BPA designed different modules for CBR training ranging from orientation of half a day to three months intensive training. The organization also offers distance courses on CBR at post graduate and diploma levels. In addition, BPA helped in initiating and training field staff of CBR programmes in Bangladesh, Nepal and Sri Lanka.

BPA sailed through institutional activity and CBR together

BPA had 30 years of successful institutional experience of PwD being in their care before the organization started CBR in early 1980s. As one will find above, BPA embraced CBR for adding to its sphere of regular activities. BPA put CBR into practice through Dholka project in 1982, soon after the concept was initiated. And thereafter, BPA's presence in the field of CBR was manifested in coaching other voluntary organizations, organizing programmes on government's behalf, and aiding international voluntary bodies in different roles while its institutional activity kept progressing. In my opinion, main reasons for this success are as below:

- BPA's top team intensively studied the concept and possible strategies before committing to CBR. They interacted with

the global experts to learn from them. They made sure what good CBR could do to PwD.

- They kept the government abreast of the CBR outcomes and needs it fulfil for PwD in Gujarat.
- They developed awareness about CBR among the voluntary organizations' officers, government and extended a helping hand in their endeavours.
- They developed a second-level team in BPA through training, and associating them with top management.
- They played an enabler role for the community, local government officials, medical hospitals and local voluntary organizations in Gujarat.
- The seniors in BPA maintained control and development initiatives in the institutional activities.
- With above preparations, BPA went ahead with conducting CBR programmes along with their normal work practices at the organization without facing any rough weather.

Conclusion

BPA established that CBR is a sustainable way of rehabilitation for PwD. Interventions in CBR do not interfere in to the functioning and progress of institutional rehabilitation if properly both are conducted. BPA went about addressing different types of disabilities, most notable being mental disabilities, mental illnesses and multiple disabilities. It considered details of different aspects of CBR like attitude of community members towards PwD, training of field workers, and keeping abreast of developments in the field of CBR and disability and facilitating training and development in other interested voluntary organizations and for government officers, crucial for the success of CBR interventions.

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**This chapter is the contribution of Nandini Rawal, the present executive director of Blind People's Association (BPA), Ahmedabad, and former project director. I, KK Verma, am grateful to Rawal for the pains she took to write comprehensively on a new strategy for rehabilitation for the book.*

Readers are welcome to send comments on the chapter to its author on bpaiceviad1@bsnl.in

CHAPTER 9

THE ULTIMATE GOAL: FINANCIAL INDEPENDENCE

We have seen that Blind People's Association (BPA) deals with Persons with Blindness (PwB) and also with persons with all other disabilities. It makes them able in many ways, one of them being improving their employability. The organization has facilitated thousands of them to get engaged, either by employing them in organizations or helping them set up their own businesses. Goal is that they become financially independent and in the process become productive members of the society.

Improving Employability

BPA runs many schools at primary, secondary and higher secondary level; and physiotherapy school for adults with blindness. They also are in skills development in different trades through their own Industrial Training Institute (ITI) and Adult Training Centre (ATC) workshop. And uniquely 8 Centres for Special Needs conduct functional education and vocational skill training for children and adults. A large number of candidates pass out from these schools/systems, enabled for consideration to work in firms, schools, companies, banks etc.

Moreover, in 1983, BPA started an Employment and Placement Cell (EPC) for PwD. The cell organizes Rojgar Mela (employment fair) on Braille Day, on January 4, the birth day of the inventor, Louis Anzalone Braille. As the demand mounted, BPA started organizing second mela since 2012 under the banner of 'Joy of Rojgar Mela.' Candidates with disabilities from majorly Gujarat and a few from nearby states participate in the event. BPA invites employers to the mela for selection and recruitment of candidates. Normally 30-50 employers are present at the event.

The scenario

PwB can do a much wider range of jobs than one may think. They can work as liftmen, telephone operators, data-entry operators and even do wide ranging animation jobs. In addition, it is observed that they work long hours on their jobs and are sincere and devoted to their work. They also normally do not do job hopping.

Following are some employers and organizations that recruit or contribute to development of Persons with Blindness (PwB):

B-Safal Constructions Private Limited:

B-Safal Constructions has employed PwB and persons with low vision as liftmen in all the 75 buildings constructed by them in Ahmedabad. The liftmen are paid ₹4,000 per month and are picked and dropped from the nearest bus-stops.

Richard George, head of post-possession services at the construction company, stated, “the liftboys are disciplined workers and take the least number of holidays compared to the practice in Ahmedabad.”

Bharat Patel, estate manager at B-Safal Constructions, also expressed satisfaction about the liftboys' performance and regularity. Patel added that their company's chairman, Rajesh Brahambhat, believes in helping the less privileged as God has blessed him with everything. Patel further said that they are authorised to employ even persons with 100 percent blindness. He recruited 15 liftmen in Joy of Employment Fair in October 2012. During interviews, Patel said he lays emphasis on attributes like presentation, confidence to talk, and attitude of the candidate.

Recently, the company installed Braille in a lift as an experiment. The lift operator said that he was excited and more comfortable to run the Braille-enabled lift.

The company has also recently employed two women with physical handicap as care-takers to look after the children of female construction workers. At Sumel Business Park, one of B-Safal Constructions projects, the company employs 30 challenged persons.

Designmate:

Designmate, an animation service-provider, has employed 225 people with different disabilities including low vision on its payroll. The managing director of the company, Captain K. J. S. Brar, who received the national award 'Outstanding Performance as Employer of Persons with Disabilities' handed over by President of India, narrated:

“Once an old man with his deaf and dumb son barged into my office and requested me to train his son as nobody was selecting him for animation course. I yielded, and the boy turned out, in due course, to be one of Mumbai's top animators. That taught me a lesson ---a turning point in my company philosophy--handicaps can never come in one's way of achieving big. What is required is will and determination.

So when we shifted from Mumbai to Ahmedabad 12 years back, decision had already been taken.

Employing such people is a normal business proposition at Designmate.

These people are responsible for developing creative e-content for science and maths for standard one to twelve. They are designated as programmers, editors and different specialist animators. Some have become team leaders drawing ₹50,000 per month. In 3-4 years, their salary would be ₹1 lakh. Some of the products of our company, produced by these boys and girls, received several national and international prestigious awards like Eureka is evaluated as “pedagogically valuable and innovative” by the international jury of education experts and

has been issued the Worlddidac Award 2008. Similarly, Board of Directors of World Summit Award (WSA) certifies that Eureka K-12 science and maths 3D educational movies produced by Designmate have been selected by the WSA Grand Jury among nominees from 160 countries as one of the world's best e-content applications in the category of e-learning.”

A senior manager at Designmate shared her experience about working with PwD:

“No risk in having them on these jobs. They are as good as other 170 normal employees. They are punctual and sit continuously on the desk. Even deaf and dumb do well in modelling. They do work that is sold throughout the world. Countries like Russia, Kazakhstan and Saudi Arabia have translated the software developed by these boys and girls into their languages. Prominent among our customers include USA, UK, France, Germany, China, Japan and Thailand. Seven thousand schools in India and 300 in foreign countries have bought our software.”

Kentucky Fried Chicken (KFC):

Kentucky Fried Chicken (KFC), Ahmedabad, located in AlphaOne mall is the fifteenth KFC set up in India. It is intended to be totally managed by what they call 'specially-abled people.' Seventeen people with hearing impairment work at this KFC. These people were trained by BPA.

The manager of this fast-food chain branch, Vikas Kumar, observed: “Able people avoid certain work. Specially-abled people don't. They are good, perform well and work hard.”

I conducted a written question-answer session with a few specially-abled workers at KFC who receive salary of ₹6,500 per month. In the questionnaire, the boys uniformly replied that they derived high job satisfaction at their workplace.

This multinational organizes sign-language training for both the abled and specially-abled employees so that they can effectively

communicate with each other to maintain good interpersonal relations.

KFC follows equal-pay policy between both the groups.

Public-sector banks:

Indian public-sector banks recruited 30 people with physical handicap in the year 2012. BPA trained them to appear in written tests for the recruitment of officers.

Donor companies:

Individuals and companies donate money to organize employment services for the disadvantaged people.

Rang Avadoot sent a cheque of ₹5 lakh in 1997. BPA, as a gesture for the kindness, named the employment service after his name as Shree Rang Avadoot Placement Services. Some major company donors to BPA were: ONGC, Hindustan Petroleum, GAIL and Rico watches. Public-sector companies and some public-sector banks prefer giving such donations.

Thus, different employers have different motives for employing challenged people. Employers like Designmate that recruited 225 persons with hearing impairment, locomotor disability and low vision, found that they deliver the same output as employees without disabilities with the added advantage of being more punctual and sincere. Some consider the spending on such employees as Corporate Social Responsibility (CSR). Thirdly, Public Sector Undertakings (PSUs) prefer to give donations to contribute to employment services for the demographic.

Confederation of Indian Industry (CII) and BPA collaboration:

Confederation of Indian Industry (CII), one of the biggest confederations of industry in India, has collaborated with BPA to aid them in their employment endeavour. CII has announced that its member companies will join Rojgar Mela of 2014 to

recruit around 1000 PwD. As per the article in The Times of India dated June 18, 2014, firms like Tata Motors, Apollo Hospitals, Sharda Trust, Aegis, Future Group, Arvind, Novotel, Safal Hospital, TCS, Voltamp Transformers and Rajasthan Hospital will converge to select suitable candidates.

Employment facilitated

From April 1, 2007, to March 31, 2012, BPA facilitated employment of 863 people with different disabilities as follows:

Disability	Male	Female	Total
Locomotor disability	322	206	528
Visual Impairment (VI)	174	73	247
Mental Retardation (MR)	26	7	33
Hearing Impairment	17	30	47
Cerebral Palsy (CP)	3	0	3
Mental Illness	3	2	5
Total	545	318	863

Moreover, BPA itself sets an example by employing PwD. Of its 256 employees as on January 01, 2014, 40 of them are with blindness and orthopaedic challenge.

Starting own business

The focus of the education and training at BPA is to empower PwD to become economically independent either by employing them at an organization or by guiding them to start their own enterprise. EPC at BPA encourages the latter aspirants to start a small activity of selling, producing, repairing etc. This is how EPC officers assist candidates interested in setting up their own businesses:

- They remain in touch with BPA's final-year students and with their teachers to know the students' interest/aptitude/academic performance. All this is informally done.
- They examine disability certificate issued by the relevant authority at the time of registration. They check paperwork

of external (independent of BPA) candidates with greater detail.

- They discuss with the candidates about their home/shop/property to explore whether any part of the same is fit to start any activity for the concerned candidate.
- They assess candidates' financial background and financial needs for the activity they can take up.
- They decide whether the candidate is to be given equipment such as tricycle, sewing machine, carpentry tools, or any other aid/facility.
- They decide whether the cost of the equipment is to be borne by BPA or by the family of the beneficiary or a social institution bears certain amount and the balance by family or BPA.

Organizations collaborating with BPA for self-employment

Smile Foundation:

This foundation is associated with BPA from four years for setting up telephone booths, providing ₹7 lakh a person for a booth with the balance requirement expected to be arranged by her/him from own sources. In case the incumbent is not able to raise balance, BPA contributes. In 2013, Smile Foundation financed 50 booths while in previous years, limit was 40 booths.

CBM, Germany:

For the last five years, it lends micro-credit to women with blindness at interest rate of 4 percent per year. They started with a maximum of ₹9 lakhs a woman.

Swabhiman:

This group of 11 men raise funds each year since 2006 to promote self-employment activity for PwD. They started supporting with ₹2 lakh a person for undertaking any business in the first year and now provide ₹8 lakh a person.

Sarthak and BPA collaboration:

Since 2013, BPA has collaborated with Sarthak, a Delhi-based educational and employment organization for PwD, for their involvement in job fairs and crafting candidates' curricula vitae.

Common Business Activity

Several individuals have taken the benefit of micro-credit facility arranged by BPA. The interest rate of the loan is four percent.

Earlier, a large number of the candidates opted for the Bharat Sanchar Nigam Limited (BSNL) facility for Public Call Office (PCO). Here, 10 percent of the cost is borne by the candidate's family and the remaining by BSNL. But after mobile phones became popular, PCO started losing demand. Most of those who had PCO units surrendered them. Others use the unit for also selling products like water pouch, sweets, bread and biscuits etc.

Other common business activities are food stalls, hand carts, beauty parlours, mobile repairing, physiotherapy centre, grocery shop, carpentry and offset printing. Beauty parlour work and tailoring are undertaken more by those with hearing impairment than with Visual Impairment (VI). Those who have mobile-repairing certificate are given a mobile-repairing kit by BPA which costs between ₹1,000-₹5,000. In recent years, 35 to 40 kits were distributed annually.

For higher amounts of loans, BPA co-ordinates with the concerned government and international bodies for approvals and disbursements. For example, 300 people secured ₹35,000-₹3,00,000 from National Handicapped Finance and Development Corporation. Fifty-four women with blindness availed of loan up to ₹25,000 from an international body. BPA not only recommends loan-takers in general as a voluntary organization but also signs as guarantor.

All in all, BPA has facilitated 1,059 PwD in self employment of varied kinds from April 1, 2007, to March 31, 2013.

Concluding remarks

BPA promotes the development, employment as well as self-employment of PwD. BPA facilitates on an average 170 people per year in employment and about the same number in starting own business. Their network of contacts is quite wide and responsive.

Voluntary organizations should now also make serious effort to place their students in white-collar jobs. BPA has already placed many PwD in jobs like in banks and Designmate. Designmate's managing director, Captain Brar, said that he finds the 225 employees who are challenged to be acceptable as a business proposition. If voluntary organizations raise their standard of education and training, and expose PwD to mock exercises, the candidates with disabilities will be more acceptable to the recruiters for superior jobs.

Moreover, like Captain Brar, there would be many corporate heads who have had pleasant experiences with PwD. There are also senior managers who are sensitive to human problems and who can promote charitable thinking in the organization. It would be worthwhile if the academia researchers and such of the leaders from industry publish case studies on them. Such publications may have a multiplier effect on the industrial community. Voluntary organizations can explore with institutes of higher learning for such projects.

FUND RAISING: THE ART OF REACHING THE HEART

Fund raising is financing arrangement for carrying out activities/projects. Broadly, it is resource mobilization. Thus, fund raising is not only about raising money, it is about raising resources.

Every voluntary organization needs resources to sustain and grow. These resources could be money or its kind like grains, consumable stores, volunteer time, equipment, materials, machinery, clothes etc. It also comprises the donations and grants from state government and central government. Moreover, fund raising also includes project-specific funding from donors, both Indian and foreign.

It is a popular notion that donation is a way of life in Gujarat. The people of the state are believed to be charitable and philanthropic towards social causes and voluntary organizations that champion these causes. The culture of selfless service and giving is inherent in many communities of Gujarat. For example, followers of Swaminarayan and Jainism keep aside some part of their gains for charity. In another instance, traders of Muskati market, an ancient cloth market in Ahmedabad, donate 2 percent of their daily turnover to the needy. As an example of individual's benevolence; when Ramesh Bhol alias Surya, an auto driver in Surat, sees any person with blindness on the roadside, he gives free ride to his/her destination (i). Perhaps this is why Gujarat-based voluntary organizations like Blind People's Association (BPA), Self Employed Women's Association (SEWA), Vikram Sarabhai Centre for Development Interaction etc. exist and grow in the state.

Fund raising at BPA

At the earlier stages of the organization; Jagdish Patel, the founder of BPA, explained the work his organization had been doing for the society to the government. Moreover, while visiting overseas on personal account, he marketed BPA and succeeded in getting donations, particularly from African countries where there are considerable numbers of Gujaratis. Also, during his visits to foreign countries for conferences, one of his main agendas was seeking financial help for BPA.

Donation of capital assets: The start

In 1962, on intervention of then Governor of Gujarat, Mehndi Nawaz Jung, the state government donated 5,750 sq. yard land in Vastrapur area to BPA. It was through a function held by BPA in honour of Major Bridges, director of American Foundation for the Overseas Blind that the governor came to know about BPA's activities. Subsequently, Jung visited Kameshwar ni Pol¹ centre of BPA and was satisfied about the ongoing activities. Following the visit, Patel's wife, Bhadra Satia, co-ordinated with the governor's office and sought approval for the land which now hosts BPA campus.

Thereafter, Lions Club of Ahmedabad under the leadership of Arvind Lalbhai donated ₹25,000 for the construction of first building on the above land that is now known as secondary school building. The construction of this building was completed in 1964 and Adult Training Centre (ATC) started operating there. At this point, the Kameshwar ni pol building was returned to its donor when BPA shifted to its own premises.

In 1971, Indu Shah donated a building in memory of his father Dahya Shah. BPA housed Braille Circulatory Library in this building. A large number of Persons with Blindness (PwB) have

¹Pol is a housing system followed in old, walled city of Ahmedabad wherein families belonging to a particular caste, profession, religion etc. live in a cluster.

been availing the facility of this knowledge centre. One more floor was added to the building in 1966 to meet the needs of the increasing members/visitors.

After a few years, Satia also worked to procure a 3,038 sq. yard land for BPA from Ahmedabad Education Society at government price of ₹10 per sq. yard, a much lower rate than prevailing commercial price. This piece of land is also in Vastrapur.

Thereafter, BPA received many other land pieces and buildings in donation, particularly in the decade after the year 2000. The total land area now in use is whopping 43 acres.

Developing awareness

As part of the management's effort to professionalize BPA, Patel appointed Nautama Shukla (who holds Master's in Social Work) for the fund-raising department. A few more qualified persons joined the fund-raising unit. But all left citing personal reasons. In 1983, it was again felt that BPA needs to strengthen its fund-raising activity. A few of the senior executives and Patel deliberated and recognized that BPA was not a known entity and awareness needed to be spread amongst people about the organization's activities. The assumption here was that with such awareness, many people may turn donors for the organization.

Mira Shah, from a freedom-fighter family, was recruited for the purpose. Shah, who worked up to December 2013 for fund raising at BPA, said, "We went to industries, banks, schools and houses over a long period of time and discussed BPA activities." She added that they were happy with the response they received from all quarters: managers considered donating in cash and kind, and people in general listened to them with interest.

A series of other activities, as under, were undertaken to further the awareness about BPA:

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- In 1986, a lottery was floated for the workers of textile mills. Certain companies donated their products for the lottery prizes; for example, Godrej sponsored their fridges, Concord gave away their music systems etc. In this event, ₹1, 50,000 was raised.
 - Likewise, Navratri Garbas (a Gujarat prominent folk dance held in groups) were organized for three days during the dance festival. Participants donated from ₹100 to ₹1000 and received passes to the garba in exchange. Young and old, men and women participated. Souvenirs were also sold on the occasion which added to the income.
 - Entertainment programmes like ghazals and dramas were organized for which artists were invited by BPA. These attracted music and stage lovers.

The above activities were intended to spread the awareness amongst three different types of audiences. Other similar exercises included match-box competition, kite flying etc. These efforts did help achieve the objective of fund raising to a good extent. BPA started becoming a known name. However, as BPA staff worked on arranging for these activities in addition to doing their usual work at the organization, these extra tasks were stressing them. This led to discontinuing the awareness drive after about seven years.

Concepts*

Following are some concepts developed/followed at BPA in the area of fund raising:

Heart Work:

At BPA, Project Director, Nandini Rawal, stresses on her fund-raising staff to do 'heart work.' Hereby, the staff is oriented to view fund raising as 'friend raising;' the assumption being that funds will follow when network of friends and admirers of the institution have been developed. The rationale behind developing focus on creating a friend rather than just a funder is that a friend will stay with the organization for a long time.

Moreover, a friend revisits and introduces new friends/donors. The employees assigned to fund raising remain in touch with the donors.

Joy of Giving:

Joy of Giving is based on the premise that people are happy when they give than when they take. BPA has been following the concept since 2010 by organizing Joy of Giving each year. The coordinator plays a catalytic role: launching a theme, making the necessary facilities available, organizing the message dissemination, and inviting people to participate. For example, Joy of Giving Employment was celebrated early in October 2012. Over 500 people with different disabilities came to BPA. At the event, 40 companies picked 170 candidates by the 'friends' of BPA.

Current methods of fund raising

The following methods are being utilized at BPA for fund raising:

- 1. Project-based funding :** Earlier, general appeals and mailer methods worked well for a long time. Though not discontinued, BPA is not dependent on appeals, particularly for huge projects. Project-based funding is currently the prominent method. As per this method, framework of a project is drawn and put up to the funding agencies. If the proposal is approved by the agency, it is finalized for funding. Earlier, organizations like HelpAge, Oxfam International, Caritas, DANIDA and Sight Savers have been in the forefront for funding BPA projects. Currently, CBM, Germany, is backing BPA for funding Community Based Rehabilitation (CBR) projects. At present, BPA is organizing such projects in 15 districts of Gujarat funded by CBM to the tune of ₹1.5 crores.
- 2. Online :** Online facilities using HDFC Bank DirectPay, GlobalGiving, BPA website, GiveIndia and net banking are available. The donor has several schemes to choose from for

donation; for example, cataract surgery, one time sweet meal, one time simple meal, general donation, corpus fund and endowment fund etc.

- 3. Samhita Diary :** BPA releases an annual diary called 'Samhita Diary' before New Year begins. While the awareness-development activities were being closed, Samhita Diary was introduced. 'Samhita' means verses from the sacred book. The diary contains enlightening quotes on each page, some from scriptures while some coined by Rawal and her team. Three thousand copies of the diary are produced in-house at BPA printing press. Samhita Diary is given complementary to the organization's donors and well-wishers, apart from the subscribers. Eighty per cent of the subscribers being same, the diary has loyal customers. Samhita Diary is regularly produced every year from the time of its launch without any gap.

Companies and people in general sponsor a page in the diary by paying from ₹1000 to ₹20,000. In return, their name is printed on the selected page. Samhita Diary has become popular amongst its sponsors, evident in the fact that 80 percent of the pages are booked on standing reservation basis by the same companies.

Every year, more than ₹5 lakh are raised through the diary.

- 4. Direct receipts :** Several individuals as well as firms make their contribution directly to BPA. Although majority of these receipts are relatively of smaller amounts, this source of fund raising is important to BPA.
- 5. Charity shop :** Donations in kind; for example, old and used goods are received at the charity shop. People drop clothes, books, furniture, medicines, electronic goods etc. BPA cleans them, repairs and improves them for use of students with blindness. Any extra items not needed by PwB are sold. Money so collected is used for promoting education of the students.

6. **Government grants** : Grant-in-aid is received for the salaries of BPA school teachers including those at primary, secondary, higher-secondary schools; technical school, Industrial Training Institute (ITI) School and School of Physiotherapy for the Blind.
7. **Walk-in donations** : There are many donors who personally visit BPA for giving donations. They pay cash or cheque and specify the purpose for which the amount should be spent.
8. BPA's project 'Seeing is Believing' which targeted 10,000 surgeries was accepted by GlobalGiving(ii). The project enabled Non Resident Indians (NRIs) and foreigners to credit donation in BPA account. Present number of donors in this category is 489. Now that the original target has been achieved, the revised target is raised to 25,000 surgeries.
9. **Network** : Over the years, BPA has developed a wide network of contacts interested in donating to the cause of helping Persons with Disabilities (PwD). The organization lets the people in this network know about ongoing projects and requirements. The donations are received through cheque, draft or cash, and receipt for the same is given.

The income-tax paying donors to BPA enjoy 100 percent exemption under Section 35AC of Income Tax Act, 1961.

Transparency

Moreover, BPA maintains transparency in the fund-raising activity by ensuring below:

- The donation details are posted on BPA website on the same day or next day of contribution.
- Hundred percent of the donation amount is used for the purpose that the donor specifies. If the donor wishes to be personally present at the event of contribution, BPA welcomes her/him.
- BPA has been increasing the use of Internet, not just for posting donations but also for enabling online contributions.
- No court case or tax or labour dispute is pending.

Resource mobilization: Everybody's land*

The subject of resource mobilization features in employee-training programmes also at BPA. It is stressed that resource mobilization is a multifarious activity and is everybody's job. It is not only restricted to senior management's domain. Sharing of several concepts and case studies through PowerPoint presentation is done so that the message registers amongst the employees of the organization.

The literature

Brochures, being handy mediums of basic communication, are valuable for the customers and well-wishers of the institution. BPA has developed a number of scheme-wise or segment-wise brochures like those pertaining to ITI, physiotherapy school, vocational rehabilitation for handicapped etc apart from general brochures containing information about BPA. The fund-raising department freely hands over the type of brochure a visitor is interested in. They send e-brochures also to create and strengthen friendship.

Suggestions

I have a few suggestions for BPA and other voluntary organizations to consider with regard to their fund-raising activity:

1. These organizations accept cash apart from cheques and drafts for contributions in monetary terms. Although the kind of cash money donated to BPA may be clean and though organization's staff may be holding high integrity, but dealing with cash decreases ethical exchange and increases accounting malpractices in general. There are institutions in India that accept only cheques and drafts as donations. BPA and other organizations who accept cash donation should consider stopping to accept cash donation for above reasons.

2. Donation amounts at times are not enough to execute BPA's plans fully and the organization has to wait for more money to be collected thus delaying its projects and activities. Therefore, an annual target needs to be decided and an aggressive drive needs to be programmed every year. BPA's executive director, Bhushan Punani, believes, "donation should follow us and not that we should follow donors." Even though the philosophy is ideal, it can be followed in the long term. In my opinion, time is not ripe to expect inflow of all required donations without stimulus. BPA may conduct a climate study to explore when can they consider it appropriate time for the passive strategy. Organizing donation drive is not a dirty idea considering the increasing competition among voluntary organizations for chasing same donation. Such drives would also introduce first-time donors to BPA who can be approached in subsequent years for repeat contributions. This would expand donor base of the organization. The drive must also focus on garnering contribution from Public Sector Undertakings (PSUs). Till now, most of these units are not donating as per the quota government/their Boards fixed for them.
3. Many more instruments like Samhita Diary would be required to be introduced.
4. Fund-raising department does maintain certain data on computer. But they need to update a complete database of donors, donations, feedback data, and prospective donors by companies/individuals who are to be pursued. Technology should be utilized to create this database.
5. According to new Companies Act, companies with net worth of ₹500 crores or more or with a turnover of ₹1,000 crores or more or with a net profit of ₹5 crores per annum during any financial year, will have a spend 2 percent of the average net profit for preceding three financial years as Corporate Social Responsibility (CSR). The development is expected to boost donations in the voluntary sector. The accounting company,

Ernst and Young, has estimated that this will cover over 2,500 companies in India and generate over \$2 billion CSR spending. The companies are required to announce their CSR policy on their website (in terms of the law in Schedule VII of the Act). Voluntary organizations can find a company's philanthropy interests on the respective company's website to understand if their projects match with company's interests and how to go about further.

6. From above developments, it seems funding should not be a problem for voluntary organizations. Now the governments are pro-support for voluntary organizations. A number of international funding institutions find India a right place to pour their aid for social causes. Voluntary organizations should prepare to take advantage of above new scenario. Certain changes in the Human Resource Department (HRD) of the organizations will foster their ability to deal with the corporate, both in public and private sectors.

Voluntary organizations must hire professionals in the fund-raising department and train the existing personnel to deal with corporates and develop systematic plans to attract CSR contributions.

7. A Public Relations (PR) department at the director level will create impact. PR people adept at marketing can discuss about the organization's upcoming projects and activities requiring funds in a better way with the corporate.

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**This section is based on the PowerPoint presentation of Rawal.*

FUTURE INTERVENTIONS

A) Human Resource Development

An organization's most precious asset is its people. But this asset being scarce, systems have been developed for acquiring, developing and retaining this resource. For acquiring talent, methods have been evolved for assessment and selection of right candidates. For developing them, methods have been evolved for their proper induction, training and development on the job. For retaining, strategies like incentives, compensation and other motivational systems have been worked out. Thus, over the years; theories, methods and systems have been evolved to form the basis of Human Resource Development (HRD).

There are two dimensions of HRD in voluntary organizations like Blind People's Association (BPA). One is HRD for its beneficiaries and the other for its employees. Here, we shall deal with HRD for employees. Earlier, called Personnel Management, its focus was on extrinsic factors that governed people acquisition and development such as place of work, remuneration, supervision, instruction and administration. Later, the focus changed to the intrinsic factors with a fair balance of the external factors. Thus, the emphasis shifted to internal factors: employee's knowledge, skills, attitude, motives for achievement, and how rewards would help her/his retention and commitment. In this regard, role of class-room training and gradually other training methods has been recognized as crucial parts of HRD.

During the last couple of decades, HRD is increasingly gaining impetus in organizations. However, voluntary organizations in India do not seem to give importance to this management function. They do deal with the people nicely, perhaps more

nicely than other sectors do. They give the employees security with some getting pay as much as what government employees get. But recognition of HRD function on a professional level is missing in voluntary organizations. Consequently, the state of HRD in voluntary organization today is almost the same as it was decades before.

The voluntary organizations' leaders often argue that their organizations are different from for-profit organizations. The not-for-profit organizations no doubt work under a different framework. But the human side of the organization is the same. The people there also have ambitions for rewards, recognition, promotion, new-job exposure etc. They also have needs to feel that they are well-tested for selection and have opportunities for training and development. Thus, people's needs are the same in voluntary and profit-making organizations.

In spite of the fact that atmosphere in voluntary organizations is comparatively more humane; limitations on the front of compensation, lack of professionalism etc. make voluntary organizations less alluring to candidates thus making HRD function a challenge for these organizations.

The voluntary organizations need to increase investment on the people, not just monetarily but also with respect to time and effort devoted to this function.

HR is not a stagnant or a fixed phenomenon. Given opportunities, human beings have potential to develop more talents. They need to be motivated for learning. All this happens when the management designs and introduces HRD systems to optimize the use of its resources.

Myths about HRD

Many managers believe that they are well-versed in HRD. They think they are knowledgeable enough to not need to keep abreast with new concepts and theories in the subject.

Secondly, many organizations carry out the HRD function

casually without establishing a separate division for it. The fact is that the specialization involves many activities like career planning, counselling, competency mapping, engagement process etc. that require one-on-one meetings as well as long and sustained work thereafter. HRD is not a part-time job.

Status of HRD in our country

Many organizations have realized that organizational performance is dependent on the quality of its people.

Manufacturing companies, which are labour intensive, have remained confined to labour-welfare activities. But high-tech organizations, whose workforce is competent and white-skills-based, retain comprehensive interest in HRD activities such as periodically reviewing compensation, retention, leadership roles, and performance management and employee engagement.

On a macro-level, the governments at centre and states are also concerned with personnel management. They have to carry out periodic wage-revisions, dearness weightage, women welfare, and retirement policies. As an example of importance of HRD, the central government changed the label of Education Ministry to HRD Ministry without, of course, any significant change in policies and strategies. Just doing this only has been subjected to criticism.

Role of HRD in a voluntary organization

While voluntary organizations in India have humane orientation, they fall short of their intent when it comes to people's development activities. In Canada and perhaps in many other developed countries, there are voluntary organizations which help other voluntary organizations to strengthen professionalism in management functions. For example, Voluntary Management Professionals of Canada promotes competence and excellence in the leadership of volunteers (refer www.vmp.ca - home page). In India, as we do not have

such guidance and support available, the management of voluntary organizations themselves should strengthen professionalism in their institutions. Some of the HRD roles suitable for a voluntary organization are as follows:

- 1. Developing key behavioural skills :** The role of management is to optimize the use of all resources to achieve its organization's mission. HRD facilitates in the people giving their best. It helps develop the employees to be skilled, competent and effective. Some behavioural skills and attitudes especially necessary for employees in voluntary organizations are: empathy and sensitivity, service orientation, collaboration and team building. These skills are not created through lectures. Laboratory Training¹ is needed for developing such behavioural skills. Similarly, feedback is an important technique. Udai Pareek has identified what he called 'extension motivation' as an essential quality required to work in voluntary organizations. 'Extension motivation' has been defined as a concern for or pre-occupation with extending oneself to serve others.
- 2. Professionalizing HRD practices :** Any ongoing organization has its own HRD practices. They need to be evaluated from time to time by asking questions like: How far are the existing practices/policies effective? If they are not effective, management should look for better alternatives. Practices which are doing well should be retained and given the form of policy. Management needs to assign the task to an internal HRD professional or an external consultant to study the existing practices and suggest re-designing of the policies on professional lines. The role of the HRD manager/consultant thus would be to work with the various levels of management and to facilitate formalizing and updating HRD practices.

¹Laboratory-Training Technique is a small-group intervention conducted without any agenda. Agenda is evolved by the group there and then, facilitated by a professionally qualified behavioural-sciences trainer.

3. Integrating HRD with organizational mission : Several developments have taken place in the field of HRD in the last couple of decades: HRD as business partner, employee engagement, competency mapping, strategic HRD, leadership, transformation etc. For example, HRD as a business partner in voluntary organizations will be concerned with the business of the organization and facilitate the achievement of the organization's mission. Top management, therefore, integrates HRD with the strategic business. The HRD professional is expected to build the mission focus in the work environment.

Employees of voluntary organizations join such organizations to serve voluntarily and they also serve in exchange for low salaries and perquisites. In this view, it becomes necessary to treat them and the volunteers with respect and provide a right atmosphere for them to feel satisfied. Hence the role of the HRD manager becomes very critical. Perhaps for this reason, most voluntary organizations involve the trustees or top-level managers to facilitate the role of HRD.

4. Encouraging creativity and innovation : When organizations undertake to introduce innovative projects such as technological change, organization re-designing or awareness building, HRD partners with the team facilitating change because people have to be prepared than just be told about the change. During such situations, maintaining the morale and motivation of the employees is crucial for the success of the change experiment. HRD maintains the balance in such critical situations.

5. Enabling multi-tasking: The voluntary sector can develop its employees for multi-tasking to facilitate effective functional linkages. In this regard, HRD facilitators must make developmental interventions to ensure the voluntary organization is kept dynamic and contemporary in all its practices.

HRD in BPA

Six-decade-old BPA enjoys good reputation as an institution offering wide range of services to Persons with Disabilities (PwD). It has engaged professionals as directors and most of the managers by their professional qualifications. The trustees have been electing dignitaries with charitable disposition as presidents and other office bearers of the executive committee.

Here, we shall discuss the prevailing HRD policies and practices of BPA and explain their significance. Service conditions were written long back. I was shown the old document based on the earlier document which largely follows the Government of Gujarat service rules. Many rules have undergone change. However, updated rules have still to be available with administration and locational heads.

1. Employee profile : In this context, employee implies staff member from the lowest to the highest position in the organization (Daily wagers are not covered. Social workers in the form of volunteers who do not charge fees are also not covered). Educational background of employees is a talent indicator. BPA had 256 employees as on March 31, 2013, making it one of the largest voluntary organizations in Gujarat. They constituted of 162 males and 94 females. It is a fairly good gender distribution of 60 percent males and 40 percent females. The following table shows the qualification and gender aspects of their profile:

Qualification	Male	Female	Total
Twelfth-standard schooling	41	35	76
Graduate	64	28	92
Graduate/Post-graduate with professional degree/diploma	56	31	87
PhD with professional degree	1	0	1
Total	162	94	256

Thus, of the 256 employees, 92 are graduates and 87 are graduates/post-graduates with professional diploma/certificate. The fact that BPA is headed by a management graduate from Indian Institute of Management-Ahmedabad (IIM-A) and that a female fills the director-level position exemplifies that BPA is well-placed in gender diversity and educational qualifications of its employees.

Bifurcating 87 of BPA's employees who possess professional qualifications, 31 are teachers (including BEd and MEd).

Professionals	Numbers
Engineers	3
Master of Business Administration (MBA)	3
Master of Social Work (MSW)	3
LLB (graduate in Law)	5
Physiotherapists	7
Bachelor of Education (BEd)	28
Diploma holders in professional areas like engineering	35
Master of Education (MEd)	3
Total	87

While the engineering employees work on machines or teach technical courses, the teachers are essentially engaged in academic teaching function. The seven physiotherapists also teach and work in physiotherapy clinic. There are special educators in specialized areas. They teach and organize activities for children and adults with severe disabilities. Thus, apart from professionally qualified teachers; physiotherapists, engineers and qualified educators are involved in teaching. This kind of assignment provides PwD an exposure of various domains and facilitate teaching and training.

BPA has three MSW and three MBA. Being a large voluntary body, BPA may examine whether they should have more

MSW and MBA graduates. The managerial cadre comprises of a programme manager, other managers and co-ordinators. These are three different levels of managers on the basis of experience and compensation. But they are not necessarily hierarchical in BPA. For example, a co-ordinator may report to a manager, programme manager or a director. She/he also enjoys certain freedom like the managers do. Some of them even hold charge of manager in the latter's absence.

There are 22 such managers (including co-ordinators) in BPA comprising of one programme manager, six managers, 11 co-ordinators and four school principals. Following is the summary of their educational backgrounds:

Qualifications of managers	
MBA	1
MSW	3
Graduates	4
Bed	4
Post-graduates with special education	4
Post-graduates with second post-graduation	4
Diploma in engineering	2
Total	22

Thus, majority (12 of 22) of the managerial employees are post-graduates (including MBA and MSW) while the remaining consist of eight graduates and two engineering diploma holders. They also possess relevant qualifications for service activities for PwD like MA in Human Rights, Diploma in Community Health Management, BSc in Occupational Therapy, MA in Disability and Human Development etc.

Going further up the organizational chart, there were three directors as on March 31, 2013. One is the executive director in charge of BPA and the other two are project director and training director. All three of them have relevant educational

background. The executive director is management graduate from IIM-A, LLB, PhD (Management) and has done an advanced course in vocational rehabilitation. The training director is a qualified engineer in electrical and mechanical engineering and the project director holds MBA from a reputed institution of Ahmedabad called BK School of Management.

Thus, BPA is one of the large voluntary organizations of Gujarat by number of employees and perhaps the most impressive by the yardstick of professional qualifications of its employees. Professional education possessed by a large number in an organization not only enhances employee profile, but also improves organization's effectiveness and perception of public about the organization.

The human capital of BPA also represents varied specializations like management of voluntary organizations, education in specific disability like Mental Retardation (MR) etc. Moreover, gender distribution of employees in the ratio of 60 males to 40 females illustrates that BPA considers women as valuable assets. At director level also, one of the three directors is a woman.

BPA should examine, being a large size body, whether they need more professionals with presently valued qualifications. All voluntary organizations should periodically review and reassess the need for professionally qualified staff and upgrade their talent by new recruitments or by enhancing the qualifications of the current employees. This is because in the long run professionalism helps organizations to do better jobs and provide quality services.

- 2. Designations :** BPA is a rehabilitation institute. It caters to different disabilities but serves Persons with Blindness (PwB) most comprehensively. BPA is also a training institution. Therefore, employees at BPA have unique job titles. Moreover, international funding agencies, one of the major

sources of funding for the organization, influence their job titles. Senior-level designations are on the pattern of the financing agencies, meaning the designations are given as in their agencies/countries. To cite a few examples: project coordinator, project director, training director, programme manager and advocacy manager are some designations at BPA.

The basic guiding principle for designations is that they should reflect the job content and the level distinction. Going by this principle, a few changes in designations at BPA are suggested:

From	To	Rationale
1. Project director	Operation director	Most of the responsibilities are operational.
2. Training director	Training and production director	His training function is fractional. Main function is production of furniture, printing etc. earning ₹10 crore revenue per annum through sales of these items.
3. Campus manager (eye hospital)	Head (eye hospital)	The word 'campus' sounds erroneous as the head is independently managing the function
4. Campus manager (rehabilitation centre)	Head (rehabilitation centre)	The word 'campus' sounds erroneous as the head is independently managing the function

BPA's response to third & fourth suggestion are favourable. Regarding items 1 and 2, its contention is that international funding agencies use the present titles. Moreover, the management at BPA feels that the word 'production' will invite trade unionism. These are good points to be

considered by any voluntary organization. They need to be sensitive to the donors and current laws. However this contention needs to be examined in the light of recent changes in unionism. This contention seems outdated. Unionism does exist in some service organizations like in banking, aviation etc. But they exist for profits. Not-for-profit organization is not an industry. But my above suggestions are based on certain principles. If the funding agencies had prescribed the job titles as a part of the contract, BPA can suggest the change when the contract is renewed. There is a high probability that the agencies would give their consent for change.

- 3. Induction, training and development** : Hiring the right employee is not enough to enable her/him to be productive to her/his utmost potential. Lot of support and employee developmental inputs at different stages need to be extended. Professionally managed organizations consider it their responsibility to extend this help at the right junctures. However, voluntary organizations don't seem to have enough arrangements for periodic employee development plans.

BPA does not have a written detailed induction scheme for its new employees. As its sources of recruitment include volunteers and trainees who work for them, management at BPA thinks that having done some work in their offices, they (volunteers and trainees) are well-versed about the functioning of BPA. Therefore, only one-day induction is offered to the newcomer. (However, Centres for Special Needs, a division of BPA, is an exception in this regard. It has one-week induction for its departmental employees. It orients the new employees in their department about BPA's history, values, leadership, activities etc. It also provides practical exposure in different sections of its department). On this day, a staff member of the department for which the appointment is made, takes the newcomer to various

departments for introduction. The key people brief the newcomer about BPA activities. Thereafter, a film on BPA is shown to her/him.

The trainee/volunteer may have been associated with one or two departmental activities. But BPA is a complex organization. Understanding the basics of different activities of BPA would also require time. For example, learning about Community Based Rehabilitation (CBR) would require even discussions. For this purpose, a special handout of the respective department would be useful.

Also, leaving one-day induction to the concerned department is not safe. The department may assign this important task to an available person who may not necessarily be the right person trained for the job. In fact, a schedule of timeline should be ready and circulated to the concerned departments where the trainee/volunteer has to visit so that they are ready to receive her/him. Such would be a step towards professional management. A trained person accountable for results should be assigned the responsibility.

BPA's website is comprehensive and useful for new entrants. They can be given time to study the website. The newcomers could seek clarifications after studying the website.

Field work would also be a good measure to expose the new entrant to services being rendered. For this purpose; Centres for Special Needs, Navalbhai and Hiraba Eye Hospital (NHEH) and Kutch Comprehensive Rehabilitation Centre (KCRC) can be considered. Learning from the field cannot be substituted by any other process.

Five to six days, including field work, should be reasonable for induction of a new recruit. For induction of a volunteer, perhaps more time is desirable. She/he may be interested to know more about background, systems, prime achievements, present activities at BPA and the functioning

of the area she/he proposes to pursue and BPA's expectations from him/her etc. This will help to build the volunteer's perspectives before she/he begins to work.

On the training front, BPA is popular as a training institute not only for PwB but also for its employees. BPA has been organizing programmes for its employees from its inception. During the 1980s, BPA offered 'Managing Community Based Rehabilitation (CBR)' programme for external (not working at BPA) officers at their invitation. BPA also undertook a specially designed one-week programme for BPA's co-ordinators and managers.

The department of Centres for Special Needs offers programmes for its own staff like those on orientation and mobility, assistive devices etc. Moreover, under the Continuing Rehabilitation Education, rehabilitation workers are required to undergo 100 hours of professional training. The programme upgrades knowledge and skills. The department keeps a control and ensures that its officers complete the same. Some of the other courses organized by the department are: Art and Craft Training, Teacher's Basic Programme, Autism and Spectrum Disorder.

Most of the internally-organized programmes by the departments are a) for their own staff, b) specialized and short, and c) on departmental activities and know-how. The advantage of these programmes is that they are practice oriented and of immediate application. But this advantage is derived if the nominations are right. The participants should be the staff doing the work or those who are likely to be assigned for the same. Reason being that new knowledge acquired on technical topics requires early application. Otherwise it depletes. Sometimes organizations nominate staff to the training programmes as a reward. BPA does not face this nomination problem as most of their programmes are departmental.

Each department carrying out its own training programmes is a good initiative. But common subjects like induction, mobility, HRD and leadership can not be left to every department. Common-interest programmes should have a centralized design and delivery team. Alternatively, such programme may be assigned to a specific department which has competence to offer the programme for BPA as a whole. Planning and monitoring of common programmes, however, should be centralized.

Apart from training its employees in-house, BPA also sponsors its employees for programmes relating to disabilities conducted by international bodies like Perkins International, Sense International (India) and CBM. BPA also encourages its employees, both with blindness and sighted, to apply for admission to relevant courses (for example, post-graduate degrees in disability, human rights etc.) overseas as well as to get exposure to voluntary organizations in foreign lands.

BPA also does not keep its knowledge and learning from its experience to itself. It offers several training courses for employees of other voluntary organizations serving people with blindness and other disabilities as well as for government officers.

Following 10 activities offered by BPA suggest that the organization is essentially a training institute:

- BPA runs government-recognized secondary and higher secondary schools for Adults with Blindness (AwB). Moreover, Adult Training Centre runs a primary school for adults with blindness.
- Its physiotherapy school for adults with blindness is recognized for diploma by Ahmedabad University.
- BPA has an Industrial Training Institute (ITI) for adults with disabilities.

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- BPA's Adult Training Centre (ATC) has a multi-category on-the-job training workshop for adults with four different forms of disabilities.
 - BPA runs vocational training schools for PwD.
 - It organizes Asia region conferences in Ahmedabad on behalf of International Council for Education of People with Vision Impairment (ICEVI) and Deaf Blind International (DBI) both of which are internationally reputed institutions. BPA has already hosted two Asia region conferences.
 - It offers several training courses on CBR, special needs, disability rights etc. for employees of other organizations serving PwD, for government officers and for others interested.
 - It runs a centre on behalf of Rehabilitation Council of India for teachers/students under distance-learning mode.
 - Many of BPA's directors and managers address and teach in conferences and training programmes by invitation. Two directors of the organization often receive invitations from organizers of disability management programmes from different countries.
 - Apart from professionally qualified educators; physiotherapists and engineers are involved in teaching at BPA.

Suggestions : Teaching in other institutions is an appreciative service to the sector. The author recommends experienced managers to promote training of others as it also builds internal resource and help the other organizations to contribute to their mission. In addition to induction and training of employees; programmes for development of managers are needed in BPA and other voluntary agencies. Managers are responsible for the performance of employees working with them as they (managers) plan the tasks to be assigned to them (employees) as well as supervise, motivate, control, train and evaluate the staff.

Management development programmes normally find a significant place in the HRD activities of professional organizations. Professional organizations believe well-developed managers must have behavioural strengths apart from the technical/domain part of their job; how to go about doing it, and how to enable their staff to give their best.

National Institute of Management Development & Research for Disability Management : With increasing competition and worsening economic conditions, work is becoming complex. Delivering service is also expected to be more effective and speedier. Therefore, leadership needs to exist at all levels of the organization; not only at the top. Leadership, managerial ability and professionalism will make a difference to organizational effectiveness.

But voluntary organizations have a dearth of trained managers. However, the scenario is gradually changing in the voluntary sector. For example, a not-for-profit organization -- Akshay Patra Foundation, like what BPA did three decades before-- is recruiting a number of management graduates from IIM Bangalore. BPA also hires qualified candidates. Nevertheless, one-time acquisition of degree is not sufficient. Short-term management programmes should be conducted in the organization on different aspects like job profile, inter-personal relations, organization structure and linkages, management, leadership, leadership development and public speaking.

BPA fared limitedly on management development. Though provided opportunities for exposure to foreign education and hands-on experience to managers/coordinators in the mostly domain areas. Senior management personnel however had some opportunities. For example, the training director went for 30 days to Russia for visiting enterprises for PwB.

To make this process of training and development more sustainable and to cover down the line managers, I have a strong belief that institutions in the voluntary sector need an institute of research and management development exclusively for disability management. There is hardly any industry-specific management institute in the field of disability or to say for voluntary organizations like Mudra Institute of Communications, Ahmedabad (MICA) for specialization in communication or National Institute of Bank Management (NIBM) in Pune which conducts short term and long-term management development programmes for bank executives and aspirants seeking career in financial services. Similarly, the recommended institute could undertake research and offer management development programmes for the employees of disability management organizations and voluntary sector employees as a whole. It should be a residential non-profit, national level institute and charge low fees from the candidates/organizations. The National Association for the Blind (NAB) could take the lead to promote the institute. I foresee such a venture would also receive state and central government support.

4. **Pay/Salary** : The 256 employees in BPA fall under two broad types according to the pay they receive: 65 supported by Government of Gujarat and 191 engaged by BPA as on March 31, 2013.

In addition, there are 47 outsourced specialists like prominent doctors and faculty (who come to BPA as per decided schedules), volunteers, and daily wagers like watchmen and peons. BPA appreciates the contribution of these people and hence considers them as employees. But technically they are not employees.

Government of Gujarat service conditions, including pay, pension, apply to the 65 government-sanctioned

employees. For all intent and purposes, they are government employees though recruited for BPA and placed in BPA.

For employees on BPA payroll, there are separate service conditions. BPA framed pay scales akin to those of the state government's pay scales long back and even paid Sixth Pay Commission salaries. But as government salaries kept rising, it was difficult to afford government pay levels. Therefore, BPA stopped paying Sixth Pay Commission salaries since 2012. BPA switched to project-based appointments on fixed salary which is about 30-40 percent less than what other employees get for doing the same work. Management at BPA feels they gain out of project staff because they can employ persons suitable to specific projects for limited project period. Bhushan Punani, Executive Director of BPA, said that availability of people was not a problem at his organization.

My discussions with employees reveal that they are satisfied with the wages paid to them. However, I did not come across any project-based employees. BPA and other organizations should understand that wide wage-differentials for same work/performance can lead to frustration among employees.

Suggestion: Yearly increment is automatic. Employees with fixed salary are given 10 percent raise if their performance is satisfactory. Earlier, there existed a special increment for better performers. But this was abolished about 15 years back. Special increment acts as a productive incentive and a motivator. BPA should consider reintroducing the special increment policy. Recognition of good performance on a continuing basis goes a long way in managing the motivation and commitment levels of employees. It could be topped up with appropriate incentive schemes which also need to be reviewed and revisited periodically to remain contemporary.

If BPA had an established HRD function, above anomalies could have been prevented or reduced.

5. Job rotation and transfer : Employees prefer to work with organizations which invest in development of human capital.

Traditionally, class-room training was the method for employee development. Presently it is supplemented by transfer and job rotation and certain other off-the-class learning. But unfortunately job rotation and transfer are sometimes used as punishment, a practice that damages the organization in ultimate analysis.

Job rotation is a simple but powerful tool to develop people. It is a systematic change of assignment on the same level. These jobs may be in different sections of the same department and in different departments of the organization. It may involve inter-city transfer. Job rotation is primarily done to provide exposure to varied activities in the organization. One principle to be followed herein is to start the rotation from a simple job and gradually move over to complex jobs.

New tasks provide novel experiences and opportunity for learning varied skills and intricacies of problem solving. It makes the person much more experienced and competent. It helps in discovering her/his potentials. Many times, job rotation is aimed at developing the person for promotion. It is important that tasks planned for the employee should be challenging if rotation aims at promotion. Job rotation also gives opportunity of reporting to different managers and thus learning from their concerns and strengths. The period on such a changed job is pre-fixed and monitoring is done to take timely steps to ensure that the expected learning takes place. For instance, public sector companies and banks have a three-year norm for changing assignment in normal circumstances.

Often organizations find comfort in employee's continuity on the same job as she/he is aware of the issues pertinent to the particular job thus requiring least guidance from the

management. This is perhaps a small advantage at the huge cost of creating well-rounded employees who would otherwise be ready to shoulder higher responsibilities in the future. When employees are retained on the same job, getting the same experience year after year; many get bored, consider only physical presence as job done and thus fail to give their best. On the other hand; sometimes, employees resist the change for reasons like not wanting to move from native place and children's schooling. Normally short period adjustment is agreed in more deserving cases.

BPA does not incorporate a practice to transfer or rotate the jobs of its employees. Here, the management believes that the jobs are so different at each centre that inter-centre rotation would not work. This constraint perceived is a make-believe kind. BPA and other organizations who hold same perception ignore the similarity aspect in roles as at the coordinator/manager level, there would be more similarities in roles than dissimilarities.

Job rotation takes place within Centres for Special Needs and NHEH (eye hospital). Personnel therein can also be exposed to other activities at BPA. For example, Vimal Thawani, though an efficient manager at Centres for Special Needs, would have been able to take charge of any position at BPA, had she been rotated within the organization over the years.

Exemplified by the fact that the founder of the organization took steps towards succession planning, BPA believes in passing the reins. But so far, there has not been any apparent result on this aspect. How can succession be achieved unless managers are trained hands-on in different functions carried out in the organization, in leadership and in management subjects? Will the manager of the eye hospital, similar to other efficient managers at BPA, remain at their respective centres/departments only during their entire tenure at BPA? Even if such managers want to continue for some reason, the

organization must persuade them to undertake different roles for long-term gains for self and the organization. To cite an example, in Bank of Baroda, a bright and dynamic faculty manager was counselled by the chairman and managing director to shift to banking side of operations. Consequently, the faculty manager rose to the position of chairman and managing director. Such are the issues BPA should consider to develop the competence and versatility of its managers. It must differentiate between jobs that need specialization and ones that need generalised. Such classification will help the management develop both streams of managers appropriately.

6. **Superannuation** : In general parlance, the word for the end of a career is retirement. As some disliked 'retirement,' the term 'superannuation' was coined in the west.

In India, the superannuation age some decades back was 55 years. But due to improving medical care and quality of life, longevity is increasing. This has resulted in higher superannuation age of commonly 60 years now.

Punani explained superannuation at BPA:

“Employees at BPA retired when they completed the age of 58. However, as competent people are scarce in the market, we extend the services of competent and fit employees for two more years. In case a person continues to be fit even after that, he/she is retained for another five years. During honorary service, the honorarium is 50 percent of the salary the incumbent had last drawn at BPA. And he/she continues to do the same work.”

Thus, management at BPA contends that it gets scarce, experienced people to continue working at the organization at low cost.

Data on BPA employees attaining 58 years, service extension and retention is as below:

Year	Attained 58 years	Retained as on October 2012
2004	2	1
2006	2	1
2007	1	1
2008	1	1
2009	3	2
2011	6	5
2012	10	4

No superannuation was due in 2005 and 2010. In every other year, extension/retention was done. An accountant was given extension/retention in 2009 and another accountant in 2012. Overall, during this period, 15 out of 25 (60 percent) were not retired.

It is understandable that BPA employees who had put their institutional life above their personal life or who were valuable to the organization were given extension and retained. But I do not think that availability of human resource has been a problem as shared by Punani with regard to appointing people for contractual/project jobs. BPA's contention that it gets work done from the retiring person at low cost is indeed true.

However, retention has a negative cumulative effect. Already 15 employees are on extension/retention. The number will increase as time passes and will pose problem of replacing large number of retiring staff and managing frustration of people whose promotions were postponed or who lost that opportunity for ever.

Exception is the prerogative of senior management. Highly talented and experienced senior managers, no doubt, have scope for a second and even third inning. But extension/retention is a common practice in the voluntary sector where cost saving is the criterion in retaining retiring employees.

In this scenario, voluntary organizations should extend the age of superannuation to 60 or 62 years and make extension/retention rare. I would like to make a few suggestions on developing the new policy:

- The average age of employees in each of the last 10 years should be worked out. Then a target age for the next five years should be fixed.
- Each year certain people who received extension/retention should be retired to reduce average age. Employees reaching superannuation age should also be retired on due dates.
- Categories in which extension/retention could be permitted should be decided.
- The criteria for extension/retention and for how many years should be laid down.

Moreover, there is a need to orient employees for their post-retirement period. BPA and other organizations could jointly offer training course to employees due to retire the following year or two years later. These employees need to be guided in planning for retirement, safe investment avenues, forming or joining senior-citizen groups and pursuing an interest area that remained unattended. Such a course spanning a few days will guide them as many do not think of retired life during active career.

7. Succession Planning : Succession planning has been a common and continuous process at BPA.

“I was not a director from day one; neither Harishbhai nor Nandini, the other two directors,” said Punani. He continued:

“Jagdishbhai (founder of BPA) took immense interest in me and often shared complex experiences with me. He took me all around the world where he travelled. He invested in me because he was very clear why he was doing so. After his death, we too maintained building capabilities of our employees. We identified a director material in a senior

officer qualified in a relevant foreign degree. BPA arranged financing for his two years of foreign education too. After five years, it was found that the officer won't stay in the organization. Another officer with a varied experience-base and qualifications was identified, but he was found suitable by an international funding agency. A third case is of a person whom we have been steadily giving challenging assignments and creating opportunities for associating him with ourselves. But suddenly we hear, he is taking interest in some other organization.”

Currently, BPA has been taking interest in grooming two persons favourable for succession: a shortly retiring programme manager and a young aggressive manager. In my research, I find both competent. The fact that the two persons are insiders to the organization and thus possess requisite background and knowledge of its modus operandi is also significant. BPA, however, must not lose sight of the ramifications of appointing a retiring person.

Like Punani, managers of other organizations can also get frustrated when promising managerial talent they identify and train for succession, leave the organization. Succession planning can fail due to several reasons: If high-flier candidates are ambitious, they respond to factors like higher compensation offered by other organizations. Many are in a hurry to climb organizational ladder. Also, there are head hunters who attract them.

I suggest a few guidelines below to carry out succession planning for voluntary organizations:

- Succession planning process involves identifying the competencies that the person should have for the targeted position. In other words, the desired managerial traits that will go well with the target job need to be identified. The outgoing manager's traits could provide insights.

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- The organization should assess the traits and potentials in the candidate and decide how to help the selected person acquire the deficit through training, counselling, guidance and job rotation (in case the candidate had been working with the organization previously).
 - Favouritism, belief in person's qualities than competencies and lack of serious exercise, are some mistakes in this process that should be avoided.

Especially for a senior management position, the organization can not afford to compromise on anything desired in the selected person. One weak selection may lead to many weaknesses down the organization. Therefore, the succession process should be rigorous and objective.

8. Performance Appraisal : This is how performance appraisal is carried out at BPA: According to Punani, he along with the other two directors share and discuss their observations and achievements of each employee and decide the increment in her/his pay and promotion if a vacancy exists. Increments and promotions in the organization are not based on any written reports. However, almost all the managers at BPA I interviewed, including Punani, were in favour of introducing a formal appraisal system at the earliest.

Probably most voluntary organizations in India work on appraisal as BPA does. This way the senior management's experience, not the performance that determines the fate of the individual.

A professional performance appraisal is a systematically designed system based on certain principles. The superior passing a random remark on an appraisee is not performance appraisal. Also, solely devising a form is not performance appraisal. Such a hazardous approach to performance appraisal satisfies neither the appraiser (management) nor the appraisee (employee). Then decision makers think that performance appraisal systems are useless.

The employees need to be informed about the system before it is introduced. Appraisal seminars should impart knowledge about the various aspects of the system and roles of the concerned including the appraiser and the appraisee. Employees need to be educated that the new system will be objective and that they need to have healthy discussions with their appraisers.

Following are some reasons for adopting the performance appraisal system:

- Every employee looks forward to know from her/his supervisor how she/he has been performing. Appraisal system should generate the necessary information which the supervisor shares. This information is in line with the supervisor's expectations relating to the goals, achievements. If the organization does not give feedback, the individual believes in his self-assessment which may be over or under rated.
- Appraisal influences several HRD-related decisions such as placement, pay, promotion, job rotation, training and development, incentive, counselling, performance improvement, and planning of future performance. Voluntary organizations should choose the objectives for which they want to introduce the system and take decisions on the basis of its data.
- Organizations need to assess the performance of not just their employees but also classify their managers for several HRD-related decisions. Thomas DeLong, Professor of Management Practices in the Organization Behaviour area at Harvard Business School, recommends ABC analysis in this regard. In his definition, 'A' players are star players who put their professional life ahead of their personal ones because they are striving to accomplish more (than expected) or move upward in the organization. They are also the players most likely to leave

the organization for opportunities elsewhere. Likewise, 'B' players are steady performers who balance the work and personal lives while still doing bulk of the work of the company. 'C' employees are the under-performers. Such data would provide inputs for decisions such as recruitment, promotions, retention, compensation, engagement, leadership identification etc.

- Many employees perform well. Many have deficiencies in their performance. Those who achieve need reinforcement. Those lagging, for example, in team work or motivation, need to be helped. Appraisal generates such data which can be specifically used to help the employee and jointly work out next year performance plan for her/him.

Performance appraisal becomes complicated or easy depending upon how system issues, management issues and appraiser-appraisee interaction issues are identified and managed.

8.1 System issues : Most important system issue is the approach. Organizations cling to the traditional traits approach because they think intelligence, dependability etc. are important. But these variables can not be assessed through performance appraisal. They can be assessed through personality tests and leadership tests.

Appraisal focus therefore should be on work performance, not on the person. Quality of work performance can be measured objectively by focussing on the outcome of the actions of the appraisee instead of supervisor assessing the employee as a person. In an eye hospital, for example, the failure vis-a-vis success of surgeries or spoiled cases reported can be relevant sources of information.

Another system issue is the lack of provision of interaction between appraisee and appraiser. Many

appraisal systems do not provide for such an interaction. The system should require that the appraiser and appraisee should sit together and discuss the issues arising out of the reports that point out; for example, standards of performance met and not met and thereby steps to be taken for narrowing the gap.

Also, a moderating authority be provided and his/her role should be clearly defined.

8.2 Management issues : Management's commitment to appraisal is important. If the senior management has differing views on the need for appraisal system, it can derail the system. Bank of Baroda, for example, formed three top-management committees to discuss the appraisal draft, involving about 50 percent of top-level managers before it was put up to Board of Directors for approval. Positively-oriented members of committees influenced the conservatives and the proposed system was approved with minor changes. Thus, some specific action is essential before introducing the appraisal system to improve level of commitment of the management.

8.3 Appraiser-appraisee interaction issues : The appraiser and appraisee meet for goal setting, performance review, feedback and counselling. The major source of frustrations of employees is that such interactions are eye wash. The appraiser is often unaware of his role and lacks skills thereby problems arise.

The appraiser should be trained in giving and receiving feedback and in motivating the appraisee to give better performance. Moreover, the appraiser should assess the employee objectively, not allowing good or bad performance on one parameter to affect other parameters for assessing performance. Appraiser should also provide explanation about how the assessment was

carried out and patiently listen to the appraisee's problems (like work environment, lack of technical know-how, personal problems, workload etc.) in achieving her/his objectives.

The interaction process should be constructive so that the appraisee views the process positively.

During the last couple of decades, organizations are adopting Performance Management System (PMS) which aims at aligning the performance goals of the individuals to that of the organization. PMS requires frequent reviews and assessment and even daily or weekly discussions between the appraiser and the appraisee. A comparison of performance appraisal and PMS differentiated by late Udai Pareek and TV Rao, former professors of IIM-A, is given below(i).

Employee Appraisal	Performance Management
Emphasis is on evaluation of the individual.	Emphasis is on performance improvement of the individual, team and organization.
Performance of a person is rated.	Focus is on performance management.
It is mostly an annual exercise.	It is a continuous process involving quarterly reviews.
Key Performance Areas (KPAs)/ Key Result Areas (KRAs) are formed during the period of appraisal.	KPAs/KRAs are used for planning exercise.
It is linked to developmental interventions.	It is linked to performance and then to HR decisions-promotion, rewards, training, placement etc.
Developmental needs are identified annually.	Competencies required for the year are identified in the beginning.
HR manager designs and monitors this.	HR department designs but respective department monitors this.

9. Recruitment and Promotion : Jagdish Patel, founder and general secretary of BPA, handled recruitment at the organization during the five decades till his death. He had some unique qualities in judging a person's capabilities while interviewing.

“Many times from the general behaviour and voice of a person, he pointed out whether the person has a warm personality, whether he is trustworthy or a genuine person,” observe Punani and Rawal in their book(ii). BK Panchal, an occupational therapist who presently heads BPA's physiotherapy school, also had a similar experience. He says, “Jagdishbhai could discover the strong points of the candidate within 10 to 15 minutes of his interaction with the candidate.”

Text books say that interview is a weak method to assess a person's ability. Psychometric tests designed to provide assessment on human behaviour are not found completely reliable. But the contention of Punani, Rawal and Panchal who had long experience with Patel, cannot be ignored.

In later years, Patel started involving the directors in recruitment, though the final word was his.

Following are details of the various methods for recruitment used at BPA:

9.1 Referral method : Patel mainly used the referral method to acquire applications and recommendations. Knowing that BPA was an expanding organization, his friends and contacts referred candidates to him. He also asked for recommendations. The advantage of using referral method is that it saves cost of procuring candidates as against advertising or engaging recruitment consultants. Referral method continues to be used at BPA but not as prominently as before.

9.2 Campus recruitment : Patel went to the finest business school of the country, IIM-A, for recruiting fresh graduates. Joined by Manu Shah, chairman of administrative committee of BPA and a visiting faculty at IIM-A, they selected Punani for BPA. The director of IIM-A verified that Punani, a management graduate, was keen to join a voluntary organization; only then he cleared his (Punani) joining BPA.

9.3 Open-market acquisition : BPA required special educators for mental hygiene department (covered in Centres for Special Needs) and for CBR department in the recent past. They issued an advertisement and interviewed the candidates for the above vacancies.

9.4 Volunteers : BPA has always been served by a large number of volunteers who are qualified and experienced. Once in a while, BPA makes conscious effort to rope in these volunteers who are interested in a full-time job. Some employees at the organization came through this route.

9.5 Government procedures : Government of Gujarat procedures of recruitment are applied for recruitment of government-sanctioned jobs. Interview panel is chaired by a government officer.

Suggestions : However, in recent years, recruitment in BPA is declining. Employees are recruited only when a new activity is introduced like starting of the advocacy department or developing departments at sub-establishments of BPA such as NHEH (eye hospital) or Centres for Special Needs.

From many years, there have been exceptions in resignations and hence no vacancy. Attrition has not exceeded 2 percent per annum. This has been explained in more detail in the section 'Superannuation' in this chapter. Stagnancy in staffing mainly due to excessive retention of staff can be corrected if BPA reviews its extension/retention policy.

Another suggestion in the domain of recruitment is to frame job descriptions particularly for managerial and other critical jobs. Such descriptions will provide material for several HR processes like advertisement, interview, promotion, selection tests and guide to employees. To write job description, one has to analyze the details of the job, state the performance standard etc. The job-description writer should also collect information on employee behaviour, traits and abilities needed for the job.

At BPA, the initiative of writing job descriptions was taken by Dharmendra Jena, head of NHEH (eye hospital). Jena has framed a basic version of job descriptions for all the jobs involved at the hospital, including for the doctors. He can improvise and update them in the context of above guidelines.

Likewise, objective assessment of performance and potentials will lay the basis for promotion policy and recruitment practice. Thus, systems for such assessment need to be created.

10. Uncommon strengths : At BPA, two employee traits namely *commitment* and *passion*, not commonly found in corporates were apparent.

Following are some specific cases of high employee commitment to work and to the organization: Promod Gupta, a project manager, who was offered executive director's post in another institution of almost the same size and reputation, rejected the offer. He said that he enjoyed the freedom to work at BPA. He, in fact, felt hurt that management at BPA recommended his name to the other institution; thinking BPA may want to get rid of him. In another instance, Sharda Khatri, a teacher at BPA, requested Punani to let her continue working at the organization after her retirement while offering to receive only travel expenses in return.

These are few examples representative of highly committed employees at BPA. Amongst the large number I met during

the research for this book, all the managers expressed how they enjoyed working at BPA. Even at the top-management level, commitment to the cause and to the organization is illustrated by the fact that all three qualified directors have served BPA for several decades, getting compensated much less than what they could have received if they chose to work in corporate sector.

The second prominent quality that emerged in BPA employees was passion to work to achieve high standards and quality. Dr Anil Khandelwal, former chairman and managing director of Bank of Baroda who transformed the bank in three years, writes in his book “Passion has no price tag – Passion is the trigger of success – When you do what you love and make everyone believe in your purpose, passion is the natural outcome. And I believe it is not the salary, recognition or any other thing but the feeling that you are driven with a purpose (iii).”

The general feeling of passion in BPA permeated from the top with Patel as the leader. Patel passionately created the organization with the noble purpose of serving PwB. Likewise Punani never considered working at BPA as a job. After graduating from IIM-A in 1979, he chose to work at BPA rather than opting for prestigious, high-paying corporate job. From then, he has been working at BPA all seven days of the week morning till late evening, thus fitting well into Dr Khandelwal's concept of a passionate manager. Punani created a decentralized BPA, introduced a new leadership system, adopted technology to enhance transparency and tapped new sources for funds and donations as described in the chapter “Moon Light after Sunset.”

But how does a leader's passion percolate down in the organization? Dr Khandelwal undertook the challenge of what he calls “collective passion” of 38,000 employees at his bank. He writes in his book “We needed to shake the bank,

get it out of its complacency mode, kill its bureaucracy, develop accountability, remove roadblocks and ignite faith in the organization (iv)".

The situation warranted tough handling.

On the other hand, in the case of BPA, Punani adopted a gradual process for the same: He selected half a dozen professionals based on two criteria: Capability and willingness to make sacrifices.

He found six people meeting the above conditions. The selection was informal. Thereafter, he made the group participate in meetings, seminars and conferences with him and other directors. In the process, the director learnt about the group members' past work experiences, learning, successes and failures thus providing an opportunity to management to sense the candidates' passion and excitement for work. "We interacted a lot with them," stated Punani. After selection, the organization encouraged their training and development by enrolling them in prestigious institutes' programmes. They also learnt from the open and transparent work environment at BPA. Today, all of them hold independent leadership positions at BPA. Those of such leaders who are in decentralised situations, their passion is resulting into greater effectiveness.

Infusing passion in the organization is a difficult process that must begin at the top. The CEO himself should be highly passionate towards the organization and its work. Prevailing situation in the organization must be analyzed to decide the applicable passion-building approach as Dr Khandelwal and Punani did. Then one has to work upon enabling the passionate group as exemplified by Punani's strategy: close association with superiors, participation in higher training, providing positive environment, and re-inforcement.

11. Protection of women at workplace : Sexual harassment of women results in violation of the fundamental rights of a woman to equality and to live with dignity under Articles 14 and 15 of Constitution of India. The Parliament of India has passed legislation 'Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressed) Act, 2013' on protection of women from sexual harassment at place of work with effect from December 9, 2013. The corporate sector has begun framing policy in tune with the legislation. The legislation applies to voluntary organizations also. Other major features of the Act are as follows:

- Place of work includes the office of placement and any place visited by the woman employee during the course of employment, for example, customer or vendor's place of operation, training centre, or mode of transport.
- Every employer is required to constitute an Internal Complaints Committee (ICC) at each office or branch with 10 or more employees. This committee is different from employee grievance committee.
- Penalties have been prescribed for the employer for non-compliance with the provision of the Act. Fine up to ₹50,000 is stipulated.

BPA has 40 percent women employees. In general, voluntary organizations being in the public domain are expected to be more adoptive of public-interest legislation. Some companies prefer to have a relevant woman not affiliated to the organization to chair ICC to enhance fairness in perception of justice among the stakeholders. Unaffiliated chair also instils confidence in the complainant women. BPA must also consider the same.

Conclusion and suggestions

Most voluntary organizations like BPA do not have HRD department. The chief or the trustee manages the HRD function. In BPA, presently, the officer in charge of administration department looks after a few of the activities of HRD. Absence of this critical department affects the growth of the HRD function. Therefore, I propose all voluntary organizations should set up HRD department headed by a professional or a full time dedicated and professionally trained officer to take charge.

Presently, in the developed world, funding agencies and donors take interest in knowing HRD practices of voluntary organizations. They ask for data about HRD function. International agencies may ask for HRD activities in future. If they are not satisfied on this aspect, there may be question mark on their funding the particular organization.

Unlike BPA, not many voluntary organizations in India recognize the significance of recruiting highly competent and qualified personnel. This is another area that has scope for improvement.

After hiring the right people, voluntary organizations need to invest in their training and development by encouraging their participation in technical and domain training programmes sponsored by several institutions and foreign scholarships. With reference to BPA, it does lay emphasis on technical and domain training. It needs to, however, pay attention to encouraging management training.

Moreover, federation/association of organizations which encourage member organizations to develop services for PwD should arrange management development for the staff of member organizations. I advise they jointly take up with Indira Gandhi National Open University (IGNOU) and central government for the former to start distance-learning programmes in management development for the executives/officers of disability management institutions and of

other voluntary institutions. Similar industry institutes like National Institute of Bank Management and Mudra Institute in Communication are doing good amount of research and conducting management programmes specific to their sector/industry. Corporate sponsorship of officers of disability management organizations to higher level of institutes suggested above can be allowed by Government of India to be treated under the new Companies Act, 2012, as an approved CSR activity.

Voluntary organizations may seek sponsorship of salary of executives recruited from institutes of higher learning. For example, initially BPA used a foreign sponsorship for the salary of Punani recruited from IIMA.

In this chapter, some sub-systems of HRD beneficial for voluntary organizations are discussed. However, the organizations need to design and implement a customized strategy. They must place manpower management and development above any management practice as part of their vision.

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FUTURE INTERVENTIONS

11.B Information Technology in BPA*

The name 'Blind People's Association' (BPA) gives the perception to a layman that it must be a voluntary organization only involved in providing services to Persons with Blindness (PwB). While this is partly true; the organization can, however, be equated to any corporate needing full-fledged functions like finance, Human Resource (HR) and Information Technology (IT) in order to facilitate its main objective of providing quality services not just to PwB but to people with various other disabilities.

A person with Visual Impairment (VI), Ranchod Soni, is in-charge of the IT training centre in BPA. Soni is basically a government school teacher. Although he did not get any formal IT education, he acquired knowledge of the domain by practice as he had an inclination for IT from the beginning. He underwent his first computer training in Kolkata in 2002 from a company called Webel Mediatronic which was for keyboard orientation. Soni operates his laptop and mobile in a manner and speed comparable to those of individuals with proper eyesight.

According to Soni, there are basically three types of IT activities being carried out under the aegis of BPA for differently-abled persons:

1. The department has been instrumental in creating a digital audio-library of books which are sold to students at nominal price. Using these audio books, the students can go through the content and take different examinations.

When Dr Geeta Mehta from USA lost her eyesight and visited BPA about eight years back, she desired to do something for people with VI in digital audio area. Now, the department boasts of about 5,000 audio books available in the library and the numbers are increasing.

BPA is assisted in this endeavour by Sardar Patel Institute of Public Administration (SPIPA), Ahmedabad, for recording of the CDs. Volunteers and paid staff are being used as readers for recording of these audio books. For covering the risk of losing content of these CDs due to any technical reason, they are being stored at three different locations – a PC, external hard disk and CDs. All these CDs contain disclaimers thus addressing the issue of copyright.

2. There is a computer lab equipped with 20 Windows-based computers with standard softwares like MS Office installed on them. Differently-abled students are trained there for working on computers. These computers use some special softwares for students with VI like text to speech converter, screen reading software (JAWS from Microsoft) and scanning software (OCR Reader).

With the help of these, the students are trained for CCC (Certificate Course on Computing) to get office jobs. This certificate is compulsory for getting a government job. Till now, 250 students have been trained for CCC. Many of them are doing jobs in various government departments, banks and other institutes run by the central government.

3. IT training and counselling are provided to those who became visually impaired after growing up, some of them after having worked in organizations. Soni informed of about five such people who after losing eyesight were so frustrated while working that they were on verge of ending their lives. After the counselling training, many of these people became so confident that they started going back to their offices and working normally.

Capacity and service

At present, BPA has installed 141 computers and has given 18 laptops in different departments of the organization. Activities like accounts, inventory, store management, intranet and web

browsing are performed with the use of computers. Twenty people of the organization including key people, are on the intranet. While internet connection is available to 45 personnel, though 35 of them are served through one connection only.

An IT professionals' team of two persons is on contract to attend to hardware and software problems at the organization. Either of them come for half a day every day. The arrangement is working alright.

Evaluation of efficiency of IT department

On the positive side, visually impaired and differently-abled persons trained here are getting respectable jobs and thus becoming self-dependent.

IT is also being used by BPA for donations management (Posting about donors and their donations to the organization is updated online on a daily basis). Moreover, annual accounts and balance-sheet are also processed on the computers. But there are still many areas like manpower planning and HR, beneficiary accounting etc. which are operated manually till date. The real benefit of computer usage can be derived by utilizing various softwares to cover these so far untouched areas. Extensive use of computers helps in increasing transparency, accuracy, avoidance of duplicity and ease of operations.

Moreover, IT literacy is limited among BPA employees. Although the centre is training others, the staff therein lacks computer knowledge to a great extent.

Scope for improvement

Following areas within IT at BPA require improvement:

1. Training

1.1 Coverage : The coverage of IT training should be increased by building multiple computer labs and inducting more IT teachers so that BPA is able to train more students.

Moreover, education in the IT domain should be imparted to PwB and Persons with Disabilities (PwD) using multimedia rather than text-only or sound-only mediums. Multimedia applications combine different content forms like text, audio, still images, animation, video etc. They also incorporate interactivity with the users. A combination of all these features provides these applications a cutting edge in imparting learning in a fun and user-friendly fashion.

1.2 Computer software : Training should be provided in accounting software, presentation software, educational software, web-based software, mobile applications etc.

1.3 Training in hardware and networking : Networking is the key area in today's world. Any organization, be it corporate, government, school, college, shop etc. has to depend on networking environment due to complexities of accounting, warehousing, replenishing of stocks, order placement, reconciliation of accounts etc.

1.4 Basic literacy : BPA staff that is yet not exposed to computers must undergo a basic training to acquire computer literacy.

2. Human Resource (HR)

2.1 Computerized HR system : In addition to using technology for functions like manufacturing, sales and marketing; organizations must utilize IT for manpower planning, deployment and management as well. Utmost importance should be placed on Human Resource Management (HRM) through IT as all activities in an organization are managed by people. If this essential resource is mismanaged, all other activities could automatically be mismanaged resulting into losses, negative publicity, erosion of brand value etc.

In this regard, Human Resources Information System (HRIS) or Human Resources Management System (HRMS) is a new concept for managing HR in organizations through IT. HRIS or HRMS is an integrated system designed to provide

information used in HR-related purposes for quick and correct decision-making. Computers have simplified the task of analyzing vast amounts of data and thus they can be invaluable aids in HR management from payroll processing to record retention. With computer hardware, software and databases; organizations can keep records and information in a more organized way as well as retrieve them with greater ease.

2.2 Integrated payroll system : Payroll automation refers to arranging payroll services for an organization in a manner so as to significantly or nearly eliminate the manual and repetitive labour in preparation, payment and management of wages and other monetary benefits/allowances on the assigned frequency basis (weekly, fortnightly, monthly etc.). Payroll automation is achieved by means of computer software. If the offices are spread across the country or city, centrally deployed payroll software with networked computers can be implemented. Often, the payroll automation software is integrated into the company's Enterprise Resource Planning (ERP) system that in addition to payroll, manages customer relationships, production, personnel, invoicing and accounting etc.

Payroll management facilitates the following tasks:

- Calculation and payment of wages on given frequency
- Settlement of tax liabilities
- Delivery of wage calculations and certificates to the employees
- Compiling various statistics for different authorities for the purposes of analyzing and improving activities
- Providing regulatory reports to the tax agency and insurance company
- Calculation and payment of all types of allowances like conveyance allowance, canteen allowance, washing allowance, travel costs etc.

Another useful feature of applying integrated IT systems in an organization is that as an activity management system allows these modules to interact, information that has been saved in one part of the system can be utilized in all other software modules. For example, date of joining or date of promotion managed by HRMS will be fetched by payroll automation software for calculation of salary or increment therein.

- 3. Donation management :** It is a well-known fact that computerization of any activity improves transparency. It is true for all the activities but truer for any activity involving monetary transaction. The area of donations is one such activity involving money that is relevant to BPA. It is highly recommended to design and implement donation management software in any voluntary organization which is mostly dependant on donations or has a large donor base.

A donation management software helps to manage information about donors and their gifts in order for the organization to understand how much they have raised, to keep track of contact information of donors, manage fund-raising campaigns, and to print reports on the basis of information.

- 4. Disability management :** This is another area where a lot of work can be done at BPA with the help of technology. Till date, no reliable database is available which lists the exact count of people with different disabilities in our country. Different agencies provide different types of data.

If any software which captures the details of each and every person with disability, with multiple disabilities in the country, it will help both government and voluntary organizations in managing this section of people with special needs in a more sophisticated way. It may also pave the way for better financial management in the field which as of today is mismanaged to some extent. The

Federations/Associations of different disability management organizations need make a case to the Central Government to develop a framework of disability management data so that a common standard is available in the country.

5. Development/procurement of relevant applications :

Following are some applications which can be useful to people with different disabilities for carrying out their day-to-day operations, performing their office duties, and enhancing their knowledge and confidence. This is not an exhaustive list. Many of the below applications are available free or are chargeable on internet and smartphones.

- Application which can recognize currency
- Application which can give access to audio books and audio libraries
- Application which helps people with VI to navigate the streets
- Application which can read out emails, news feed, weather forecast, stock prices etc.
- Application which can detect motion so that if someone comes near a person with visual disability, this detector can alarm him/her that someone is around
- Application with audio-enabled buttons and answers

On-the-ground realities and challenges

This is how my suggestions on the above fronts were reasoned by the authorities at BPA including Bhushan Punani, Executive Director of the organization, with regard to accepting the same or stating limitations, curtailing them to implement the suggested changes:

With regard to expanding the coverage of IT training, management at BPA shared that presently they are finding it difficult to get qualified teachers for the same.

Secondly, about incorporating a computerized HR system in the organization, the intrinsic problem that came to the fore was that the total number of employees at BPA was not large enough to justify the cost and usability of resources.

The suggestions about designing donation management software and developing database on disability management were recognized by BPA management as needs and thus will be acted upon. To tackle the issue of costing, some freelance software programmers would be found who would do the job at nominal charges.

Moreover, inquiries can be made if softwares specifically suited for various categories of disabilities can be purchased in bulk and licensing norms can be relaxed. This would enable making copies of the application and distributing them to the needy without any copyright issues.

*Rajiv Ranjan, a faculty of IT at Bank of Baroda Institute of Information Technology (BOBIIT) wrote this chapter especially for the book. I, K K Varma am grateful to him for the survey in a field unknown to him. I would also like to express my gratitude to Kamlesh Patel, Principal of Bank of Baroda Staff College, who encouraged Ranjan to accept the challenge of writing this chapter.

MOONLIGHT AFTER SUNSET: POST-PATEL ERA

Jagdish Patel, founder and General Secretary of Blind People's Association (BPA), breathed his last on March 31, 1999.

During the five decades of his association with BPA, he pioneered varied developmental activities for Persons with Blindness (PwB) and took initiatives to launch services for certain other disabilities. Patel left behind a professional team of management to run the organization. Yet there were several questions and apprehensions like: Who will be Patel's successor and will she/he carry forward BPA with similar intentions and spirit as Patel? Will the organizational growth slow down post-Patel? Who will lead innovations? In order to address the above, this chapter presents new directions BPA steered to in terms of introducing services for different forms of disabilities and its performance on different fronts from the time of Patel's demise to September, 2013.

Appointment of general secretary

About the event of Patel's passing away, Bhushan Punani, Executive Director of BPA, said that it shocked all of them at the organization because Patel had led and guided them for about 50 years. Punani added that Patel's demise affected the functioning of the organization because Patel always held command and control of BPA in spite of his ailments.

After Patel's death, trustees of BPA had an immediate task: To appoint a general secretary in Patel's place. There were not many choices available. An obvious choice was Patel's wife, Bhadra Satia, who was associated with BPA for a long time. She had made valuable contributions to the organization like arranging a big piece of land from Ahmedabad Education Society

for BPA at throw-away price, organizing Braille competitions for PwB etc. She held the position of general secretary at the organization till her demise in November 2004.

The next general secretary

Nandini Munshaw was unanimously elected as general secretary by the trustees of BPA in November 2004. Munshaw brought to the table her experience of having managed a large textile mill and an aircargo company, and being the first chairperson of ladies wing of Gujarat Chamber of Commerce and Industry. She had also been closely associated with voluntary organizations like Gujarat Cancer Research, Civil Hospital, Mahila Utkarsh Bank and National Association for the Blind (NAB), Gujarat, since 1953. Moreover, Munshaw had been a trustee at BPA for long and had made contributions such as obtaining certification of Scientific Research Organization status under section 35(1) (11) from Government of Gujarat, soliciting donations as Tithi Funds (fixed-date endowment), getting funds from industrialists, being a reader for PwB, and taking keen interest in the neglected area of cleanliness and hygiene in the hostels and dining areas. She had also held position of secretary at BPA. Punani said that Munshaw's appointment as general secretary was well received by people at BPA as well as outsiders.

Executive director's challenges

Punani outlines three challenges he foresaw as executive director of BPA. He went about encountering them as under:

- 1. Whether BPA family will accept him :** This was an issue because Patel maintained tight monitoring and supervision of the staff and himself took decisions concerning them. The directors also worked closely with the staff but abstained from questioning Patel's jurisdiction. But Punani's managerial style involved decentralization. This clashed with Patel's modus operandi. For example, when Punani suggested that the staff report minor things like taking leave

to their department heads, Patel took offence. Hence, Punani was concerned about attitude of the staff towards him considering his working style differed from that of Patel which the staff was used to.

2. **Maintaining momentum** : After Patel, Punani made it a point that activities at the organization should not slow down even on day one. All activities should go on as usual because once slackness creeps in it would demand lot of effort and time to tackle it. Thinking afresh and innovativeness must continue.
3. **Internal integration** : People were used to command and control approach which needed a change towards participatory approach. Punani said that he felt that the time had come for all managers to take charge of their areas of responsibility. Thus, enabling and empowering managers was the next course of action that Punani perceived as a challenge.

In order to address the above three points, Punani communicated his style of management to the personnel at BPA. He made it clear that any employee at the organization need not think or act in a subordinate way to anyone. Instead he urged them to participate in decision-making so that BPA as a whole flourishes. Response of the staff as well as of senior management to this new style was favourable. "We gradually were becoming a collective group that flocked together. We set up new services outside and in Ahmedabad. We decentralized the high growth centres. We stressed on leadership development," Punani said.

After the initial issues, many new activities and schemes were initiated at BPA. They are categorized in eight parameters elaborated below:

1. Change of systems
2. Innovative initiatives
3. Centres for Special Needs

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4. Sports infrastructure
 5. Distinguished honours
 6. Overseas recognition
 7. Inclusive schooling and other inclusion-related applications
 8. Financial achievement

1. Change of systems : The management at BPA took steps to decentralize decision making and to develop leadership focus

1.1 Decentralization : The executive director and other directors agreed on decentralizing decision-making for the high-growth services only. However, to initiate the same; no formal announcement was made, no guidelines on decentralization were issued and no circular on powers of managers was sent. Punani said that the process of decentralization was introduced informally. He explained the rationale: "Many countries have no written constitution. Many written charters or service conditions in corporations remain on paper only." Punani said that through their day-to-day interactions, they advised the concerned functionaries in their organization to take all decisions relating to their work except those relating to finance and staff recruitment (For these two requirements, managers needed to take sanction of senior management). He credits this strategy of empowering managers to have led to growth of their new units like eye hospital, KCRC rehabilitation centre and expanding department-special need centres.

In many organizations, it is observed that the CEOs in reality are not pro-decentralization. They say they are highly keen to introduce decentralization but in reality they do not share the authority to take decisions. During my research, I found two things at BPA in this regard: a) freedom the managers said they enjoyed and b) senior management's commitment to decentralization.

All the 22 managers I met and interviewed spontaneously expressed that they enjoyed 'full freedom' to plan and execute their work. In fact, many voluntarily expressed that the best thing they liked about working at BPA was total freedom. Even those remaining out of office for the whole day were not questioned as to how they had spent their time. This reflects the trust that senior management puts in their employees.

The second experience was during my interactions with Punani, Nandini Rawal (Project Director) and Harish Panchal (Training Director). When I was interacting with the directors, there were occasions when managers dropped in to discuss issues. The directors mostly asked what their (managers') views were and directors appreciated their views. Further, while I was discussing about last decade's activities of BPA with the directors, they referred to the activities as collective effort by using words like 'we' and 'they' rather than respective director's achievement. The egoistic 'I' was absent. Such a team behaviour reinforces senior management's commitment to decentralization.

1.2 Leadership Focus : Another change of system that professional management at BPA imbibed was focus on developing leaders. Punani said that for succession planning, they were looking at departmental heads to take up posts of directors in the future. He added that only if an insider did not possess the requisite qualification, experience and integrity, then they would recruit the same from outside the organization.

Punani cited the examples of two departmental heads who they are considering for senior management positions for the future. One of them, Dharmendra Jena, is running the eye hospital at Bareilly efficiently. Another case is of Vimal Thawani, who is in charge of Centres for

Special Needs. She organizes educational courses and a day clinic for children and adults suffering from Mental Retardation (MR), mental sickness and multiple disabilities, and also extends other rehabilitation services to them. I studied the performance and potential of the two managers and found them quite suitable to be part of senior management with the exception that they possess experience of one job for too long rather than a wider exposure to the organization.

Senior management at BPA claims that they take steps to train the managers to assume higher roles. Their strategy is sound. Yet implementation of BPA's strategy for succession remains to be seen.

2. Innovative initiatives : Following are various initiatives undertaken in post-Patel period which became permanent part of BPA's activities.

2.1 Kutch Comprehensive Rehabilitation Centre (KCRC) : The massive earthquake that shattered Gujarat on January 26, 2001, left thousands with disabilities. Moreover, a lot of Persons with Disabilities (PwD) lost their houses and property. At the time of this calamity, BPA took following steps:

- BPA set up tents to distribute relief materials and to render physiotherapy service at Bhachau, a block of Kutch, which comprised the epicentre of the earthquake. About 200 PwD were served per day.
- BPA tied up with Indian Medical Association, Bhuj, and with Spandan, a medical relief and rehabilitation Trust, to extend physiotherapy treatment and to establish a makeshift general hospital to render medical services to the people mobilized by BPA.
- People whose body parts were amputated due to the disaster needed support services and appliances. Also, people who had disabilities before the

earthquake needed support services as their appliances got damaged during the calamity. This huge demand of prosthetic and orthotic services (like artificial limbs, spinal collars, wheel chairs, and walkers) and all sorts of support appliances was met by BPA with support of Ministry of Social Justice and Empowerment, Government of India.

- The state government, BPA and Spandan felt the need to help the population recover from the disaster in a longer term by offering services like inclusion and employment of PwD. So from the temporary tent setup, a permanent BPA centre (with the support of Government of Gujarat that donated a 2,000 sq. yard land free of all revenues) was established. This is how Kutch Comprehensive Rehabilitation Centre (KCRC) came into being.
- Services of sensory integration for persons with mental handicap were also created.
- BPA sought technical help from overseas institutions like Handicap International, France, and Die Johhanitter Unifall, Germany (The latter supported construction of building, helped establish a high-tech artificial-limbs workshop, and maintained supplies of joints and limbs from Germany during 2002-04).
- Though faced with several teething problems, BPA's staff provided dedicated service. BPA then recruited a professional social worker, Arindam Ray, as the project manager. KCRC gradually employed various other talents. Medical doctors were arranged on visiting basis.
- KCRC also started a day-care centre for children with Visual Impairment (VI) and those with multiple disabilities.
- KCRC's appetite for rendering new services continued. It opened an eye-care centre, provided self-employment opportunities (514 people have

been financed to start businesses with the support of Japanese Funds for Poverty Elimination), and created capacity-building projects like self-help groups, training institutes and inclusive school.

- KCRC is shaping up as one-stop for all services like its parent organization. For details, please read chapter, “An Emerging BPA within BPA”.

2.2 Navalbhai and Hiraba Eye Hospital (NHEH) : Rawal said that Patel wanted to set up an eye hospital for PwB from a long time. However, his dream could only be realized after his death. In Bareja, a village situated in taluka Daskroi of Ahmedabad, a registered Trust for a general hospital existed. The trustees could not set up the hospital and hence donated the land to BPA. BPA inaugurated the eye hospital named Navalbhai and Hiraba Eye Hospital (NHEH) in 2003.

Since 2005, Dharmendra Jena (who at the time was working as project co-ordinator of a joint project of Department of Health and Family Welfare, Government of Gujarat, and BPA) has been the manager of the eye hospital. He has been perceived as helpful by the patients, facilitating by the staff, and as a performer by the management.

NHEH is run with the help of eight visiting medical experts, 12 technical staff and 16 other staff. Volunteers supplement their services from time to time. The manager as overall head of the hospital co-ordinates with the doctors and others. Majority of the staff is professionally trained by CBM, Germany, an organization that helped in capacity building.

To respond to other community needs, the hospital set up facilities for Ear, Nose and Throat (ENT), orthopaedic and all eye treatments including those for retina. In a typical day, about 500 patients visit Out Patient

Department (OPD) at the hospital. Moreover, camps including those for polio screening were regularly organized by the hospital in the rural areas of Gujarat. The patients requiring surgery were advised to visit the hospital. The hospital performed 35,239 cataract surgeries in less than 10 years. Expenses like surgeon's fees, medicines, pre-operative expenditure, post-operative expenditure, surgery cost, food, lodging/boarding etc. were covered by the hospital.

A large number of corporates, banks, Trusts and voluntary organizations/foundations from India, USA and the UK supported the hospital from time to time. Local community supplied food grains and normally, hospital did not have to buy food items for serving free food to the poor patients.

Gradually, the hospital's infrastructure has been expanded, new technology is adopted and services are diversified. For details, please refer chapter "The Eye Hospital."

2.3 Online fund-raising : BPA has been a beneficiary of GiveIndia, a platform that raises funds for voluntary organizations. The facility is given to organizations that are transparent and credible. BPA has been receiving disbursement from GiveIndia since 1999 ranging from ₹3 lakh to ₹5 lakh per month for cataract surgeries; tricycles, sewing machines or other devices for the needy people; and towards general fund and corpus fund. Enabling online giving has made it easier and less time-consuming for people to contribute to causes.

Secondly, BPA approached *GlobalGiving*, a non-government online marketplace that connects donors with grassroots projects throughout the world for hosting its project 'Seeing is believing.' After GlobalGiving carried out a rigorous due diligence of the

project proposal and BPA satisfied their guidelines, the project was accepted. The project has attracted donors worldwide and BPA received \$45492.83 (₹30 lakh approximately) between April 2010 and November 2013. There is a gap of \$26,707 to hit the collection target which BPA is confident of achieving by the year end.

Thus, by tapping into this new source of fund raising, BPA has not only garnered more money than through traditional methods of fund raising; it has also gained international exposure.

2.4 Sensory Path : Sanjay Lalbhai, Managing Director of Lalbhai Group, donated ₹20 lakh for developing a Sensory Path in BPA for persons with VI and for wheelchair users. The path passes close to the walls of BPA buildings across the campus thus helping the above to manoeuvre independently and safely. The path is a great facility to all PwD.

2.5 Joy of Giving (Daan Utsav) : Daan Utsav is India's festival of giving. Since 2009, the festival is celebrated every year during the week of Gandhi Jayanti. It brings together people from all walks of life who give their time, money, skills and other resources. Fifteen lakh people have participated in 700 plus events in the country in four years.

In 2011, BPA celebrated Joy of Sight where more than 400 eye surgeries were performed in the week in Ahmedabad. In 2012, the theme of the festival was Joy of Employment. It was held in the BPA campus in association with a Delhi-based voluntary organization, Sarthak Education Trust. During the three days of the fair, about 900 persons with varying disabilities came to participate in the employment fair from different parts of Gujarat. Thirty-seven companies came to the fair to recruit 170 candidates on the basis of criteria like

interviewee's confidence in talking, attitudes, presentation etc.

BPA had organized the event systematically in four rooms. Punani and Rawal shuttled between the rooms to oversee arrangements and interviews.

2.6 Comprehensive Training for Educators in Rehabilitation:

Comprehensive Training for Educators in Rehabilitation, a six-day programme, was organized by BPA in collaboration with Handicap International and Brothers of Charity, Belgium, in June 2010. The programme aimed at capacity building of the teachers so that they could enhance the quality of life of children with special needs, their families and community. The programme was delivered by a Belgian team. The programme's emphasis was on autism, speech therapy and MR. It combined hands-on training and techniques of special expertise which Brothers of Charity brought with them. The 109 participating teachers were from different institutions in Gujarat. After the programme, they were expected to perform the role of master trainers in their respective schools.

2.7 Magazines for PwB - Braille version of Bal Shruti

magazine: Gujarat Rajya Shala Pathya Pustak Mandal brought out children's magazine called Bal Shruti in Gujarati language every month. They, however, missed catering to children with blindness. BPA took up the issue with the Mandal and Government of Gujarat that the magazine can be an effective instrument for learning for PwB. Consequently, the then Gujarat Chief Minister and present Prime Minister of India, Narendra Modi, launched Braille version of the monthly and its audio edition on January 4, 2012. Thus, the sighted children's magazine became an inclusive magazine.

Zarmar: Hope, an Ahmedabad-based voluntary

organization for women, launched a magazine in Gujarati called Zarmar (which in Gujarati means drizzle). The magazine features story of a woman with blindness in every monthly issue. As BPA has collaboration with Hope, it converts the magazine in Braille and distributes it to women with blindness. BPA also sends Zarmar to some sighted women as educative and special-interest material.

2.8 Setting up of advocacy department : BPA set up a formal advocacy department in 2012. It engaged a qualified and experienced person, Kinnari Desai, for the same. Desai who had earlier worked with BPA, rejoined the organization after availing the Ford Foundation scholarship and acquiring a master's degree from Syracuse University, USA. She had specialized in 'Post-Colonialism Feminism and Women with Disabilities' in her master's programme.

As Desai's specialization suggests, she is interested in women welfare. The rationale for her interest is that women with disabilities are more vulnerable than men with disabilities (Only 10 percent of women with disabilities get education as against 60 percent of men with disabilities).

Advocacy for women with disabilities, Desai said, is multi dimensional: sensitizing people through dialogue on rights of such women, influencing for progressive policies, and capacity building of the women through knowledge and motivation.

2.9 Chintan Shivir : Chintan in Sanskrit means meditating, deep thinking or deliberating and shivir is a forum for people to talk, debate or express. BPA held Chintan Shivir meetings from 2006 to 2008. In these meetings, BPA staff used to get together. In every shivir, one department presented their work and progressive actions taken.

Everyone at BPA from messenger to manager to director met, talked, listened and discussed matters of interest relating to their respective departments. Such gatherings took place once a month and sometime once in couple of months.

I talked with some managers who were part of the now discontinued Chintan Shivar. They said that through the updates by departmental heads in the shivar, they came to know what was happening in different parts of BPA. Moreover, they said that inter-departmental relationships improved because of the gatherings as one could express oneself and give suggestions. Also, likely happenings at BPA and in disability field shared by directors, they said, were useful.

The management had not assigned responsibility of Chintan Shivar to anybody which as pointed by some ultimately led to its closure. All of BPA personnel interviewed expressed need to revive Chintan Shivar. Punani also agreed to restart the gathering.

2.10 'Cataract-free Ahmedabad' : Fourth of January is celebrated as Louis Braille Day worldwide to commemorate the inventor of Braille. On this day in 2013, BPA undertook a project 'Cataract-free Ahmedabad.' With the encouragement of Areez Khambatta Benevolent Trust, BPA launched the project to conduct 20,000 eye surgeries for urban poor and slum dwellers of Ahmedabad within two years. The project was also supported by Department of Health, Government of Gujarat, and some companies of Ahmedabad. The first camp in January 2013 was held in Juhapura, Ahmedabad. About 5,000 surgeries have been conducted so far.

2.11 Helping other voluntary organizations : BPA also helps voluntary organizations in infancy stage or those wanting

to add new services. BPA shares its learning through its experience in conducting developmental activities for PwD, disaster management and Community Based Rehabilitation (CBR). A few beneficiary organizations are cited below:

- A Netherland-based voluntary organization, Sticing Shared Vision, sought BPA's help to set up a project in Jodhpur, Rajasthan. BPA acted as their advisor and helped the organization recruit a project manager trained by BPA as their executive director. As per the Memorandum of Understanding (MoU), periodic performance of the project is reviewed by BPA.
- National Association for the Blind (NAB), Mumbai; National Institute for the Visually Handicapped, Dehradun; and Welfare Association for the Blind, Indore, sought BPA's help to start physiotherapy schools.
- Centre for Rehabilitation of Paraplegic, Bangladesh, was assisted by BPA for designing a course in physiotherapy.
- During Vibrant Gujarat programme of 2013, BPA entered into MOU with Government of Mauritius and National Council of Rehabilitation of Disabled People, Mauritius, for training voluntary organizations in the foreign country.
- Some women from Ahmedabad sought partnership with BPA and set up a voluntary organization called Hope. They raise funds for different projects for women with disabilities among other activities. Similarly, another set of women formed Blind Women's Association who seek BPA's expert consultation and help on purchasing bulk products. BPA also supports them with an office in their campus.

2.12 Physiotherapy certificate course upgraded to university diploma : The school of physiotherapy at BPA constantly reviews the content and methodology of its programme. The two-year certificate course was upgraded to three-year Advanced Diploma for Visually Impaired recognized by Ahmedabad University. The first batch started in 2012.

After completing the diploma, a six-month internship in a hospital/clinic is required thus providing practical exposure to the students. The final examinations are conducted by Ahmedabad University through the multiple-choice system. Thus, the earlier practice of a reader writing the exam is done away with.

2.13 Japanese Medical Manual Therapy (JMMT) : Japanese therapies are well known. BPA, jointly with National Institute for Visually Handicapped, Dehradun, made arrangements for training the trainers in Japanese Medical Manual Therapy (JMMT) in India. This one-year training was for professionally trained physiotherapists. To train in this medical massage technique, a team of Japanese trainers came to India. They conducted the course at BPA, the Japanese trainers stayed in BPA campus. The training was funded by Ministry of Social Justice and Empowerment. It was the only training of its type that the ministry funded. One of the pass outs from the course joined BPA as a faculty. Now a practitioner's course of two years is launched. Dr Saburo Sasada, who was the principal faculty in the faculty development course, is teaching the two-year course with the help of the faculty they had trained.

2.14 Open-air theatre : Late Jahangir Cama, President of BPA had donated ₹20 lakh during 2011-12 for an open-air theatre with seating for 1,000 people. The theatre design especially suiting PwD was prepared. The final estimated

cost was too high. During his presidency, Cama wished to review the project. But he passed away in the meanwhile.

- 3. Centres for Special Needs :** Today, BPA has eight special-needs intervention centres. These are highly specialized institutions that provide services to children and adults with severe mental and multiple disabilities like deafdumbness, autism, Cerebral Palsy (CP), multi-sensory impairment, MR etc. Such interventions require a specific skill-set and BPA had no experience to deal with these complex disabilities. Yet Patel was determined to take a step towards the same. Within one decade before his demise, BPA set up three special-need centres for children.

In the decade after Patel's demise, five more centres were set up. Different centres cater to a different target group like toddlers, 6 to 17-18 year-olds, senior citizens etc. Two centres have residential facility. At the centres, PwD are offered medical treatment, academic help, vocational skills etc. as per the needs. The attempt is also to help them do their daily chores. In relevant cases, sensory stimulation is given to improve their condition.

BPA appointed special teachers and educators for the centres. Two heads of the centres for special-needs department and one manager were sent to the UK and USA for further education and training. Doctors and specialists are invited on visiting basis. For details, please refer chapter “Centres for Special Needs: Education and Vocational Training.”

- 4. Sports infrastructure :** Sports infrastructure and activities are as important for development of PwD as for normal children. Therefore, BPA lays lot of emphasis on sports which is evident from the following:

4.1 Sports training : A sports teacher is appointed for the primary and secondary and higher secondary schools from a long time. The state government supported one sports teacher's salary. BPA, noting the interest of some students in table tennis, appointed a coach in 2009 and paid his salary from organization's funds. A number of students were sent for advanced table-tennis training to London.

4.2 Sports competitions : During 2004-12, 145 students of BPA participated in city, state, national and international sports tournaments including those of skating, wheelchair race, shotput, air-rifle shooting, and long jump. Data of the students with blindness was not readily available; otherwise probably the number would have been more than double.

Team of students from BPA participated in the 2010 Olympic Games. Moreover, in Bangkok Open Table Tennis Asian Competition 2011 for PwD, BPA's Bhavina Patel won the silver medal. She also won silver medal in the Special Olympics held in Beijing during 2013. Students of BPA have also visited countries like the UK, Jordan to participate in international competitions like Commonwealth Games.

4.3 In addition to their participation, BPA also sponsors and hosts sports competitions. For example, in June 2007, BPA sponsored a chess tournament in which 58 PwD from Gujarat, Madhya Pradesh (MP) and Maharashtra participated. While five PwD were awarded prizes, 20 were selected to participate in the national chess tournament. Another attraction of the programme was the presence of Charudatta Jadav, General Secretary of All India Chess Federation for the Blind and consultant at Tata Consultancy Services, who also has blindness.

4.4 Principal of BPA's primary school, Tarak Luhar, who is chairman of the Joint Sports Committee of Schools of Blind, organizes sports competitions and tournaments of the schools. As an example, in November 2013, BPA was the venue for the west zone Abilympics (Olympic games for PwD). Three hundred PwD aged 14 and above participated from schools of Gujarat, Maharashtra and Goa in 28 competitions like computer riddles, carpentry, arts and crafts. Mahinder Sutar of BPA, who was awarded at national level, was selected for international participation in carpentry competition.

Overall, both male and female students at BPA exhibit a good performance in sports with record of females being better than that of men.

4.5 *Sensory Park* : Children who had lost one or more senses needed a special environment. Two students from National Institute of Design, Anjali Menon and Aditi Agrawal, developed a theme park in the BPA campus in February 2012. This is an inclusive park that facilitates stimulation through play for visually, physically and mentally challenged children. The park needs to be maintained properly.

4.6 *Sports centre for visually challenged* : In October 2010, a sports centre was set up from the donation of Pushp Godiawala, director of a multi-national company, on the occasion of his wife's birthday. At the centre, children can play indoor games including carom, chess, snakes and ladder, table tennis etc.

5. **Distinguished honours** : Following are some awards that BPA, its individuals and its different establishments received at organizational level. They also include awards and recognition to office-bearers of BPA are given only as samples not the entire list.

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- 5.1 *Awards to eye hospital* : NHEH (BPA's eye hospital) received 'Best Achievement Award for Highest Eye Surgeries' from Department of Health, Government of Gujarat, in October 2012. The hospital had conducted 5,500 cataract surgeries during 2009-10 in the district of Ahmedabad. The hospital also received 'Third Best Eye Hospital Award' from Department of Health, Government of Gujarat, during 2011.
- 5.2 *Academic tie-ups* : BPA has tie-ups for its study centre with MP Bhoj University for foundation course of BEd in Special Education and for post-graduate courses in Visual Impairment(VI) and Mentally Retarded (MR); with Indira Gandhi National Open University (IGNOU) and Dr Baba Saheb Ambedkar University for certificate, diploma, graduate and post-graduate courses for PwD; and with Manipur University for conducting examination and evaluation of courses. For details, please refer to chapter 3 section "Distance Education for Special Teachers."
- 5.3 *Braille dictionary* : BPA has converted English-Gujarati dictionary in Braille. The 1500-page Braille English-Gujarati dictionary is available for ₹1385.
- 5.4 *Outstanding rehabilitation performance* : Assessing through a technical committee, Rehabilitation Council of India adjudged BPA's performance as outstanding in the area of rehabilitation of persons with VI.
- 5.5 *RM Alpaiwalla Award for Outstanding Services for Blind* : BPA's General Secretary, Nandini Munshaw, was honoured with reputed RM Alpaiwalla Award for Outstanding Services for Blind by NAB in January 2005.
- 5.6 *Distinguished Alumnus Award* : On the occasion of golden jubilee celebrations of Punani's alma mater, Indian Institute of Management-Ahmedabad (IIM-A), he received 'Distinguished Alumnus Award' in December

2012. The award was for Punani's courage to pursue an unconventional career path of serving the less privileged.

5.7 Expert Member of Standing Research Advisory Committee: Standing Research Advisory Committee for Welfare of Disabled formed by Ministry of Social Justice and Empowerment, Government of India, nominated Punani as an expert member of the committee for two years.

5.8 CBR Network : Punani and Rawal were elected as executive members of CBR South Asia Network¹. Punani was entrusted with responsibility of north-east, eastern and north zone of India and Rawal of western states of India.

5.9 Karsanbhai Meghji Vekaria Award 2011 : BK Panchal, co-ordinator of BPA's physiotherapy school, was conferred 'Karsanbhai Meghji Vekaria Award 2011' for his contribution to education, training and rehabilitation of differently-abled persons.

5.10 Presentation of paper : Rawal presented a paper on 'Resource Mobilization at the Old Age Homes' at a management programme organized by Help Age India.

5.11 Appointment as district governor : Gayaneshwar Rao, co-founder of BPA's KCRC, was elected as district governor of District 3050 for 2013-14.

5.12 Best Case Study prize : Chetna Soni, special educator at BPA's Mental Hygiene Clinic, was awarded first prize for 'Best Case Study' in February 2011 by Society for the Welfare of the Mentally Retarded (SWMR).

¹ CBR Network (South Asia) promotes CBR knowledge and skills through sanctioning and monitoring of funds for implementation of projects in south Asian countries. It is headquartered in Bangalore, India, and has been sanctioning pan-India projects divided in four zones.

5.13 *Best sports-coach award* : Ganpat Patel, mobility instructor at BPA's primary school, was conferred Tenth National Sports Club of the Blind (NSCB) Annual National Sports Award, 2004-05, for the best sports coach with blindness in India.

5.14 *Special Education topper* : Hemlata Gupta, special educator at BPA's Early Intervention Centre, topped in Diploma in Special Education conducted by Manipal University in Helen Keller Institute of Deaf and Deafblind Centre.

6. Overseas recognition

6.1 *Hosting conferences* : Two international bodies, International Council for Education of People with Visual Impairment and Deafblind International, requested BPA twice in the recent past to host conferences on their behalf to leverage BPA's effectiveness in managing conferences. These two bodies partnered for the first time so that the participants could get benefit of their combined expertise. The first conference 'Deafblindness – the Asian Awakening' and 'Marching Together in the New Millennium,' were held in April 2004 in Ahmedabad. The second conference 'Towards an Inclusive Tomorrow' held in April 2013 at Ahmedabad was attended by over 300 delegates. It was addressed by several practitioners, academicians, and government officials from Gujarat state and from central government.

6.2 *Choice of largest multi-national bank* : A London-based bank, HSBC (India), wanted to appoint PwD. For this purpose, it selected BPA for support in 2007. BPA short-listed 134 people for interview out of which HSBC offered letters to 38 candidates to join the bank.

6.3 *Reference by Hilton/Perkins International* : This is an indication of how BPA is perceived internationally. Hilton/Perkins International invited Van Ha and Van Nga,

who ran projects for children with multiple disabilities in Vietnam, for their international programme from June 30 to July 2, 2011. The international body referred the two to visit BPA as an example of 'extending services to children with multiple disabilities without diluting their original commitment to persons with VI. Ha and Nga visited BPA and studied what BPA was doing. They were satisfied that BPA's both wings worked well.

6.4 Re-appointment as treasurer of an international organization: Rawal was re-appointed as treasurer of International Council for Education of People with Visual Impairment (ICEVI) for 2011 and 2012. ICEVI, which works for the education and policy formulation for PwB, has been appointing Rawal as treasurer since 1997.

6.5 Honour from Saudi Ophthalmic Society : Mohammed Bellow, Director, Ebsar Foundation Workshop on Low Vision, invited Punani to Annual Conference of the Saudi Ophthalmic Society in March 2008 at Riyadh, Saudi Arabia. Here, Punani made a presentation on promoting education for children with low vision.

6.6 Presentation of a paper in China : Christoffel Blindenmission (CBM) commissioned a conference in April 2006 at Kunming, China to which Rawal was invited. She presented a paper on CBR and Networking at the conference.

6.7 Ford Foundation fellowship : Desai, a project manager at BPA, was awarded the Ford Foundation fellowship for pursuing the two-year master's programme in disability and human development at Syracuse University, USA. After acquiring the degree, she returned to India and took up the task of disability advocacy with BPA.

6.8 European Commission scholarship : Similarly, Pramod Gupta, a co-ordinator at BPA, was selected by European Union (EU) Commission Scholarship to pursue MA in Special Education. He joined Roehampton University and returned with the degree in 2006.

7. Inclusive schooling and other inclusion-related applications : In 2008, Government of Gujarat released guidelines on inclusive school where children with disabilities and children without disabilities study as well as participate in games, cultural and other activities together under guidance of special teachers. (For detailed discussion on the inclusive-school concept and process, please refer chapter “Government's Inclusive Approach to Educate Children with Disabilities.”) BPA took the following steps in the domain of inclusion of PwD:

- KCRC set up an inclusive school. They also applied the concept of inclusiveness in skill training for self-employment as well as in self-help groups. For details, please read the chapter, An Emerging BPA within BPA.
- BPA-MSM apart from Samarth Residential Respite Care Centre founded Sammilit Vidhyalay (inclusive school) in 2008. The government recognized the school up to seventh standard effective from academic year 2013. Presently, the school has 50 special students and 150 other students.
- BPA-MSM also set up an inclusive home for old, retired, homeless PwD in 2010 named Karam Yog Centre. Karam Yog means that the beneficiaries would give back (to the centre) by working (for the centre) in any area of their experience and ability. Six karam yogis, three with disabilities and three others, joined. They taught, worked in stores, did child care and clerical work. But for different reasons, all left the centre before much intervention could be carried out. BPA is determined to re-launch Karam Yog Centre with greater vigour. Ten rooms are under construction for the same.
- BPA set up Savinay Sammilit Vidhyalay in Bavla, Ahmedabad. This is a school for below-poverty-line children up to eighth class. Here, tuition fees, books,

transportation and lunch are provided free. The school was donated by a philanthropic businessman, Jitendra Ajmera, who contracted blindness when he was in his 50s. Twenty-five children with physical handicap and mental disability, and 245 other children study in this 20-room school.

- NHEH has undertaken participation in the Australian-CBM, Germany, funded inclusion-related projects in Daskroi block, Ahmedabad.
- These inclusive schools of BPA imparted education to 90 children with disabilities and 465 others children thus providing a congenial environment to the former and sensitizing the latter towards disabilities.

8. Financial achievement: Finance is the elixir that allows organizations to grow. Shortage of finance can lead to their decline. Voluntary organizations mostly depend on government grants and on donations from individuals and international funding agencies. However, at times, there are disruptions, slowdown or even denial for more funding. For example, National Trust, as a policy, finances projects only for a limited period. Voluntary organizations, therefore, should generate their own revenues through permitted avenues. One way is manufacturing products and selling them. For example, BPA sold furniture and other products produced by its students to government departments and as well to private entities. Another source of revenue could be investing within the framework of the law. Sensibly and safely invested funds can fetch more return than bank fixed-deposits. BPA's investments have also been providing mostly higher return than the fixed-deposit rates would have. Over a period of time, these surpluses accumulate.

Following are some financial highlights of BPA based on comparison between years 2005 and 2012:

-
- Balance sheet has expanded by 86.84 percent over the seven-year period.
 - Income and receipts have increased by 133.68 percent and 58.97 percent respectively.
 - Immovable property rose by 232.50 percent over seven years at the rate of 33.28 percent per annum. This growth was primarily due to property donations.
 - As a function of the above, depreciation fund increased.
 - Movable property appreciated by 50 percent.
 - Funds were deployed into other investments.
 - Expenditure exceeded the income and cumulative loss stood at ₹1.52 crores as on March 31, 2012.
 - Growth of Trust funds is reflected in the Compound Annual Growth Rate (CAGR) of 60.9 percent.
 - The reserve for the earmarked funds reached ₹2.26 crore.
 - Interest on investments dipped because of market conditions in recent years.
 - Project-related expenses increased due to launch of numerous new projects.
 - Sources of income for 2012-13 were: Government to the tune of 31 percent, public donation (Indian) accounting for 36 percent, foreign donation measuring to 20 percent, and cost recovery (certain service charges like spending on projects, paid by beneficiaries) with its share of 13 percent.

Analysis and Suggestions

The story of BPA illustrates that there is scope for growth even in large and old organizations in terms of initiating change and innovation units. Even though BPA founder left behind a formidable institution, professional leadership that filled his shoes grew the organization taller and wider. Today, BPA undertakes 49 services/activities (Exhibit attached)

However, the professionals also need to go beyond formal dressing, excel sheets and text-book learning. Taking charge is more than reporting for the new job. As Punani's experience suggests, a new officer needs to understand the complexities of the job and address them. For example, Punani recognized that he must win greater acceptance by his peers and staff. Therefore, he interacted with them and conveyed his style of management to prevent conflicts in the future.

Following is my point-by-point analysis of above parameters:

1. Change of systems

1.1 Decentralization : For large organizations like BPA which are particularly spread out in different locations, decentralization in decision making is a prime necessity. Accordingly the managers at BPA's decentralized centres were empowered to decide on all issues of respective units except those relating to finance and hiring of staff.

A unique culture at BPA is informal communication. Regarding decentralization, Punani, briefed the concerned managers about the powers they would enjoy. No circular was issued. This informal style of communication is working well for the functioning of the decentralized units and departments. They undertook new innovative activities and established a record growth and new categories of beneficiaries.

At present, BPA needs to examine whether decentralization at the Head Office (HO) in Ahmedabad should also be executed.

1.2 Leadership focus : BPA's strategy of leadership development for succession has been sound. They only need to implement the strategy so that a capable departmental head can succeed a director in that post. One weakness in the system is that a high proportion of departmental heads and managers have not been

retired or have been re-engaged (For details, please refer to 'Superannuation' in chapter "Human Resource Development"). This being the prevailing condition at BPA, younger workforce needs to be developed in the organization through fast track leadership development strategy. If sufficient choices do not emerge in the short term, selecting through head-hunting would become inevitable.

Other voluntary organizations, dedicated to multiple services or large in size, can also pursue this Human Resource (HR) strategy by engaging in leadership development and by decentralizing authority and responsibility.

2. Innovative initiatives

2.1 KCRC : Starting on a temporary basis to meet the needs of a natural calamity, KCRC (rehabilitation centre) is now a permanent facility that continues to render a variety of services to PwD in rural and semi-urban Kutch. A salient feature of KCRC is that while inclusiveness in schools was somewhat a known phenomenon, the centre introduced inclusiveness in self-help groups and Karam Yog Centre for senior citizens. Moreover, the centre leveraged the power of alliances with local voluntary-organizations which in turn created synergy in its offerings. KCRC is now a one-stop service-centre in Kutch.

2.2 NHEH : NHEH (eye hospital) has grown from being a provider of cataract services to now treating all diseases associated with the eyes. Moreover, the hospital is capable of becoming a general hospital in due course of time as it has also added services for ENT, physiotherapy, and arthritis.

It is remarkable that in spite of being located in the rural setting of Bareja, the hospital gets patients from

Ahmedabad city perhaps due to quality services it offers. However, I suggest that people who are able to pay for the services be charged for the same so that the proceeds can be used to serve the poor under the model of cross-subsidization.

Secondly, the hospital offers two distinct kinds of services: a) medical and b) educational, vocational, and inclusion-related services under the Australian-CBM funded programme. Both these sets of services require different managerial skills and control system. Till date, Jena is in charge of both types of services. I suggest differentiating responsibilities of the hospital head by either creating two independent setups for each set or by appointing a co-ordinator having managerial potential and domain ability for the Australian-CBM programme. In the second option, the manager can continue to manage the hospital while the co-ordinator of the programme, who would operate day-to-day functioning of the programme, reports to the manager. The manager should mentor and broadly supervise the co-ordinator in this scenario.

2.3 Online fund-raising : The common perception about using technology is that it entails cost. However, the truth is that using technology leads to more gain than loss. For example, through online fund-raising, BPA garnered not just money but also got international exposure. It requires only transparency and reputation to raise funds online than any cost.

2.4 Comprehensive training for educators in rehabilitation : My suggestion is that the programme should be restricted to 25-30 teachers for better participation and effective learning. Also, systematic feedback should be taken from the previous participants to design such course in the future.

2.5 Magazines for PwD : In addition to converting the two magazines in Braille version, BPA should consider converting a few other magazines in Braille and audio version. Presently, the two magazines cater to women and children each. Different magazines targeting other reader groups, say, the youth & leadership may be chosen.

2.6 Disability advocacy : BPA should involve all parties to disability advocacy: PwD (expanding focus from women to others), relevant institutions, governments, and public.

2.7 Chintan Shivir : BPA needs to revive Chintan Shivir. This time the responsibility for the same must be entrusted to a particular department like that dealing with HR. Other voluntary organizations should also experiment with concepts like Chintan Shivir.

2.8 'Cataract-free Ahmedabad' : Gujarat has the highest diabetics' proportion in the country and diabetes can cause serious retina and neuropathy diseases. BPA has undertaken monitoring and reaching out to shanty areas, slums, labour colonies etc. to make 'Cataract-free Ahmedabad' a success. The project needs to be followed up meticulously by the higher management at the organization.

2.9 Helping other voluntary organizations : BPA should consider setting up a consulting division for helping voluntary organizations in infancy and smaller organizations in the field of disability that want to benefit from BPA's experience. Such a service has scope in India and in developing countries. It will also advance the internal resource. Nominal consulting fee should be charged to sustain the division.

2.10 Open-air theatre : BPA should mobilize additional resources and pursue building this theatre on a smaller

scale to promote art potential of the organization's members and students. Now that Cama, the donor for the theatre is no more; the theatre can be a memorial in his name.

- 3. Centres for Special Needs :** My suggestion is that systematic job rotation should be done both within the special-needs department as well as with other functions of BPA so that coordinators of these centres have opportunity to grow for leadership functions in the future.

Moreover, the need for such services is so vast that voluntary organizations that plan to undertake providing the special-needs services should do so and seek guidance from BPA.

- 4. Sports infrastructure :** The damaged sensory park is of no use in its present condition. A new sensory park bigger in size needs to be built. Its location also needs to be changed.

Couple of bigger sized sports rooms are required than the current one. One room for Table Tennis and another for Indoor Games are necessary. In addition, sports records of the students with blindness should be computerized so that data retrieval facility becomes existent.

- 5. Distinguished honours :** The honours conferred upon BPA, its staff and students are a matter of pride for everyone associated with the organization. And the beauty of these honours is that they vary from awards to BPA and its units for their performance to directors presenting papers in conferences, being office bearers of international bodies and being part of expert committees to teachers awarded for best case-study writing and topping the special education diploma to students winning in sports competitions.

- 6. Overseas recognition :** BPA has been awarded not only in home turf but overseas by independent institutions. Here too, the variety is remarkable: Hosting international conferences to being chosen by a global bank for recruitment

of PwD to awarding of fellowship and scholarship to manager and co-ordinator at BPA.

- 7. Inclusive schooling and other inclusion-related applications :** BPA's example of running inclusive as well as special schools suggests that the two seemingly contradictory systems of education can be operated by the same institution successfully. Both the systems serve same as well different needs. Inclusive schools should keep on exploring new ways in which inclusion can be practised apart from just during study and play. Also, BPA's central management and of other voluntary organizations running inclusive schools need to seek feedback on each aspect of the functioning of inclusive schools.

Secondly, voluntary organizations should pursue novel ways in which the concept of inclusion is applied in unconventional places like BPA's KCRC applied inclusion for non-traditional purposes like vocational skill training, Karam Yog and self-help groups.

- 8. Financial achievement :** BPA has been earning reasonable revenue from sale of its products and interest on its investments. \

During the assessed period, performance of BPA improved across most of the financial parameters. Healthy growth seems to have taken place.

- 9. Management development – a dire need :** With increasing competition and worsening economic conditions, work is becoming complex. The environment expects service/delivery to be more effective and speedier. Voluntary sector is no exception. When voluntary organizations have to cope with these pressures they have to improve performance and growth. They need change in the organization processes. An important organization change shall be the leadership to exist at all levels of the

organization; not only at the top so as to encourage performance and creativity. Leadership, managerial ability and professionalism should form the basic management framework of the organizations. The new manager should not be a status quo conformist. While he makes the service more efficient, he will aim at stepping up effectiveness and be proactive. The competence; attitudes and behavioural skills required for voluntary organizations are of own type. While the manager needs to be manager like any other good manager, he needs readiness for certain personal sacrifice, have higher empathy, compassion and sensiveness and possess strong service oriented attitudes, smartness of a corporate executive and collaborative team-work. He shall also need research skills. All these in the present-time manager of voluntary organizations. Little effort is made by the voluntary organizations to train their employees as managers either through short-term or long-term management education. Therefore there is dire need for voluntary-sector managers to develop holistically. I suggest a two prong strategy:

Setting up of National Institute of Management Development & Research for Disability Management

The scenario is undergoing change. But very slow. For example, a not-for-profit organization --Akshay Patra Foundation is doing what BPA did three decades before-- recruiting management graduates from IIM, Bangalore. There exists industry-specific management institutes serving good purpose like Mudra Institute of Communications, Ahmedabad (MICA) for specialization in communication and creativity. Another example is National Institute of Bank Management (NIBM) in Pune which conducts short term and long-term management development programmes for bank executives and aspirants seeking career in financial services. Likewise the institute of

management development and research, exclusively for disability management is needed in the country. The institute will be responsible to undertake research and offer management development programmes (short and long term), for the employees of disability management organizations and other voluntary sector employees. The institute will offer management development programmes for officers to directors and even a discussion-sharing forum for trustees. It should be a residential non-profit, national level institute like NIBM set up by Reserve Bank of India. It should charge moderate fees from the candidates/organizations. The National Association for the Blind (NAB) joined by associations/federations of voluntary organizations could take up with the HRD Ministry, Government of India. I foresee such a venture would receive state and central government support.

Approaching IGNOU start distance learning management programmes in disability management

The second recommendation relates to seeking IGNOU's indulgence for distance learning management courses in disability management. I have raised this issue in relevant chapters. They have a wide choice of courses and if a few could be adapted/ redesigned for their employees ie employees working in disability management organizations who work hard to improve the lives of PwD. The few programmes I recommend are: MBA, diploma in management, HRM diploma, Marketing management diploma, Social Work diploma/degree and Computers and Information Science degree/diploma programmes. These programmes will suit the employees-facility at the door steps; fees reasonable. IGNOU management courses are reputed for working people. Begun with one course, the programme should be open to working managers, coordinators, teachers, officers, assistants and others of

voluntary organizations serving PwD and other voluntary sector organizations; and people wishing careers in voluntary sector. BPA and other voluntary organizations could offer to IGNOU for systematic field-work training at their workplace. Study Centres also be offered for holding various activities. NAB and associations/federations of other disabilities need to make joint effort in this regard. BPA's top management should take up the proposal with NAB and other concerned to move the proposal.

Employees may be encouraged (pending above arrangements) to join the existing MBA, diploma in management, and social work course of IGNOU. Those who qualify and acquire degree/diploma, may be re-imbursed the fees paid and some pre-announced incentive also.

BPA has brought out an English-Gujarati dictionary. BPA may spread out message about the availability so that thousands of PwB and their institutes can take advantage of the Braille adapted dictionary.

Conclusion

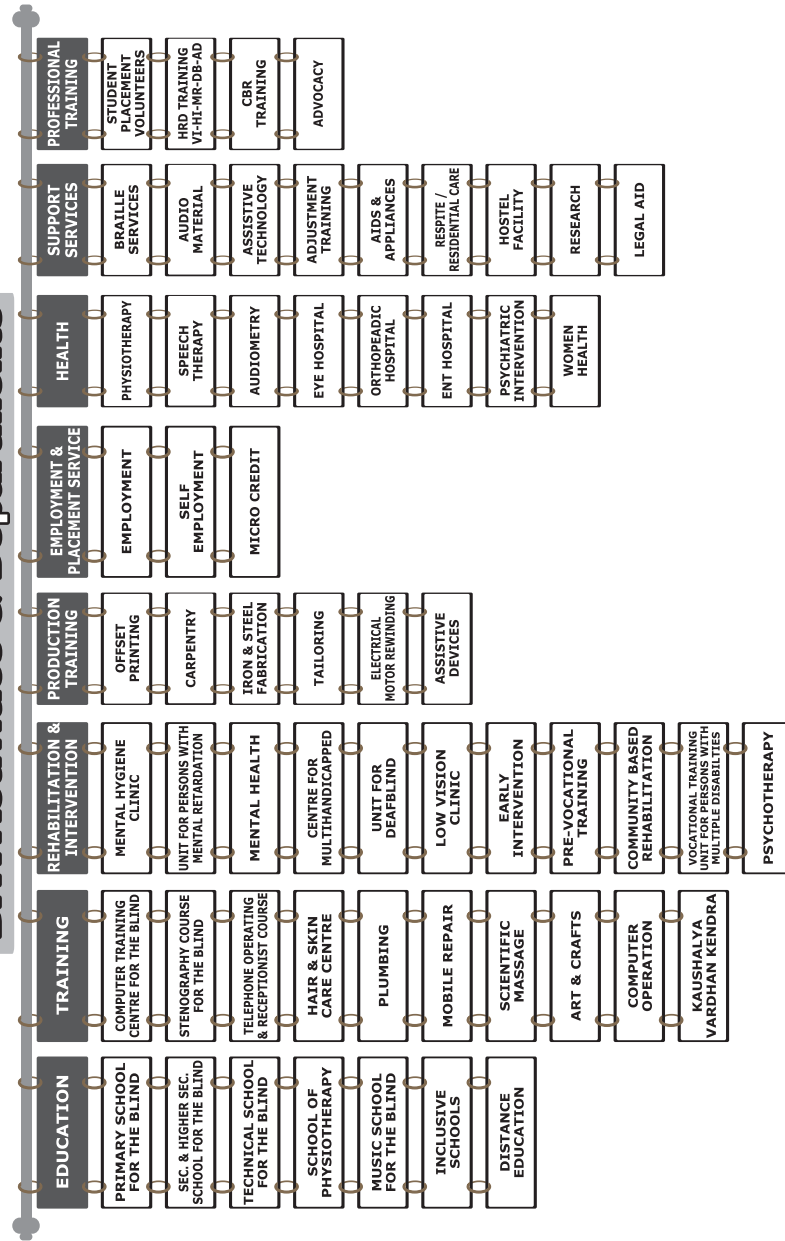
Units like KCRC, NHEH, and Centres for Special Needs have given BPA immense magnitude and capability to serve various disabilities, not just blindness. Today, BPA caters to all 10 disabilities existing in India (as per PwD Act) and not just blindness as suggestive in its name. It is therefore about time that BPA once again changes its name to what in reality represents its services and customers. It sounds little disturbing to use the word 'blind,' 'handicapped' or even 'with disability'². Management at BPA should find some euphemism that effectively captures the essence of the organization.

² 'With Disability' was suggested by K V Rama Murty of Bank of Baroda as also hard to the community.

With CBR initiatives, BPA is integrating PwD in their own communities and nearer home. Moreover, equipping them with skills, BPA is teaching them to “fish” and thus “feeding them for lifetime.”

Lastly, BPA is an organization of several paradoxes. It is professional (in terms of hiring qualified employees and applying concepts like decentralization) yet empathetic (towards different needs of PwD). It is trying reaching the sky (in terms of development) yet grounded (in terms of sticking to values like commitment to service, trust and integrity). It is modern (in terms of accepting new methods of fund-raising and using technology at work place) yet maintains human connectivity (in terms of remaining connected with different stake-holders like staff, PwD, and general public). Other voluntary organizations should learn how to make such paradoxes co-exist in their institutions as well.

BPA Activities & Departments



EPILOGUE

In this section, I do not propose to give conclusions. I shall only attempt to connect the dots about the organization, my learning and other observations while working on the project of this book and see what picture emerges.

My involvement with Blind People's Association (BPA) not only led to publication of this book, I also derived a personal reward in the process: Happiness. Unlike quantitative goals that people on corporate treadmill run after; in BPA, I saw there was an attempt to chase noble dreams of achieving higher level of objectives. These objectives energized me. In my effort to bring efforts of BPA to the fore through this book, I felt I was also contributing to the social cause in my own small way.

Another personal reward the project offered was honing of my technological skills. I was not computer savvy in the sense that I had not learnt typing or used Internet widely in the past. However, in the due course of the project, I was required to type 200 pages which I somehow gradually managed. In addition, I corresponded with the editors of this book as well as sought comments from relevant professionals via email thus making me conversant with Internet. During my initial struggle with technology, I had arrangement of a research assistant for couple of hours once in a while. And I did not want to put a burden on BPA's limited resources. Subsequently a friend, Rohit Patel, the founder and CEO of Symcom generously helped. But my desire to be largely independent in the domain was a blessing in disguise. After surviving the disappearing of some of my typed notes because of my silly handling of the machine and having to retype the same to learn to save and share documents, I acquired a new and critical skill set at the age of above 70 years. I am very happy about it.

The project also taught me a lesson in gratitude. When I encountered some people at BPA suffering from different eye

diseases, I realized how dangerous were the consequences of Myopia (a near sightedness disease; distance vision fuzzy & blurry) that made the people totally blind for distance vision. The learning sent shiver down my spine because I had suffered from the disease 30 years back when I was not aware about its dreadful effects but was fortunately cured. The fact that I was treated at the time medical science was not so advanced and that my family and career did not have to suffer due to my eye condition, left me feeling thankful to God, my friend late KC Patel who directed me to Dr Pahwa of Gandhi Eye Hospital, Aligarh. My gratitude also to BPA, to Bhushan Punani, the executive director that I personally stood so much to gain.

While I did not have to go through the tough times that people mentioned in the third section of the book went through, the stories coax one to empathize. If we tie an opaque cloth on our eyes and then try to navigate in a familiar place, even then we would hit ourselves or fall. It is fascinating how after mobility training in institutes like BPA, Persons with Blindness (PwB) become safe and independent in this basic function. They are also trained to carry out many daily chores before academic or occupational skills are imparted to them. These are the people who may have acquired blindness due to lack of proper medical access or ignorance. These are the people who may not have been included to play with other children in their childhood. Organizations like BPA work for Persons with Disabilities (PwD) to produce the likes of Dr Suresh H. Advani, Zakir Sipai, Dilip Shah and Dr Sanjay Sharma (Please read inspiring stories in third part of the book). Unfortunately, there are not enough voluntary organizations in the country operating in the area of disability to meet the demands.

About BPA, my interaction with and observation of senior management at the organization including Bhushan Punani, Executive Director; Nandini Rawal, Project Director; and Harish Panchal, Training Director and other managerial and teaching personnel like Dharmendra Jena, Bharat Joshi , Vimal Thawani,

Arindam Ray and Sudha Joshi not only provided data about the organization but also created the image of BPA in my mind. This image is of a wheel of work that churns out about 50 activities and services maintaining quality and noble intentions. Hard-working and imaginative people like the above power the wheels of BPA.

Absence of circular-distribution culture is one distinct feature of BPA. Even introduction of a new system in the organization like the decentralization of decision-making, did not go through the rigmarole of circulars. It only involved informal briefing to the managers who were empowered. BPA largely uses face-to-face communication or telephonic talk to convey a message to its employees. Coming from a large bank, it was difficult for me to understand such a communication system. But decentralization has worked well at BPA thus proving efficacy of the system.

Several other processes are also carried out informally. For instance, directors' committee meets daily at 11am. Here, trustees of BPA holding high positions like president, general secretary and treasurer also join. Yet the discussions are informal. The purpose of the meet is sharing the important events and major expenditures of the last day. There are no ceilings on expenses incurred by the directors for the organization. But if a director had spent say ₹1 crore for buying materials for the workshop, he will inform the details of the transaction in the meeting. On the other hand, the executive committee comprising of about 35 members is presided over by president of BPA and in his absence by the general secretary. This is the only formal part. In the meeting, however, issues can be raised on the spot also. Discussions and decisions go on informally and in a participatory manner. This practice has been continuing from the time of BPA founder, late Jagdish Patel (hereafter referred to as Patel). It is probably the percolation effect of these committees' modus operandi that the working style in the organization in general is informal. One example of this is: There are no secretaries in BPA. Everyone does his or her

work.

Moreover, not just the staff, but even visitors have free access to the directors and managers at BPA. The organization practices 'open door policy'. The gatekeeper opens the main gate of the campus for any person visiting BPA whether for official or no reason at all. No question is asked.

Another notable characteristic of BPA's culture is trust in the staff. The officers and managers at the organization schedule their work day themselves without the instruction or interruption from their superiors. But the height of trust put in the employees of BPA by the management is evident in this incident: In the recent past once a cashier after withdrawing a cash of ₹1,00,000, was looted outside the bank. Despite police insistence, no fingers were raised against him. Perhaps this is the reason why employees at BPA have a feeling of belonging and goodwill towards the organization.

In addition, people working at BPA across levels of management, departments and activities have one thing in common: Commitment towards service to the less privileged. This value again has been percolating from the top management. It is reported that Patel would leave whatever he was busy with to attend to a person with blindness whenever he or she dropped in. This culture persists even today.

Moreover, Patel was totally sold to the idea of providing gratuitous services to PwD as a way of giving back to the society. The managers at BPA have always been committed to the idea. They were not in favour of charging even well-off patients who availed of free physiotherapy, eye surgery etc. at BPA. Behind this equal treatment is trust in humanity that the beneficiaries would in turn contribute to the cause of disability through donations.

Luckily, at BPA, key people carrying forward the organization after Patel have also not upset the applecart. An ideal illustration

is Punani who after obtaining a management degree from Indian Institute of Management-Ahmedabad (IIM-A), the best business schools in the country, chose to work in the voluntary sector sacrificing lucrative corporate career. He has completed 34 years of service at BPA. He made heavy investment on skill training for PwD and improved the ability of his personnel to serve diverse disabilities. During his tenure, five new centers of special needs were set up by him and BPA now holds the unique position of serving all the 10 disabilities existing in India as mentioned in PwD Act. Using his strategies, he made a lot of difference to BPA's growth, quantitatively and qualitatively.

Transparency in donation management is also an applaud-worthy feature of BPA. BPA uses 100 per cent money donated to the organization for the specific activity; for example, cataract operations; for which it is donated. Besides, donations received during any day are uploaded on the organization's website the same day or the next day. It is also enabled by BPA to make donations online. Such measures to ensure transparency in donation management have strengthened trust of people in the organization. Secondly, transparency is also maintained in the function of accounting. Whether it is Income Tax or Value-added Tax or Service Tax, BPA conforms to law and reflects the same in books of accounts. Similarly, the directors are accountable for their respective functional activities and development.

Lastly, BPA has no affiliations: political or religious or private. The organization is run by professionals having diverse skill-sets. Organizational structure is also lean. Yet, BPA is replete with some Human Resource (HR) problems: Staffing is stagnant with fresh hiring done rarely and retired staff re-engaged most of the time. Also, they do not believe in the value of tools like job rotation and transfer for people development. However, as I have suggested in the book, BPA will benefit by introducing certain changes in its HR function. Moreover, the organization should leverage its credibility to promote the theme of setting up of an institute of research and management for all

organizations catering to disability.(At this stage the idea should be sold to such organizations and to the central government.)

Lastly I wish to share a piece of feedback. I sent the draft of story 8 on Helen Keller to Patricia C.Williams of the American Foundation for the Blind, USA requesting for her comments. Her mail dated 11.8.2013 is reproduced herein—

“To-K.K.Verma,

“The truth is that you know far more about Helen Keller than I do. It appears you have written an article rich in details and quotes. Good luck in publishing your work!”

Patricia C. Williams
Executive Director
The Helen Keller Center for the Blind
2430 Road 20 #B112
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In a nutshell, I should say I have immensely gained, particularly certain new learning as discussed above which are my valuable possession. Further, to realize a noble dream as Patel nurtured which was to provide holistic services for personal and professional development of the less privileged; organizations have to acquire attributes like financial adequacy, invoke government's benevolence, effective governance, work styles (starting with giving up of dictatorial styles), grooming people as professionals and adopting other HRD goals and IT tools which organizational capabilities need to be continuously fostered.

GUJARAT GOVERNMENT'S CONTRIBUTION TO PERSONS WITH DISABILITIES (PwD)*

Persons with Disabilities (PwD) in India have manifold rights, benefits and opportunities for participation from the time PwD (Equal Opportunities, Protection of Rights and Full Participation) Act was passed in 1995.

At the national level, to ensure mainstreaming of disability in the developmental system, Supreme Court; for example; allocated an amount of ₹723 crores for this purpose (Indian Banks' Association vs Devkala Consultancy Association)¹. The court also directed 32 banks to provide ₹50 lakhs each for the purpose of effective implementation of PwD Act.

As far as states are concerned, Government of Gujarat is cognizant of significance of the Act and took umpteen steps to ensure its effectiveness during implementation of the same. For example, the government's able co-ordination between itself and voluntary organizations operating in the disability domain resulted into a large number of PwD availing a variety of services.

In Gujarat, a variety of measures to mainstream disability in developmental sector have been taken as under:

1. Reservation in admission

After Gujarat High Court judgment in case of Palak Jain vs Union of India,² PwD are eligible to get admission on reserved seats to different educational courses including medical, architecture, management, teacher training, engineering etc.

¹ Appeal No. 4655 and 5218 of 2000 dated 14.4.2000

² (2001) 3 Guj LR 299

Accordingly, all schools and colleges, both private and government, were instructed to provide admission to PwD. Many voluntary organizations in Gujarat supplemented government's efforts by encouraging and counselling PwD to try for admissions in professional courses. However, yet there are vacant seats in the educational programmes in private, government aided and government schools and colleges. The situation requires vigorous campaign to create awareness about importance of higher education.

2. Scholarship

Under the centrally sponsored schemes, grant for first five years is provided by central government and after that period, responsibility for payment falls on the state government. It is observed that many states discontinue the scheme after the above five years. But Government of Gujarat has continued to implement the scheme of providing scholarship to students with disabilities at schools, colleges and university level. This voluntary continuation of scholarship incentivizes PwD to pursue further education. Many otherwise cease studies after the scholarship benefit ends.

3. Coverage of PwD in Garib Kalyan Mela

As per the initiative of then Chief Minister of Gujarat and present Prime Minister of India, Narendra Modi, the state government is covering PwD in Garib Kalyan Melas and providing them micro credit, assistive devices, pension, financial assistance and other supports.

4. Foundation course for teachers at cluster level

District Primary Education Programme has started deputing selected teachers from each cluster of villages to the foundation course of three-month duration with focus on mainstreaming education of children with disabilities. The course provides understanding about specific needs of such children.

5. Provision of assistive devices

Department of Social Defence, Government of Gujarat, has developed its own scheme for providing assistive devices including tricycles, wheelchairs, calipers, crutches, and hearing aids; and self employment support like sewing machines, hand carts, musical instruments and weighing machines from its own budget. It has involved Gujarat Rural Industries and Marketing Corporation (GRIMCO) for purchasing such devices and providing the same to Department of Social Defence for the purpose of distribution. The state government also invited leading voluntary organizations to organize camps for providing assistive devices to a large number of PwD. One such mega camp was held in Palitana which was inaugurated by Modi where assistive devices worth Rs5 crores were provided free of cost. This initiative is in line with provision of Eleventh Five Year Plan with respect to providing assistive devices to PwD.

6. Inclusion in Tribal Sub-plan

Section 40 of PwD Act requires the appropriate government and local authorities to reserve not less than three per cent in all poverty alleviation schemes for the benefit of PwD. For this purpose, Gujarat government's Tribal Sub-plan has started providing support to programmes which cover PwD in the tribal areas. It has resulted in emergence of service providers in the remote areas.

7. PwD orientation to officials

All the district-level officials from departments of rural development, tribal development, health and family welfare, education, social justice, and employment and training have been imparted orientation regarding provisions of PwD Act and specific developmental needs of PwD.

Since the above orientation training the state officials seem to be more efficient and pro-active in their decisions towards PwD issues.

8. Micro credit from state's financial corporations

Gujarat Minority Finance and Development Corporation has been assigned the responsibility of providing micro credit to PwD as per the guidelines of National Handicapped Finance and Development Corporation. All other corporations including Scheduled Castes Development and Finance Corporation, Scheduled Tribes Development and Finance Corporation, and Gujarat Gopalak Development Corporation under Department of Social Justice and Empowerment have started providing micro credit on priority basis to PwD belonging to the respective groups. This is a classic example of providing 'Horizontal Reservation' in specific developmental schemes. This initiative is in line with provision of Eleventh Five Year Plan on providing micro credit to PwD.

9. Guidelines on barrier-free environment

The state government has issued guidelines to all the municipal bodies as well as urban development authorities to incorporate barrier-free components in the buildings. Special toilets at the airport for the physically challenged, ramp on the BRTS bus stands, ramp at Ahmedabad Management Association (AMA), ramps at Indian Institute of Management-Ahmedabad (IIM-A), special path at National Institute of Design (NID), tactile pathway and wall at BPA, and accessible pathway at Kankaria Lake are some ways in which barrier-free environment is facilitated for PwD in Gujarat.

10. Orientation for medical officers

Department of Health and Family Welfare constituted a state-level committee for imparting orientation over three days to all the medical officers of Primary Health Centres. This programme for the time being has been discontinued but needs to be reintroduced. The department, however, is conducting sensitization of health workers in selected districts with the support of Handicap International.

11. Legal Aid Cell

Legal Aid Cell is an accepted legal system in our country. The courts at all the levels provide legal aid in terms of free services of advocates when litigants are not able to afford hiring an advocate. Such cells also provide legal counselling and advice to people who approach them.

Gujarat took an initiative of establishing a Legal Aid Cell especially for PwD. The cell set up by state's Department of Law protects rights of PwD and provides legal help to such persons. Previous President of India, Abdul Kalam, inaugurated this cell.

12. Integration of rehabilitation in District Mental Health Programme

When the state government evolved policy on mental health, it considered rehabilitation of persons with mental illness as a component. It has initiated district-level programme on creating public awareness, providing certificates and other rehabilitation services. This is a unique endeavour of mainstreaming rehabilitation of such persons.

13. Appointment of a person with blindness as commissioner (PwD)

The state government under chief minister Modi had appointed Professor Bhaskar Mehta, a person with blindness, as commissioner for PwD. Gujarat was third state in the country which had appointed a non-IAS as commissioner, a designation equivalent to the rank of secretary to the state government.

14. Certification of disability

Disability Certificate is a mandatory requirement for availing all concessions, benefits, and entitlements including scholarship, school admission, assistive devices, pension, bus pass, railway concession etc.

Government of Gujarat provides disability certificates to PwD at the district level by organizing camps with the involvement of medical experts. The Government has further simplified the guidelines to enable PwD to get certificates easily. This initiative is in line with provision of Eleventh Five Year Plan on providing disability certificate to PwD.

15. Coverage of PwD in flagship programmes of Swarnim Gujarat

The sports department of Government of Gujarat has been encouraging sports programmes for PwD. In Gujarat government's celebration of golden jubilee of establishment of Gujarat state in 2011, it covered PwD in all the major programmes. The Maha Khel Kumbh covered persons with MR in state-level sports, persons with orthopedic disabilities in volleyball, and persons with Vision Impairment in a state-level cricket tournament and Marathon Chess game. Moreover, in an event organized to create record for Limca Book of World Records, 143 Persons with Blindness (PwB) were involved. The PwB were provided 31 Braille story-books under the state-sponsored programme 'Vache Gujarat' (Gujarat reads). The Gujarat government also sponsored a state-level programme on Braille reading.

16. Kaushalya Vardhan Kendras (KVKs)

Gujarat has taken lead in covering people with disability under its skill-development programmes. It has established one special Kaushalya Vardhan Kendra (KVK) for PwD which provides training in vocational skills like computers, basic welding, electric wiring, beauty and make-up, tailoring and garment stitching, mobile repairing, plumbing, and motor driving.

17. Continuing Rehabilitation Education (CRE) for Deafblindness (Db)

Department of Social Defence, Government of Gujarat, has been providing special grant for promoting Continuing Rehabilitation

Education (CRE) in the area of Deafblindness (Db). So far, 450 teachers have already been imparted this training. Gujarat is the only state in India that has taken this initiative.

18. Implementation of Inclusive Education for the Disabled at Secondary Stage (IEDSS)

This highly comprehensive scheme of Ministry of Human Resource Development focuses on development of learning material, support for special educators, assessment of medical and educational needs, etc. relating to PwD. Gujarat is one of the few states where voluntary organizations are implementing Inclusive Education for the Disabled at Secondary Stage (IEDSS) scheme. At present, 1,248 teachers are working under this scheme. The state government has assigned the responsibility of implementation of IEDSS scheme to Gujarat Council for Educational Research and Training.

CONCLUSION

Above are the major features of implementation of PwD (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, and other special laws by Government of Gujarat. We at Blind People's Association (BPA) have a feeling through our experience that the state government is pro-disability evident from how it has taken steps to ensure that PwD avail of their rights and opportunities. As a voluntary organization, we feel that when the government takes initiative in a domain, the promptness percolates down to voluntary organizations which get inspired to do their part.

Moreover, Gujarat government has also continued several activities for PwD at its own expense. For example, when the central government stopped paying for the scholarships for the students, the state government did not abandon the scheme. Similarly, they provide a variety of assistive devices at their own initiative.

In addition, appointing a person with blindness as Commissioner (PwD), including PwD in events and providing special grant for promoting CRE in the area of Db are few examples which should be emulated by other states of India to contribute to the cause of disability.

**This chapter is penned by Dr.Bhushan Punani, Executive Secretary (former Executive Director), Blind People's Association (BPA), Ahmedabad for the book. I, KK Verma, am thankful to Dr Punani for his contribution to my book.*

PART III

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STORY 1

TARAK LUHAR: AN ALL-ROUNDER

When Tarak Luhar, 60, was studying in a boarding school for children with blindness in class three; all his fellow students went to their hometown during vacation. But no one came to take him home.

Here's the back story: Luhar, presently the principal of primary school at Blind People's Association (BPA), was born as any normal child. But due to inappropriate medications for conjunctivitis (itching and burning, redness and excessive tears in/from the eyes) he contracted blindness when he was a year-and-a-half old. Being so young at that point, Luhar does not recall any experience of his sighted years.

Luhar's father was in the military in Kumaon, Uttaranchal. He was four-and-a-half years in age when his father brought him to Ahmedabad, Gujarat, to admit him to a pre-school for children with blindness run by a military officer's wife. For the first few years, Luhar's father used to visit him and thereafter he (Luhar) lost touch with his family members and had nowhere to go. Out of pity, one of his friends took Luhar to his house during vacation.

Luhar had been an excellent student throughout his education. He stood first in his school in matriculation exams. However, the school was not offering further education beyond matriculation. The principal arranged for his training in a technical school for Persons with Blindness (PwB) at Jamnagar. Being 15 years old, he was the youngest in the class. He did not fit in the group of 18-25 year-olds. More so, he says, he had no interest or aptitude in technical training.

In a few days after joining the course, Luhar quit the same and came back to Ahmedabad. Neither the principal nor the family of

any of his friends was ready to support him. For the next one month, Ahmedabad Railway Station was his home. He asked hundreds of people for money to study further. At that time, he recalled that some students from St Xavier's College used to come to his school as readers for students with blindness. He thought of taking their help. Luhar approached the college and a Brother offered to pay for his fees with a condition that he would excel in his academics throughout his degree. Subsequently, he completed his Bachelor of Arts in Gujarati literature securing second rank in Gujarat University.

Luhar continued working while studying. During his preparatory course, he worked as a door-to-door salesman selling washing powder and soap. During graduation, he took up his first job in a pharmaceutical company in the packaging department. But after acquiring his degree, he aspired to start his own business. However, he did not have any money for investment.

Thereafter, 20-year old Luhar applied for a course at prestigious Indian Institute of Foreign Trade, Delhi. But when he went to Delhi to appear for the exam for selection, he was not allowed to write the exam because of his disability. Although feeling disheartened, Luhar decided to pursue master's degree. He prepared for the exams for the same; but due to some university issues, exams were not conducted that year.

Luhar was 22 years old then when he got an opportunity to join as development officer at BPA in the year 1981. His main responsibility as development officer was to develop district branches for National Association for the Blind (NAB) Gujarat with which BPA was closely associated. During his tenure, he raised the number of branches from two to 22 district branches and five taluka-level branches across the state.

Luhar has also been instrumental in getting other voluntary organizations to work hand-in-hand with BPA which being one of the largest organizations had some rivals in the voluntary sector.

“Jagdish Patel (BPA founder) who represented NAB was not very friendly and because of that many organizations were not willing to work with him,” Luhar recollects. He adds that he therefore tried to clear their existing differences and tried to handle conversations between Patel and other voluntary organizations to achieve synergistic collaboration. Luhar used cultural events as a medium for the collaboration. He organized events like cricket tournament, athletic meet, chess tournament, Garba competition, reading competition and poetry recitation which involved participation of various voluntary organizations. These events would take place at different times of the year and at different places so that people from various districts get to know more about PwB. The events yielded so many positive results that they have become a regular feature at BPA.

By 1984, Luhar was looking after another broad activity called employment programme. Before his involvement in placements, 25 persons got placed annually. He brought this number to 100 people on an average every year. This was achieved by introducing a new idea of setting up telephone booths to be run by PwD.

Moreover, in BPA campus, Lions Club of Vastrapur has its premises of which Luhar has been an active member. He was elected president of the club during 2005-06.

Although Luhar contributed to every activity he took up, he felt he had aptitude to teach. This led him to pursue Bachelor's in Education (BEd) in 1993 following which he was immediately appointed as a teacher in BPA's primary school. Thereafter, he was promoted as principal of the primary school. Another achievement, he completed his master's degree in Gujarati and Linguistics in 1999. The saying, “A good teacher is a good learner” holds true in Luhar's case.

STORY 2

DR SANJAY SHARMA: INDEPENDENCE IN BLINDNESS*

Dr Sanjay Sharma was born in 1961 in a town located in Chhatarpur district of Madhya Pradesh where he did his schooling from pre-primary through higher secondary. When he was 10 years old, he had a sulpha drug reaction (medically termed as Stevens-Johnson syndrome) which led to blisters all over his body including tongue and eyes. Dr Sharma survived the reaction but his tear gland got damaged. He had severe burning sensation in his eyes due to the dryness caused by the syndrome. During those days, artificial tear-drops were not available in India. He had to frequently sprinkle water in his eyes to keep them moist. In this condition, he cleared his pre-medical test in the first attempt. He pursued MBBS followed by Diploma in Anaesthesiology from Jiwaji Rao University, Gwalior. After completing his diploma, he served as registrar at Deen Dayal Upadhyay Hospital and then at Bada Hindurao Hospital, both located in New Delhi. This was followed by a yearlong experience in private practice.

In 1995, Dr Sharma married a scientist-engineer working with Indian Space Research Organization (ISRO), Ahmedabad. He decided to move away from his hometown for his wife's career and this is how they landed in Ahmedabad, Gujarat.

On his arrival, Dr Sharma started approaching various renowned doctors in the city in order to get a suitable job. He first got associated with an eye doctor, Dr Nagpal, who ran Asopalav Retina Foundation where Dr Sharma worked with another anaesthetist. After working at Retina Foundation for a year and a half, he joined Jivraj Mehta Hospital for better prospects. He served there for three years and thereafter joined a renowned cardiac surgeon Dr Vinod Agarwal at his clinic, Hope Cardiac Care

Hospital, where he worked for a year. Lastly, he worked at Krishna Heart Hospital for a year as anaesthesiologist before he had to abandon his career due to acquired blindness. Initially, he lost vision partially and gradually over six months he contracted complete blindness.

The condition brought with it many intrapersonal and interpersonal challenges that Dr Sharma felt were impossible to deal with at that time. “I suffered physical, emotional, financial and social loss,” he recalls the period of first year when he had to stay at home.

Dr Sharma further describes his experience:

While I was at home, I didn't know what to do. I could not go to drop my children at school. Every single day, I underwent mental torture. I contacted many doctors and also Indian Medical Association, but no one could help me come out of this depressing period. All of a sudden I felt I couldn't walk and roam around comfortably. I would often hurt myself. My children would ask me, 'Papa, have you really become blind?' I was not earning and therefore my children needed to be enrolled in a central government school from a self-financed school. The feeling of helplessness that I wouldn't be able to do anything was getting stronger day by day in me. Apart from these, I was burden on my wife. She had to look after me for each and every task; I became the 'third child' of my wife.

One of Dr Sharma's wife's friend, who was a relative of Jagdish Patel (founder of Blind People's Association—BPA), suggested to them to get in touch with Bhushan Punani, Executive Director of BPA. Dr Sharma rejected the offer as he did not want to make the fact of his blindness public. He further added that not only was he unable to accept that he had blindness; his parents also hid the condition for five years by ostracizing him from social functions. “Blindness is really a big social stigma. Acceptance is

the biggest achievement in such cases,” Dr Sharma says.

Dr Sharma had undergone two eye surgeries. One of them was temporarily effective, but it did not help regain his vision. However, his wife saw a ray of hope in meeting Punani.

Dr Sharma and his wife went to meet Punani. Punani shook Dr Sharma's hand which was an aha moment for Dr. Sharma (He thought to himself, 'Someone could even shake hand with a blind!') He shared his apprehensions about being able to walk and work at home. To this, Punani instantly ignited hope in him saying, “Every individual with blindness here does everything. You'll also be able to do everything.”

Thus began a new phase of learning for Dr Sharma at BPA. The mobility trainer taught him to manoeuvre with stick thus ending his struggle with himself and his surroundings that he faced in the last one year. In addition to learning basic skills, his confidence boosted, on encountering students with blindness who used to go about their daily life with ease. Dr Sharma also got inspired by his computer instructor, Ranchhod Soni, who also had blindness.

Subsequently, Dr Sharma expressed his desire to Punani to teach at BPA. Considering his medical background, he was found suitable to teach at BPA's Physiotherapy School for the Blind. He thought he needed to learn Braille in order to be able to teach students with blindness. However, Soni suggested that instead of learning Braille, learning computer would be easier as the relevant software enabled listening through computer. The entire process only required scanning the book, converting the scanned pages to text through OpenBook software and listening to the text through Jaws software.

Dr Sharma's son and daughter help him with the above process to prepare for a lecture at the physiotherapy school. He has been teaching at the school for three years. He teaches a subject on physiology in the first year and medicine in the second year. He

proudly says, "It gives me immense encouragement and high satisfaction as I'm in touch with my field of medicine." In addition, he has recently started teaching science in class nine at secondary and higher secondary school at BPA.

Moreover, Dr Sharma along with his wife underwent courses in Art of Living to deal with the challenging times. Satsang (good company) and Sudarshan Kriya (a breathing technique), he says, helped bring calmness in their lives.

This is what Dr Sharma has to say about his life now:

My future seems so bright. I go to market, purchase grocery and household stuff. I didn't want to burden my wife and wanted to run away. But now, I experience so many new things. People at BPA have helped me to reach this stage. Blind students encouraged me indirectly through their independence and cheerfulness. Now, I can use technology in my day-to-day life. I can read SMS on my cell phone and make calls. Earlier, when I was sighted, I didn't know how to use computer. After losing vision, I can do many things such as creating files, folders, tables and surfing the Internet. I don't feel I'm blind.

Drawing comparison between the year when he remained confined at home and the day he was able to go from the computer centre to the physiotherapy school on his own; Dr Sharma says, "BPA has given me a second life."

**This story is written by Shrikha Jain, Research Assistant at MICA, Ahmedabad for the book. I, KK Verma, am thankful to her for contributing to my book.*

STORY 3

ZAKIR SIPAI: EDUCATION'S CHILD

Zakir Sipai, 42, was five years old when he became a victim of high fever. The doctor probably gave him a wrong injection to treat the high fever. This led to reaction in lower part of the body thereby crippling it to the extent of 90 percent. Both his legs gradually became deformed disabling him to stand. He has to crawl to go anywhere or by his Honda bicycle with modified break, kicking system and balancing wheel.

Even though his parents were poor and uneducated, they sent Sipai to school. At 11 years of age, he was admitted in a boarding school for children with disabilities—Sadvichar Parivar Viklang Punervasan Kendra--located about 30 kms from his home in Ahmedabad. His parents did not have to pay for the school fees as it was free for children with disabilities. Sipai describes his experience at the hostel: “Being with similar boys, I never felt abnormal. My confidence rose high. There were some more disabled than me. I felt, God is kind to me. Moreover, he says “that the boarding school taught him to be self-reliant. So back home also, he did his own work.”

By the time Sipai was in class 11, computers were becoming the craze. He joined a six-month computer course on Data Preparation and Computer Software, which he attended post school-hours. After passing higher-secondary level, Sipai joined one-year Industrial Training Institute (ITI) course at Blind People's Association (BPA) which offered specialization in multimedia. He also appeared as an external student in another ITI course in Microsoft Office. While in second year of Bachelor in Commerce (Bcom) studies, Sipai attended a one-year course on Desktop Publishing offered by a private institute. He enrolled in this course at the suggestion of an uncle's friend who promised employment if he completed the course.

In spite of faring well academically, Sipai being eldest of five children had to be pulled out mid-way from BCom final year owing to his father's deteriorating health which in turn affected his printing business. Earning had become a necessity for Sipai. But he struggled to get a job; employers rejected him because of his disability. "They (employers) did not even test my ability after seeing my disability," Sipai says.

This is the time when his educational qualifications came handy. With computer and desktop-publishing training under his belt, he could join his uncle's friend's advertising firm. He liked the work and could earn for the family. After working there for three years, the owner of the firm introduced Sipai to Bhushan Punani, Executive Director of BPA. Sipai joined BPA as assistant instructor in September 1997. He was also asked to assist in designing work at the voluntary organization. Presently, he does only designing work in the production department of Adult Training Centre (ATC) at BPA.

Of the printing orders that production department of ATC receives, about 90 percent are from the state government and public-sector companies. Sipai's first assignment was printing a booklet for Sardar Sarovar Nigam. After designing the same to the satisfaction of his employer and client, he was given the task of designing a variety of brochures, balance sheets, annual reports, forms etc. However, he shares that he faced an awkward situation dealing with government orders:

While junior officers came to explain the assignment; the officers authorized to accept or reject the proposal were couple of levels higher than those junior officers. This led to discrepancy in communication of expectations and delivery. We got into Catch-22 situation.

Sipai further says.

On the other hand, private parties have high expectations which pose problems for us (BPA) on designing as well as execution front. Such challanges threw lot of learing opportunities for me.

Sipai says that he has been with BPA for 15 years. When he joined, he drew a salary of ₹1,000 per month which today is ₹17,000 per month.

Among some notable projects that Sipai was involved in some honorary work during his career at BPA are: assignment of battery-operated vehicle Yo-Byke from Electrotherm, work with Centre for Environment Planning and Technology (CEPT) on their BRTS bus design, and accessibility audit of public places for Persons with Disabilities (PwD) conducted by Handicap International. These assignments he was involved at his own initiative which he stated were very good learning.

Sipai is efficient in his work as attested by his manager who says, "My department is dependent on him (Sipai). When he is not there, the department is like a closed department."

Sipai aspires to start his own business unit that would provide service in the areas of audio/video documentaries, ink-printing documentation, graphic designing and web designing.

As for his personal life, Sipai is married and owns an apartment. He says

My wife's right leg is affected by polio. She has MSc (Master's in Science) and MEd (Master's in Education) qualifications. She was a lecturer and now is principal in a private school. We have four-year-old son and another four month old. We are happy in our life.

STORY 4

NAGRATNA VENKAYLA: AN INTELLIGENT PERSON BUT CARRIED BY EVERY SUGGETION*

Nagratna Venkayla, 41, was born with normal eyesight. However, when she was in class four; she started having difficulty in distance vision which was corrected through eye-glasses. She wore spectacles throughout her schooling with gradual increase in power. Thereafter, she joined Bachelor in Science (BSc) studies. Sounds like story of a person next door, isn't it? Only until this point.

“When I was in second year; though I could read everything, letters seemed to be moving,” Venkayla says. The doctor, whom she had been consulting for the past 10 years in her hometown in the state of Chhattisgarh, said that the power had increased and she needed to get her glasses changed. They were not satisfied with the doctor's advice this time. One of her maternal aunts suggested they should visit Chennai-based renowned retina specialist Dr RR Ramanujan instead. After the complete check up and tests of the retina, Dr Ramanujan said that there was a white spot in the centre of the retina of both of her eyes, technically called retinitis pigmentosa (RP). RP is a rare, hereditary disease that causes gradual degeneration of photo-receptors in the retina with age. Dr Ramanujan further said that in upcoming years, it would obscure the entire retina and by the age of 40, Venkayla would be totally blind. He also suggested to Venkayla, “You will have to quit your academics and start doing something else.”

Venkayla was in a dilemma: To continue studies or not? “Everyone in my family was highly educated. I wanted to complete at least graduation,” she says. So she convinced her mother to let her pursue the last year of her degree having

completed two years thereof. Her mother, professor and principal helped her tide over the final year of BSc.

Venkayla who dreamt to join the air-force with her second preference being to join a bank; she had been learning Hindustani classical music from when she was in class 10. She completed her (Bachelor in Arts (BA) in music in 1996, the same year she got through her BSc final year. In spite of having acquired a degree in science, she knew that it did not hold scope for her career given her eye condition. So when her music teacher motivated her to become a music instructor, she considered the option she had never thought about professionally. Venkayla quit science, and did Master's in Arts (MA) in Hindustani classical and Diploma in Sugam Sangeet in the subsequent years.

In the year 2000, on suggestion of a teacher in a school for Persons with Blindness (PwB) who Venkayla serendipitously encountered; Venkayla approached Blind Relief Association in Delhi to explore job opportunities in the organization. There, she was advised to learn computers as it would increase her career prospects. While pursuing a six-month course in computer, her computer teacher said that Venkayla could do Bachelor in Education (BEd) just like the sighted people could. Delighted to know that she could study further, Venkayla applied for BEd at Delhi and Meerut in 2001. She cleared entrance exam of Delhi University. So immediately after completion of the computer course, she joined BEd in maths and Hindi which she completed by 2003 with the help of audio books and writers who wrote; for example, exams; on her behalf.

Soon thereafter, Venkayla learnt about vacancy of a music teacher at Eklavya School in Ahmedabad through her younger brother (He had also been diagnosed with the same condition: (RP) who was studying at Physiotherapy School for the Blind in Blind People's Association (BPA). Venkayla was given on-the-spot offer to join the school, albeit the very next day. Although it

was difficult for her to arrange for her basic needs in a new city on such a short notice, she accepted the offer considering the trust put in her by the school. During this time, her mother not only came to settle her daughter; she also helped her in certain tasks like checking theory papers and entering marks in report cards that Venkayla could not carry out independently.

Venkayla had a bitter-sweet experience working at the school. While some colleagues were friendly with her, some used to get irritated when she asked for help. In spite of feeling dejected at times, she tried to keep her spirits high.

Because Venkayla had to be dependent for reading, her brother suggested that she learn Braille. She started going to BPA for learning Braille. In 2007, after four years of working with Eklavya School, she had to quit teaching to focus on learning Braille. She joined BPA as part-time music teacher in 2008. Simultaneously, she worked with two other schools in the remaining time.

While dealing with PwB, she felt the need to be trained in special education. Venkayla describes the difference between being born with blindness and acquired blindness that she experienced while teaching students belonging to the former category: “It was difficult to understand their (students born with blindness) imagination and communication; as having vision till early adulthood, I could not understand how they (born with blindness) imagined. Initially it was difficult for me to explain to kids about things they had never seen, which I could easily visualize.” Therefore working part-time with BPA, she enrolled herself for BEd in Special Education from Indira Gandhi National Open University (IGNOU) in 2010. “Training in BEd helped me a lot to experience their (born with blindness) world,” Venkayla says. After completion of the special education degree, BPA appointed her as a teacher of maths, music and English in 2012.

Nevertheless, Venkayla never ceased to be a student. In another instance of her yearning to learn; in 2010, she strongly wished to

learn sitar. No one was willing to be her tutor because of her eye condition. She had heard of a teacher at Saptak--a renowned music institute in Ahmedabad. After waiting for two hours to meet the tutor, the tutor said she would not be able to teach Venkayla as she was unsure whether she (Venkayla) would be able to learn. Venkayla convinced her to take two sessions with her and if she (tutor) was dissatisfied with her grasping ability in the process, she (tutor) could discontinue teaching. However, it turned out that the tutor was so happy with Venkayla's grasping and passion that she decided to remain her tutor for as long as she (Venkayla) wished. Venkayla also exhibited similar passion, for example, in learning to talk and sing in Gujarati, a language she did not know.

Venkayla's mother, who taught in a private school and values education, has been a support for her throughout. Even today, in spite of being fairly independent in matters such as career, Venkayla is dependent on her mother for commuting (Her mother regularly comes to drop and pick her from BPA). Venkayla's father, she says, was protective of his daughter and wanted to keep her at home. She also has a younger sister who has normal vision.

Friends and relatives of Venkayla's family had suggested to them to marry her without revealing the truth about her eye condition. But Venkayla did not want to betray anyone, so she rejected the marriage idea.

When the doctor had said that Venkayla had to be mentally prepared for total blindness, she says that she felt like life seemed to have ended. She adds, "Now, we own an apartment and am mentally and financially prepared. After struggling for almost a decade, life has been stable."

**This story is written by Ms Shrikha Jain, Research Assistant at MICA, Ahmedabad for the book. I, KK Verma, am grateful for her contribution to my book.*

STORY 5

SHANTARAM PARAB : YOUNG AT 78

Shantaram Parab, 78, is Purchase Officer at Blind People's Association (BPA) for the last 36 years. He is retained in the organization as a special case for the last 20 years after he superannuated. He is a normally sighted person.

Bhushan Punani, Executive Director of BPA, praises Parab's integrity and honesty in work. "He (Parab) is so deeply committed to BPA that if I tell him to retire, I am afraid, he won't be able to withstand parting company and may collapse," Punani says. He adds that Parab is paid only what the rules permit for retired employees and he is doing good work.

Eldest of three sons, Parab belonged to a middle-class family. He lost his father, Vishram, when he was 11 years old after which the family was majorly supported by his uncle till Parab matriculated. He worked for two years with his uncle and then with a cloth merchant and commission agent for 13 years. His job was to obtain quotations, process information, place orders, and co-ordinate with customers and bank. Parab quit this job when the second generation of the owner came into the business and adopted different working ways which led to financial crisis.

In 1978, Anand Dhuri, accountant at BPA, introduced Parab to Jagdish Patel, BPA founder and General Secretary, to consider for employment at BPA. Patel appointed Parab for purchase function at BPA.

Parab is in-charge of purchasing different materials largely for the requirement of the workshop like cotton yarn for weaving; iron and steel for furniture; synthetic paints; tools; machines, threads and buttons for the tailoring section. When requirement is received, he personally checks material quantity already

available in the stores to determine purchase order. He sometimes buys extra materials to stock for the next month when he suspects market conditions of shortage of materials or escalation of rates. Parab takes decisions for routine purchases like items of daily consumption. But when some machines are to be bought or when bulk items are to be purchased, he mostly consults Punani and Harish Panchal, Training Director of BPA.

Parab considers multiple vendors based on their quality of materials, price quotations, credit period, and different types of discounts like bulk discount, cash discount etc. that they offer. Once this process is complete, he asks for donation from the vendor as a voluntary organization. In addition to the above criteria, Parab says he goes by attitude of the vendor towards the cause of disability. Moreover, he says that he keeps business and personal relations separate so that he can without bias choose a vendor who offers better terms at any given point. Even if a director at BPA suggests any vendor, Parab considers the recommended vendor as one of the prospective vendors (who has to go through the above checks) and not the final choice.

Punani says that Parab is devoted to his work evident in the fact that he works for 10 hours a day even at his present age. Moreover, Punani says that he (Parab) integrates two inter-dependent functions of stores and purchase while maintaining rapport with the departments like accounts, workshop etc. that he has to deal with. Although Punani values the commitment and principles Parab brings on the table, keeping age of the latter in mind, he says he has to consider a substitute to head the purchase activity at BPA. On the other hand, Parab says that he requires financial support that he gets from the pay. Yet he is happy to let BPA decide about his retirement.

This is not just Parab's story. It is a case study that can manifest in any organization that has to face the question of retiring or retaining committed employees on account of their age.

STORY 6

DILIP SHAH : LOST HIS LIFE'S GOAL-YET, MADE A RESPECTABLE CAREER

Dilip Shah, 53, presently senior teacher in school of physiotherapy at Blind People's Association (BPA), was determined to follow his father's footsteps to be an accountant.

However, while pursuing Master's in Commerce (MCom), a step towards being an accountant, he was diagnosed with myopia (a nearsightedness disease; distant vision becomes fuzzy & blurry) during the first year of the course. Shah's family was shocked to learn that his right-eye retina got punctured. This condition gradually affected the other eye also. Shah says that his family tried all possible treatments under their reach and even incurred debt from relatives and friends for the same. However, his sight could not be recovered. "I was declared partially blind which means I would have light vision only," Shah says.

Initially, Shah's father was a landlord in Vadodara, Gujarat. However, the family had to shift to Ratlam, Madhya Pradesh, as his father incurred losses and searched for employment. Shah was born in Indore in 1961 as the seventh child. He had just completed primary education when the firm his father worked at as an accountant went bankrupt. Sadly the family moved back to Gujarat in Nadiad. Shah completed his graduate studies and harboured a dream to follow his father's footsteps: To work as an accountant in a corporate firm.

But his blindness was worsening, his dream looked shattered. Now, he needed to learn what was essential to an individual with Visual Impairment (VI). When he heard about schools for Persons with Blindness (PwB) in Ahmedabad, the picture that came to his mind was of a typical secondary and higher-secondary school. He, being a graduate, was neither willing nor interested to join such a school.

Disheartened as he was, he happened to listen to a programme on radio on World Disabled Day, third of March. The programme talked about BPA and its course in physiotherapy for PwB. He thought of giving it a try and thus visited the school in May 1989. He met the head of physiotherapy at BPA, Kanu Thaker, a person also with blindness. Shah discussed his background and how he came to do a course on physiotherapy. Thaker selected him and Shah joined the course.

On this journey of new learning, Shah encountered people who demeaned him as well as motivated him. On one hand, some of his friends would make fun of him asking what he would do studying further. In spite of his feeling dejected, he stated he would reply to their question only after five years. On the other hand, he met another person Chandrakant working as a proof-reader of Braille scripts at BPA. As Shah says..

It was my good luck that I met Chandrakant, a totally blind person who advised me that a person with blindness has many options just like others and could lead an independent life. I was totally inspired.

Shah was one of the oldest students in the course. He was assigned a responsibility to teach Gujarati language to a classmate with blindness from Chennai. Shah expressed his desire to learn Braille from her. She was too happy to do so. Though language was a barrier in their conversation, but both worked hard to teach each other resulting into a mutually beneficial association.

He stayed in the BPA hostel during his two-year training at BPA. He lost his father in 1990. In the same year, he met with an accident and was hospitalized for a few weeks. His studies were badly disturbed. Despite hurdles in studies, he completed his course successfully and was acknowledged an efficient physiotherapist.

After the completion of the course in 1991, he got an opportunity to work as a physiotherapist in Urban Community Based Rehabilitation (UCBR) project run by BPA and sponsored by HelpAge. His work required him to visit slum areas and provide door-to-door service to Persons with Disabilities (PwD) and aged people. He stayed in a hostel for working men. This was difficult for him in the beginning as he had to travel alone across the city that he was not acquainted with. However, he learnt to move from one place to another independently. In a couple of years, he managed to stay alone in a rented house, cooked his meals and washed his clothes.

In 1995, BPA required a visiting faculty in the physiotherapy course. Shah was happy to teach in the school where he was a student some time back. Initially he would take a few sessions; but when UCBR project ended, his sessions at BPA were increased. Simultaneously, in 2000, he also started his private clinic. He struggled to convince the doctors to refer their patients to him. Out of the 50 doctors he met, only one doctor replied positively, "Forgetting your disabilities, I will give you four patients and you have to prove that you can do it." Working in the highly competitive field of physiotherapy, where many sighted degree-holders were practising, it was a challenge to survive in the field. By sustained and constant effort, Shah succeeded in proving his ability and customer happiness to the doctor. He started getting more patients and continued his private practice until 2007, the year BPA employed him as full-time employee: Shah was appointed as a physiotherapy teacher for practice sessions for students. His earning as a teacher was ₹20,000 per month, in 2012. Thereafter he was promoted as senior teacher too.

On the personal front, Shah married a girl with partial blindness. Both are satisfied with their life, earnings and thank God for his blessings.

Soft-spoken Shah continues to render his services faithfully to BPA and to inspire as a teacher and physiotherapist, to the students who have same disability. He got the opportunity to undergo new training programmes in BPA about which he feels grateful. Today he also teaches in the practitioner's two year course in Japanese Manual Massage Programme for the Blind. This he says “gives him tremendous recognition and satisfaction.”

STORY 7

FUTERMAL PORWAL : A FAVOURITE OF THE DESTINY

When Futermal Porwal, 66, was hardly 45-50 days old, a colour chemical was put in his eyes by mistake instead of an eye drop to treat some ordinary irritation in his eyes. This led to his eye condition of total blindness. What a grave play with life ?

Porwal was born in Jhalor, Sirohi District, Rajasthan, on May 3, 1948. His parents were not aware about what to do for their child's eye condition which restricted his studies as well as play. A friend of his father suggested that he could be admitted in a blind school in Ahmedabad. Accordingly, Porwal was admitted to Navrangpura Blind School in the city when he was 10 years old, his first time entry in to a school.

One of his maternal uncles lived in Ahmedabad who took Porwal to his house few times. Being away, Porwals' contacts with them were limited. "No one took interest in my school performance. Parents were not educated. They thought living in a blind school is like living in an Ashram (a place where people who don't want to live with family, live as a group)," he says.

Nevertheless, Porwal was a hardworking student. He was also appointed as the monitor of his class for several years. Tuition and boarding were free for admitted students and for his pocket money; he earned by caning in the school workshop whenever he had free time. When the school celebrated its seventy-fifth anniversary, a souvenir was published which included Porwal's name in the list of 40 students. Porwal did not know what was the list about. Perhaps it might have been about bright students.

Porwal matriculated in 1969. He was satisfied that he had achieved a basic qualification. Also, as he had to earn for livelihood, he could not pursue further studies.

However, when Porwal was in class seven, he had enrolled in a two-year part-time physiotherapy certificate course offered by his school. So after matriculation, he started practising physiotherapy in 1970 in Ahmedabad. For his requirements, he earned enough. Subsequently, he joined Medico Massage, private clinic of Jagdish Patel, founder of Blind People's Association (BPA). Porwal had known Patel from the time he as a student, visited BPA for games, library and seminars.

Porwal's engagement with Medico Massage was on part-time basis. During the eight years he worked at Patel's clinic, he also worked four hours a day for four years with Gulabbhai Hospital and later another four years with Swaminarayan Hospital. With the savings out of his earning of the eight years, he bought a house in 1972.

One more development in Porwal's personal life was his marriage in 1974. He wed a girl with partial blindness who was suggested by his teacher at the blind school.

Thereafter, in 1976, Patel requested Porwal to suggest him a good administrator to take care of Braillo 400 (Braille printer) and distribution of aids and appliances among other work at BPA. Porwal says, "I felt he was aiming at me." After a few months, Patel suggested to Porwal that he take up the job. Although it involved changing his line of work from physiotherapy, Porwal promptly agreed to join BPA thinking that working with Patel would be a great experience.

"Jagdishbhai was my Godfather," Porwal says. He explained that Patel painstakingly taught him accounting and auditing. He prides that even though maintaining accounts of government grants, running into crores of rupees over the years, is difficult; auditors have never been able to find any errors in his accounts.

Moreover, at BPA, Porwal facilitated provision of artificial limbs and other equipments to several thousand children and adults. In addition, Porwal helps Blind Women's Association, which was

accommodated in the premises of BPA, with administrative matters such as maintenance, correspondence, problem-solving, training etc. When there are specific projects, he arranges material supplies such as grains, clothes etc. Among Porwal's other notable contributions to BPA is having helped develop Braille library in 1960 in collection of books, magazines and journals (Today, the library contains 15,000 volumes in Braille); raising members (Presently, the library has 350 enrolled members from all over Gujarat who receive resources from the library or through post); and Prisoners Transcription Project (35-40 inmates of Sabarmati Jail were involved in embossing and binding Braille books in exchange for incentive paid by BPA and relief in imprisonment period granted by state authorities).

In 1997, governor of Gujarat honoured Porwal with a state-level award of 'Most Outstanding Blind Employee of BPA.'

Porwal was elevated to the position of secretary of BPA in 2007, a designation he continues to hold although he has superannuated in 2006. As secretary at BPA, he deals with the requirements of Persons with Blindness (PwB), is a joint signatory of cheques, attends to government correspondence and problem-solving particularly relating to grants, and coordinates between BPA and Blind Women's Association. Even though he retired before eight years, he comes to office and attends to work as government is yet to fill the position he has officially vacated. He gets only pension as formally he is retired. Moreover, as a trustee at BPA, he attends trustee and executive-committee meetings.

At 66 years of age with accumulated leave of 900 days during his tenure at BPA, Porwal wants to relinquish the charge of work he is doing. He says, "At this age, one should be ready to also give up."

Porwal has a son and two daughters all of who are normally sighted and are graduates. His son, who did Master's in

Commerce (Mcom) with business administration, works as accounts officer in a private firm.

Porwal shares a principle he followed and also taught his children to adhere to: Do not borrow money from anyone, nor lend to anyone. "Whatever you have, live with that only," he says exemplifying that they did not bother when their neighbor had TV and they did not. He adds that now they own a house and have all material facilities at their disposal including TV and vehicles. Porwal believes that the principle is especially important for success of PWB.

Porwal who is an optimist, also attributes his accomplishments to destiny: "I am fortunate that my parents brought me to Ahmedabad and left me to be on my own, to struggle for existence, to start working early in my life and learn from my own experiences."

Porwal has lived his life by a businessman's line he met "Your blindness never is an obstacle." He indeed rides on whatever road destiny lays before him.

STORY 8

HELEN KELLER : AN EPITOME OF FAST-TRACK DEVELOPMENT

*“Never bend your Head,
Always Hold it High,
Look the World Straight in the eye!” (i)*

People all over the world are familiar with the name of Helen Keller-a normally born American child who lost her eye-sight and hearing ability early in her life. In an era when most of such afflicted individuals get confined to asylums, Keller challenged to develop her life on fast-track mode. She acquired varied talents and assumed roles such as of speaker, teacher, author, political activist, disability activist, and many other.

Keller was born on June 27, 1880, in Tuscumbia, Alabama. At birth, she was absolutely a normal child. At six months of age, it seemed that she was itching to speak. However, the child became a victim of a serious disease called meningitis (meningitis is a serious, high-fever and nervous-system related disease, also called brain fever) when she was 19 months old. She contracted blindness and deafness probably due to the side effects of medicines. Many such unfortunate cases happened at the time and medical science was not able to do anything. Doctors opined that she might not survive, but she lived up to 88 years.

Her teacher

How can a person deprived of hearing and seeing abilities learn a language when 95 percent of the learning comes through the two senses (ii). Up to the age of seven, Keller had not learnt a word or name of any product of daily use. She was short-tempered and frequently agitated probably because of her

helplessness to communicate. When she crossed seven years, Perkins School for the Blind, where her parents had approached for her schooling, referred them to Anne Mansfield Sullivan as her teacher. Sullivan made a great difference in Keller's life as suggested in her own words: "The most important day I remember in all my life is the one on which my teacher, Anne Mansfield Sullivan, came to me. I am filled with wonder when I consider the immeasurable contrast between the two lives which it connects." (iii)

In one of her books, *Teacher*, Keller acknowledged Sullivan:

"Without Anne, there would have been no Helen."

As teacher of a child with deafness and blindness, Sullivan started slow. She had a rough time in the beginning. Once Keller knocked Sullivan down and broke her tooth. Nevertheless, Sullivan remained patient. She spent few days to get near Keller. She used the play method to help Keller learn. She taught Keller how to spell words with touch of hands, a sign language used for people with deafness. To teach what 'water' was, for example, Sullivan held one hand of Keller in a water pond and on her other hand, she wrote W-A-T-E-R. The feel of the hands turned instrumental in learning new words, enabling sense of touch as the medium for exchange of information. Keller wrote later, "I did nothing but explore with my hands and learn the name of every object that I touched; and the more I handled things and learned their names and uses, the more joyous and confident grew my sense of kinship with the rest of the world." (iv) At age 10, Keller started speaking and mastered alphabets and typing. Sullivan was a skilled trainer but was firm and demanding. She continued her close association with Keller till she (Sullivan) lived (1936). Meanwhile, Poly Thomson, who had joined to manage the home, tried to assist Keller like Sullivan did and travelled with her overseas.

Formal education

Keller was admitted to blind schools and deaf school one after another. She was an intelligent student. At age 11, she wrote *The Frost King*. People did not believe that it was a child's work. They suspected that she had read the story and written it in her style.

At the turn of the century when she was 20, she entered Radcliffe College, women's wing of Harvard University. During this time, she wrote her autobiography, *The Story of My Life*, which has been translated in 50 languages. At Radcliffe, she also started making friends like Max Eastman, a senior journalist. Keller developed strong interest in women's rights. She graduated at age 24 making her the first woman with blindness to earn Bachelor in Arts.

Fast-track growth

Keller's fast growth began from the time Sullivan took charge of her as a teacher. Her growth is reflected in the multiple talents she acquired and contributions she made to the field of disabilities, particularly blindness. The following dimensions of her personality show the stature she acquired in the society:

Speaker and Teacher:

Keller took coaching in public speaking early in her life. Starting with Sarah Kuller, she had lessons from specialist teachers. She learnt to articulate her experiences and ideas effectively thus developing as a public speaker and teacher. She addressed on wide range of blindness, social, political and environmental topics such as blindness prevention, birth control, rise of fascism in Europe, and atomic energy(iv). She also took classes for children with blindness and campaigned for women's rights.

Author:

Keller started writing at the age of 11. After *The Story of My Life*, she wrote 13 more books, 475 speeches and several essays.

She also wrote her spiritual autobiography *My Religion*.

American Foundation for the Blind, from where she operated her office for 40 years, collected and created Helen Keller Archive containing correspondence, legal and administrative documents, manuscripts, speeches, press clippings, scrapbooks, photographs, negatives, artifacts, architectural drawings, audio recordings, film, and microfiche concerning the life of Keller from 1880 to 1968(iv).The rich classified material is of great value to the people who want to read or write on Keller or blindness.

In the last book she authored, we find that though she was a stickler to her own strong views; she could change with experience over time. In *Mainstream*, she wrote, "I had once believed that we are all masters of our fate that we could move our lives into any form we pleased. ... Now, however, I learnt the power to rise in the World is not within the reach of everyone."(v).

Political Activist:

Keller who had socialist leanings looked at politics not as an opportunity for position or power. She joined Socialist Party of America and influenced the environment through her political writings. Her articles were later published in a book 'Out of the Dark.' She constantly advocated for labour rights.

International traveler:

During seven trips between 1946 and 1957, she visited 35 countries on five continents. She met with World leaders such as Winston Churchill, Jawaharlal Nehru and Golda Meir.



Helen Keller and Polly Thomson in Japan, 1948

In 1948, she was sent to Japan as America's first goodwill ambassador by General Douglas MacArthur. Her visit was a huge success. Up to two million Japanese came out to see her and her appearance drew considerable attention by the Japanese including people with disabilities. She could take a careful note of the disabilities, particularly caused by the World War II.

In 1955, when she was 75 years old, she embarked on one of her longest and most grueling journeys: a 40,000-mile, five-month-long tour through Asia.

Services set up by Keller

While Keller spent 40 years with American Foundation for the Blind, she worked towards furthering numerous services the organization provided for the education, liberation and vocational-skills training for persons with blindness. The mission

of her services is: “Helen Keller Services for the Blind help people of all ages who are blind or visually impaired, to develop independence and participate in activities of their communities.”(vi). Listed below are the services Keller started:

- 1. Helen Keller National Center** : The centre encompasses services like rehabilitation, employment, low-vision centers, camps, children's learning centers, pre-school, Louis Anzalone Braille Center, college preparatory programmes and services for individuals with developing disabilities.
- 2. Helen Keller National Center for Deaf-Blind Youths and Adults** : To the people with blindness along with other disabilities, Keller stressed the need to be independent and self-confident. She advocated against self-pity, condemning it as enemy of mankind. She started certain services and the centre went on adding more services. The centre offers free help in areas like Helen's Walk, summer seminars, newsletter, interpreter training, and telecom devices and training.
- 3. Helen Keller International** : Founded in 1915 by Helen Keller and George Kessler, Helen Keller International's mission is to save lives and help PwB acquire independence. Its two major areas of expertise are eye health and nutrition programmes. Every year, the organization helps millions of people in different countries by reducing blindness (at all levels) and malnutrition for children. It has offices in 22 countries. It runs Food Security and Nutritional Surveillance projects in developing countries. Training programmes are also organized for the workers of voluntary organizations.

An organization, Helen Keller Worldwide, a part of Helen Keller International, was created to collect the dues and gifts. There are regular gift-givers like Gates Foundation that sends gifts whenever there is a call for action from Helen Keller Worldwide.

4. Dancing and music classes for children : Keller believed that children must have sufficient entertainment and activities. Music and dancing not only release stress but also help build certain skills. So she encouraged dancing and music classes for children. The South Park Studio held 61 Helen Keller Musical Programs in the last decade.

Awards and Accolades

It is difficult to fathom that a person in one life can receive as diverse honours as Keller received in her life. Following are a few of them enumerated:

1. She met with 12 presidents of USA and four prime ministers including Jawaharlal Nehru, the first prime minister of India.
2. President of USA, Jimmy Carter, declared June 27 a holiday in 1980 on her centennial birthday.
3. President Lyndon Johnson awarded her Presidential Medal for freedom, the highest award that an American civilian can get.
4. She starred in a documentary for which she won Oscar.
5. She was inducted to Women's Hall of Fame.
6. She was the first woman awarded honorary degree by Harvard University.
7. Spain has a road named after her.
8. Gallup, an international rating agency, listed her in their most Widely Admired People of Twentieth Century.
9. Even now CNY Arts Centre schedules shows on her life with Sophie Green playing role of Helen Keller.

Demise

Keller suffered a series of strokes in 1961 when she retired from public life. She died on June 1, 1968, in her sleep.

My observations

*“They took away what should have been my eyes,
(But I remembered Milton's Paradise).
They took away what should have been my ears,
(Beethoven came and wiped away my tears).
They took away what should have been my tongue,
(But I had talked with God when I was young).
He would not let them take away my soul,
(Possessing that, I still possess the whole)” (vii)*

--Helen Keller

The above lines penned by Keller convey a lot about her optimistic state of mind.

In spite of having blindness, she opened the eyes of the nations to the problems faced by the blind people. She could be an ideal example of what an individual with blindness and other disabilities could achieve. Her achievements are not limited to her life but also for service of the society. How did Helen Keller become so exceptionally a great personality? Most importantly because of her courage and grit, a self development determination, supported by the right exposures, training, guidance and encouragement by able teachers and secretaries. She took full advantage of their guidance and instructions and she perhaps was determined to be as normal in her human abilities as the best. Her name would remain immortal for centuries.

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THE ECONOMIC TIMES MAGAZINE, ON THE WHEELS OF A DREAM

Dr Suresh H. Advani, 66

The man who pioneered bone-marrow
transplant for leukemia in India

-Born on August 1, 1947; Son of a businessman,

In Karachi, shifted to

relocate to India, Mumbai in 1955 before

15 days later, to Deolali he entered college

"I have witnessed a revolution in cancer research. Earlier, drug discoveries used to happen once in 10 years, now, every year, dozens of drugs are developed"

One of India's first and best-known oncologists, Dr. Suresh Advani has been wheelchair-bound ever since he suffered an attack of polio, aged 8. But nothing could stop him from being a healer

Ullekh NP

Renowned Mumbai based physician RD Lele remembers Suresh H. Advani being denied a "house job" – the supervised clinical training session for final year MBBS students – at Mumbai's Grant Hospital. "This was in the late 60s. There were six sections (at the college) then. Five said no to him because he was handicapped. I gave him a house job and he went on to do his MD (Doctor of Medicine) in general medicine under my guidance".

Lele says people used the word crippled to deny him admission. Advani was struck by polio when he was eight years old which led to a paralysis of his lower limbs. Lele says he is proud of Advani.

He created “special provisions” to enrol Advani as a register (a medical student who receives advanced training in a specialist field) because back then the guidelines didn't allow the physically challenged to occupy the position. “See, he has succeeded in life despite all the odds”. Lele adds.

Breaking the Ceiling

For Advani, one of India's best oncologists who recently won the Padma Bhushan, the country's third highest civilian award, battling odds wasn't anything new. Back in 1965, after finishing school – at that time it was the inter-college degree, he applied for admission to medicine at Grant Medical College, but was rejected. They didn't want a “crippled” person. But he wasn't ready to give up: he wrote to the hospital authorities, ministers and others, requesting their intervention. Finally Grant Medical College relented and he went on to pursue an MBBS as a day scholar. He had a person to help him get onto the wheelchair and he then took a cab to his parent's home in the Mumbai suburb of Ghatkopar where he continues to live even now.

The Mumbai based veteran physician Dr. Gurumukh Sainani, himself a Padma Shree awardee and who had taught Advani at Grant Medical College, recalls how the “young boy” used his powers of persuasion to convince the dean of the college to admit him to the MBBS course. “He may have had physical problems. But his mind is extremely fertile”, he says, adding that he had lost count of the distinctions and awards Advani won as a student.

“My colleagues and teachers were all very helpful. I never had any difficulty in my student days”, says Advani.

Great Aspirations

Advani didn't have any great ambition until he was hospitalized with polio. In the 1950s there were hardly any drugs to treat the disease. But the interactions he had with doctors at a Mumbai Hospital where he spent “a few months” blew his mind. “I

wanted to be a doctor like them” Says Advani, who went on to train himself at Royal Marsden Hospital in London after his brief stint at Mumbai's Tata Memorial Hospital after completing his MD.

By then, he had chosen a branch of medicine that wasn't seen then as sexy; oncology. “After MD, I got a job at Tata Memorial in 1974. At that time there was a lacuna in this branch (oncology) – people thought it was not really worth pursuing it” recalls the 66 year old.

Later, he travelled to Fred Hutchinson Cancer Research Centre in Seattle where he says he was lucky enough to work with the likes of Dr. E Donnall Thomas – known as the father of bone -marrow transplantation who won the Nobel Prize in medicines in 1990. There, he specialized in bone-marrow transplants.

Back in India

Advani is known to be the first oncologist in India to have successfully done a bone-marrow transplant. He transplanted bone marrow into a nine-year-old girl down with myeloid leukemia from her brother. He was also a part of clinical trials to help children with lymphoblastic leukemia. Conducted on 1,200 patients, the trials helped raise success rates in treatment from 20% to 70%.

“He is a healer. He is a role model for us”, says Dr. Mehboob Basade, a stem cell specialist at Mumbai's Jaslok Hospital.

Like Basade, Sainani is enamoured of Advani's capacity for hard work. He remembers this from the time Advani used to do the rounds with him as a house man, says Sainani, “He is a role model for aspiring medical students and also for those who are physically challenged. He not only sailed through all difficulties but also excelled in his field”.

Advani and hard work are constant companions; he is at the Hinduja Hospital in the morning and at Jaslok Hospital in the

evenings. He used to fly down to Delhi earlier to see patients at the Apollo Hospital.

“I have worked with him at Tata Memorial as well as at Jaslok. Most of us (medical oncologists) here have a bent for working very hard. It is because of the training we received from Avanti who makes hard work look easy,” says Dr. Boman Dhabhar, an oncologist who is now an independent consultant with several hospitals. “When he (Advani) says he went from this city to another and from one hospital to another, he makes it sound as if he walked to that place. None of us seem to think he is physically challenged anymore because he has overcome all such hurdles,” says Dhabhar.

On Cancer & Treatment

Dhabhar adds that Advani never fails to inspire his patients too. “After all, keeping a person's hope alive is as important as treatment in the case of cancer. He understands it only too well,” says this former colleague.

Advani has seen the branch of medicine- oncology – grow in India right before his eyes. He started off at the time when oncology was looked down upon by most medical specialists as a “less lucrative area”.

Not without reason, of course. Cancer patients back in the 70s went to hospitals to die. “Yes, the results were very poor back then,” says Advani, adding “I have seen in my lifetime a revolution in the treatment. Over three decades ago, there were less than a dozen drugs available to treat cancer. Now we have thousands. Drug discovery used to happen once in 10 years back then; now thousands of drugs and new types of treatments are available thanks to technology and research”. Many cancers are curable and people who suffer from several types of cancer can almost lead a normal life, he says. Stem cell research has helped a lot in improving oncology, he argues. “Today we are talking about the levels where genetic level diseases become difficult to treat. We have just to target the gene”.

Trends, Worries

As regards expensive preventive surgeries that people opt for – like in the case of Hollywood actor Angelina Jolie who underwent double mastectomy (removal of breasts) because of cancer fears – Advani says “some people advocate an extreme step. There are of course, people who had seen their family members go through a very tough time.” He adds that such diseases are eminently curable once detected at an early stage.

Advani is anxious that, despite campaigns, tobacco products are freely available. “Data say 40% of cancers in India are related to tobacco. Tobacco should go out of business,” he says. “The worst part is that even if you change the habits today, effects of smoking could show 20 years later”. He is equally worried about the rise in cancer caused by toxic lifestyles. “Eating habits play a vital role in preventing several forms of cancer. Eat more plants,” suggests Advani. Good with lectures, he gives talks across the world on various forms of cancer, especially the India specific ones such as cancer of the tongue, caused by chewing of tobacco.

Destiny's Child

Advani was born on August 1, 1947 in Karachi. His family – parents, three brothers and three sisters – had to flee to India on August 15 due to partition. They came first to Deolali, Nashik, and then to Mumbai a few years later thanks to his father's electrical business.

Advani, who used to walk until the mid 1950's, says he follows a strict diet and does breathing exercises to stay fit. “I have to be very careful about what I eat because of restriction in my movement”.

Despite odds, he moved on in life pretty fast, says Sainani. For someone who had to flee his home when he was merely 15 days old. Advani rose to become the Chief of Medical Oncology at the Tata Memorial Hospital and he also set up the oncology

department at Jaslok Hospital, Mumbai – and he is currently the chief medical and pediatric oncologist and hematologist at Jaslok Hospital.

This role model has wings on his feet

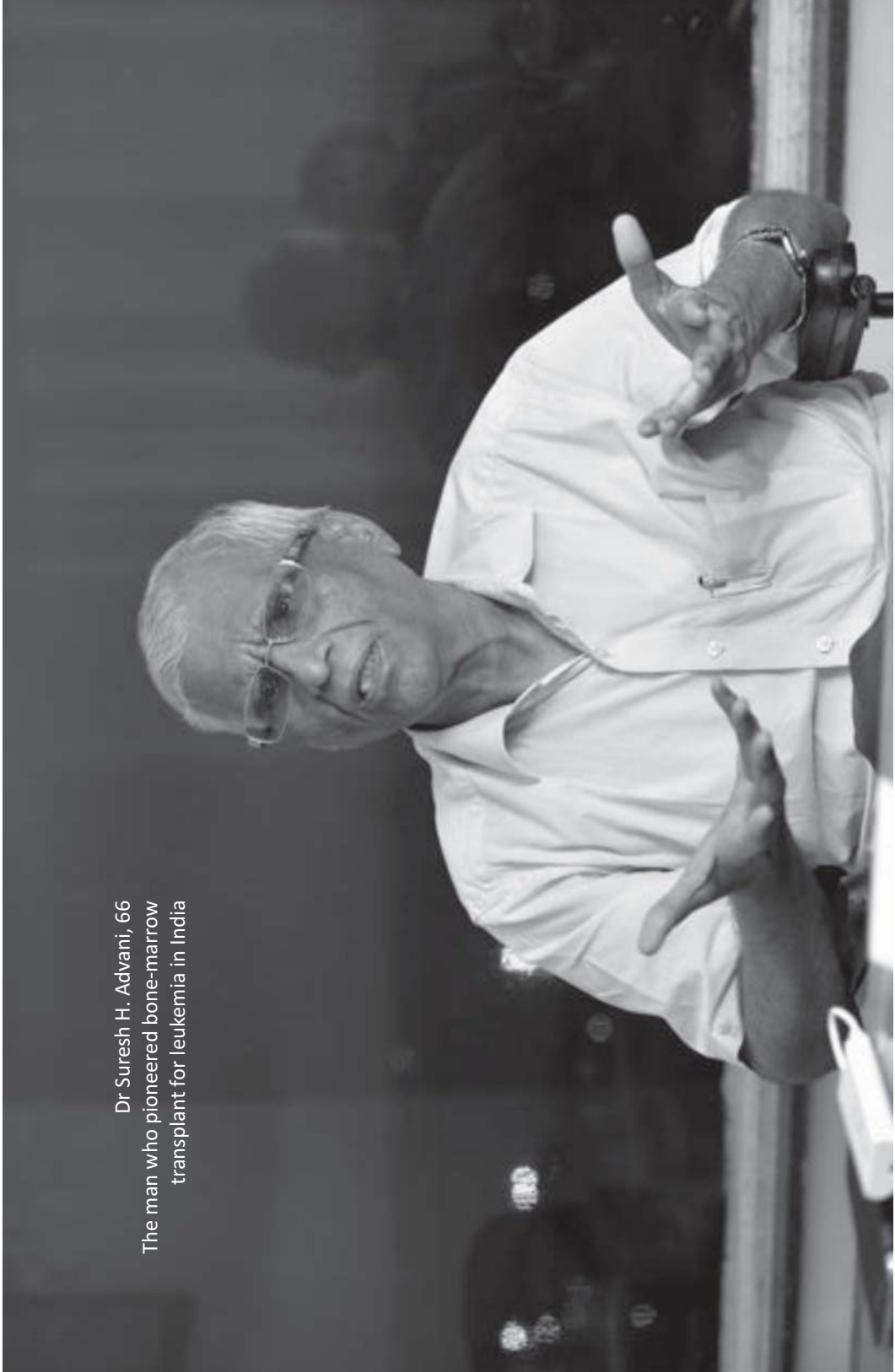
I, K. K. Verma, acknowledge with thanks The Economic Times Magazine Ahmedabad for using their excellent profile on Dr. Suresh H. Advani. “On the Wheels of a Dream.” July 21-27, 2013, for my book being published, “A Saga of Emerging Voluntary Organization in Gujarat.” by Blind People's Association. I am also grateful to the author N.P. Ullekh for his excellent contribution.

HIGHLIGHTS

He was initially denied a seat for MBBS because of his physical condition	State authorities yielded after he persisted with his appeal to study medicine: he went on to do his MBBS at Grant Medical College, Mumbai	He completed his MD from the prestigious medical college	In the early 1970s, he went abroad to work and he fell in love with oncology, a branch of medicine that he says was not taken seriously then
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Inspiration	Milestones	Positions Held	Trained At	Awards Won	Fitness Regimen
The three months he had to spend in a Mumbai hospital and his close interaction with doctors after contracting polio as a child	He transplanted bone marrow into a nine-year-old girl who was down with myeloid leukaemia from her brother. He was part of the clinical trials to help children with lymphoblastic leukaemia. Conducted on 1,200 patients, the trials helped raise success rates in treatment from 20% to 70%.	Chief of Medical Oncology at Tata Memorial Hospital; he set up the oncology department at Jaslok Hospital, Mumbai. He is currently the chief medical and Paediatric oncologist and haematologist at Jaslok Hospital.	Royal Marsden Hospital, UK; Fred Hutchinson Cancer Research Centre, Seattle	Padma Bhushan, Padmashri, Dhavanvanti Award	Strict diet and breathing exercises

Dr Suresh H. Advani, 66
The man who pioneered bone-marrow
transplant for leukemia in India



Inner Sight is Real Sight*

By chance I happened to read some good stories. My Nanaji who was writing a book forgot hard copies of one story at our house. At my request he mailed me one more. The two stories (Helen Keller, Zakir Sipai) related to a blind lady and gentleman with crippled legs due to polio, who struggled a lot due to their deficiencies. Finding inspiring, I desired to write one. While in Ahmedabad this summer vacation, my Nanaji arranged my meeting with a very respectable person, Mr. Soni. I interviewed him using my Nanaji's guidance.

Mr. R.P. Soni was born on 21st August, 1961, with condition of total blindness, both eyes. There is no known reason for the deficiency. Medical practioners could not explain. He is such a busy man, he gave appointment on a Sunday in his office, Blind People's Association (BPA) , Ahmedabad, where he works as Technology Head and English Teacher. I called him Sony uncle. On that Sunday he was conducting some examinations too.

Soni uncle's father, was goldsmith and mother, a house-wife. They were a middle class large family of seven. Uncle had three brothers and one sister. One important fact but unfortunate one was that uncle Soni's elder brother and the lone sister were also blind. No explanation or cause of their suffering by medical doctors was given. One possible reason given now is Optical Nerve Defect.(OND). However, reason for this OND is also not offered because other two children of same parents were normal. "Bearing cost of three blind children at home is very high, in fact unbearable." Said Soni uncle. He continued, "But, our parents faced cost and other hurdles gracefully. At times they had to borrow money. But they were too conscious to

I, Jiya thank Mr. R.P. Soni for the meeting he permitted to me on a Sunday in a quiet atmosphere and wish him best. I also thank my Nanaji for guiding me.

return borrowed sum early. This taught us to keep away from borrowing.”

The parents made lot of sacrifice and have given a lot to them. They prayed day and night to all the gods to return eyes to their children. “Though not educated, they were excellent parents” stated Soni uncle with tears in his eyes.

He was brought up in Rajasthan, his native place, Rani, Pali upto five years and was sent to a special school in Ahmadabad, a hostel school at age 5. Before coming to school, his childhood was not easy. Other children teased him; excluded him from games. He, however never wished to be not blind. Nor he felt humiliated. They lived in a joint family. His one brother, sister and he himself being blind, his uncles and aunts thought that they would be a burden on them. But his parents supported them completely. They educated them to the best the children could take. All are well settled, married with families.

His school, Navrangpura School for the Blind, gave him another childhood. “They gave free education, living, food and a book, stationery like the home gives. We participated in games, competitions outings etc. I grew here into a middle frame and as some others said, “handsome boy”. I passed Matriculation through this school and visit there and teach there at times even now.” Said uncle Soni.

He did his post graduation in English Literature in Ahmadabad, followed by another post-graduation, MEd from the Gujarat University. “My results were always good, never ordinary, though, not excellent,” stated the uncle. He took full advantage of scholarships and free facilities available for the people with disabilities (PwD) at that time. He worked in Surat since 1986 for two years as a teacher. He joined Blind People's Association, Ahmedabad as English Teacher. He had learnt Basic Computing at Kolkatta in a private company in 2002. “So, it is through experience only that I grew in technology; not any professional qualifications” said Soni uncle. At BPA's Technology Centre, he

teaches Computer Skills and CCC Courses, essential qualification for government and private organization jobs. These courses he conducts for the People with Blindness (PwB). They are given training in Mobility and use of Braille. He teaches them the use of following software:

- 1 Screen Reader such as JAWS and NVDA
- 2 Scanning Software open book
- 3 AccessibleAndroid Operating for the blind using TALK BACK, MAGNIFIER and SHINE PLUS

These software help all computer applications that are required by the PwB. About 100 beneficiaries take advantage of his training programmes every year. He also has certain counseling skills acquired during his MA English studies. He counsels the PwB. A large number though records were not maintained, of people under depression took advantage of sessions with him and were back to their jobs they had left, as stated by Soni uncle. He is so much devoted to computer education, that once a promotion was offered by BPA to him as principal of the Higher Secondary school, he declined because the technology function would have been sacrificed.

Besides computers he has interests in Drama, Poetry and Chess. He brought the PwB on the stage, apart from acting himself, he encouraged people that drama and music could give a career apart from feeling good. He did these activities as voluntary work. He participated in chess competitions.

Poetry is his love and writes for his creative mind. He feels sorry that society neglected the cause of the blind over centuries. They differentiated against them. He cited own example that for jobs in the schools and collages, he was many times dismissed because of their appearance

(blindness). They were not given opportunities to show their inner strengths. What he feels is that now the society which is knowledgeable should not discriminate between the blind and

others. He thinks that the blind should be seen as full human beings and capable to do higher and technical jobs. A large number have proved themselves. Recently, an aspiring blind girl is selected in Indian Foreign Service. He is responsible for technology and computer teaching in BPA. "I type faster, use internet more than the so called able people, on an average" said Soni uncle. BPA had never any complaint in my work. BPA for Mr. Soni is more than his second home. It gives him complete freedom to work and take decisions. This was the institute that gave him strength for higher studies.

He feels well settled. His wife is partially blind and "a successful Bank of Baroda employee" and his son is a computer engineer, who is also joining Bank of Baroda in a week's time. He lives with his mother, wife and son. His mother for him is a source of inspiration. National Institute of Design (NID), Ahmedabad has made a film on Mr. Soni's life named "Listening To Shadows" PSBT (Government of India) has also made a film on him titled "Seeing Freedom" in 2005. This documentary has been shown on Doordarshan quite a few times.

He is very happy in his personal and work life.

While in discussions with Soni uncle and writing, several feelings came to my mind. I felt it is bad that we use words like blind or crippled about such persons. It is none of their fault being so. God has deprived them of very important part of the body. They already are losers to an extent. They don't deserve to be target of accusation; even a hint of bad words. My Nanaji uses the word 'person with disability'. This is better but not best. We should still find a most respectable word. I also want to say I learnt a lot about how capable the persons with disabilities can be, example Soni uncle. We should read, write and popularize such persons and such of the institutes who help them.

*I, K. K. Verma thank Miss Jiya, a seventh class student of Delhi Public School, R. K. Puram Delhi for contributing this article for my book.

Sum-up of Disability Cases*

The sum-up pertains to those cases sent to Jyoti Jumani by K. K. Verma. Life stories or real life cases are a very powerful means of communication to share, motivate, inspire, and provide strength — especially where people have turned around a negative reality into a positive one. These documented stories pertain to different persons with disabilities who took the challenge to turn around into achievement, strength, and dignity. The factors which facilitated this turnaround are: education, institutional support, individual determination, family help, friends, and well-wishers.

In the cases presented, the disability is either natural or human-made. A man-made disability, a human-made disability is avoidable with exercise of due care and caution. It cannot be and should not be allowed to happen. Every life is extremely valuable and no damage is permissible to it. Human beings, as we are all aware, have limited control over natural disability. A disability of any kind and at any stage in life causes sadness, depression, helplessness, and pessimism. It eats into our constructive energy. In the cases presented, these negative aspects have been countered by individual resilience cum determination, seeking out support, and most importantly, institutional intervention. Peer interaction, peer learning, and peer support also helped bring smiles into faded feelings. Livelihood compulsions, internal drive and the need to be self-reliant steered these lives in the direction of skill building and seeking alternatives — depending on the context and degree of limitation.

The institutional support and institutional leadership especially of Blind People's Association (in most of these cases) enabled achievement, spirit, strength, and value-addition in life. Without it, life could have felt disillusioned. Instead, people became

meaningful, they got married and had children, they helped others, they provided valuable organizational and professional services, and they created assets. Blind Peoples' Association (BPA), the institutional support, became an enabler and facilitator. Society can be cruel to disability and thus the need for mega-institutional setups – for special care, support, and otherwise.

Each individual countering the disability plus the institutional support to him /her created the necessary environment which made life self-fulfilling, joyous, and empowering. We need more of such institutional setups to handhold each and every person challenged by disability, to enable those who exhibit the motivation to change life for themselves. Institutional efforts and collective strength can also steer in motivation for the less emotionally strong individuals, to help them pave the path for self-help. The stories documented by Mr. Verma exhibit the process of change in a vivid manner where you do not have to exert imagination. Lacunae in family and society also get uncovered; they need introspection.

Disability can fall on anybody, anywhere, anytime – nobody is immune from it. We cannot run away from this ground reality. Every life is valuable and every life needs to be respected.

**This section of the inspiring stories has been written for the book by Jyoti Jumani, a freelancer and a professional friend. I, K. K. Verma, am grateful to Ms Jumani for her contribution to the book.*

BACK ANNEXURE 1

CLASSIFIED LISTS OF PEOPLE WITH WHOM DISCUSSIONS/INTERVIEWS HELD

1. Office Bearers of BPA with whom Presentation/ Discussions held

S.N.	Name	Designation
1.	Mr. Jahangir R. J. Cama (late)	President, BPA
2.	Ms Nandini P. Munshaw	General Secretary, BPA
3.	Ms SunitaThakor	Treasurer, BPA

2. Employees of BPA

S.N.	Name	Designation
1.	Dr. Bhushan Punani	Executive Secretary, Former Executive Director
2.	Mrs. Nandini S. Rawal	Executive Director , Former Project Director
3.	Mr. Harish Panchal	Training Director
4.	Mrs. Vimal Thawani	Programme manager
5.	Dr. B.K. Panchal	Occupational Therapist and Head of Physiotherapy school
6.	Mr. Bharat Joshi	Project Manager, CBR
7.	Mr. Dharmendra kumar Jena	Field Manager /Head Eye Hospital
8.	Mr Futtermal Porwal	Manager (Braille) and Trustee
9.	Mr. Viraj Bhushan Sharma	Administrative Officer
10.	Mr. Tarak Luhar	Principal, Primary school
11.	Ms. Kinnari Desai	Advocacy Manager

S.N.	Name	Designation
12.	Mrs Sudha Joshi	Principal, Higher Secondary School
13.	Mr. Arindam Ray	Field Manager/Head KCRC, Bhuj
14.	Ms. Tejal Lakhia	ITI School Head
15.	Mr. Shantaram Parab	Purchase officer
16.	Mr Daleep Shah	Sr. Physiotherapy Teacher
17.	Mr. Ambalal Pandya	Manager, ATC Workshop
18.	Mr. Bipin Mehta	Coordinator, Inclusive Education & Distance L.
19.	Mr. Ramesh Patel	Employment Officer/Head
20.	Ms Mira Shah	Former Fund Raising Officer
21.	Mr. Jagdish Trivedy	Welfare Officer, Workshop
22.	Mr. Zakir Sipai	Computer Operator
23.	Dr. Sanjay Sharma	Physiotherapy Teacher
24.	Mr Vasudev Patel	Former Head, Technical School

3. List of Teachers (insiders) participated in Group Discussions

Exclusively for DREAM BPA

HIGHER SECONDRY SCHOOL

S.N.	Teacher's Name
1.	Mrs Sudha Joshi, Principal,
2.	Ms. Chetanaben Parikh
3.	Mr. Manjibhai Patel
4.	Mr. Govindbhai Patel
5.	Mr. Gajendrabhai Vyas
6.	Mr. Bhikhubhai Patel

TECHNICAL SCHOOL FOR THE BLIND

S.N.	Teacher's Name
1.	Mr. Nalinbhai Dhingani
2.	Mr. Mukeshbhai Rajput
3.	Mr. Damjibhai Hadiyal

PHYSIOTHERAPY SCHOOL FOR THE BLIND

S.N.	Teacher's Name
1.	Mr Daleep Shah Senior Teacher

A T C PRIMARY SCHOOL

S.N.	Teacher's Name
1.	Mr. Dineshbhai Pandya, Teacher
2.	Mr. Rajendrabhai Gamit, Teacher

4. List of Academics (Outsiders)

S.N.	Name	Designation
1.	Dr. Anup Singh	Director General, Nirma University.
2.	Dr Anil Khandelwal (also represents corporate sector)	Former CMD, Bank of Baroda, management Consultant, Speaker
3.	Dr T. V. Rao	IIMA Board Member and Chair, TVLRS.
4.	Dr Shubhra Gaur	Professor, MICA
5.	Prof S. Srinivas Rao	Former Professor, IIMA

5. Other Outsiders

S.N.	Name	Designation
1.	Cap K. J, S. Barar	Managing Director, Designmate
2.	Dr. Ms. Promila Patel	Retired Doctor
3.	Dr. Usha Vyas	Executive Director, Nagri Hospital
4.	Mrs. Amita Patel	Retired Librarian, SPIPEA
5.	Ms. Varsha Gajjar	Senor Admin Manager, Designmate
6.	Mr. Richard George	Head Property Care, BSafal Cotruction
7.	Mr Bharat S. Patel	Estate Manager, BSafal,
8.	Mr. Ankit Patel	Manager, Gala Construction
9.	Mr Vikas Kumar	Manager, KFC, Ahmedabad
10.	Dr Jitendra Aggarwal	CEO, Sarthak Education Trust, New Delhi

BACK ANNEXURE 2

Details of major properties of BPA

Details	Year	Area	Donor/Acquisition
Kameshwer ni pole	1960	86 Sq. Yard	Temporary accommodation
BPA campus, Vastrapur	1962	5759 Sq. Yards	Government of Gujarat Revenue free
Land Adjoining campus	1982	2000 Sq. Yards	Purchased from Ahmedabad Education Society at Govt. approved rates
BPA Lioness Karnavati Hostel	1973	4840 Sq. Yards	Government of Gujarat Revenue free
Additional Land for Building No.8 in the BPA Campus	1982	3000 Sq. Yards	Purchased from AES at Govt. approved rates
Bareja Hospital	1998	5000 Sq.Yards	Bareja Hospital Trust as donation
BPA-MSM Naaz	2006	22 Acres	MSM Trust merged with BPA no consideration

Details	Year	Area	Donor/Acquisition
Early Intervention Centre	2006	600 Sq. Yards	Jagdish & Bhadraben Patel, founding general Secretary of BPA through will of Jagdish Patel
Handika Gandhinagar	1985	200 Sq. Yards	Purchased by BPA at 50% subsidy
Handika Panjrapole	1960	120 Sq. Yards	Purchased by BPA
Sumeru	2002	300	Sneh Veenaben Shah as donation
Samarpan VTU	2010	80 Sq. Yards	Lioness Club of Karnavati – Right to use only- BPA is occupier
Jyotsnaben Dirubhai Naik	2010	120 Sq. Yards	Will of Jyotsnaben
BPA-Bhuj	2002	2000 Sq. Yards	Government of Gujarat revenue free
CS Samriya Charity shop	2000	240 Sq. Yards	Purchased at market price

BACK ANNEXURE 3

Dey time Treatment/Diagnosis Facilities at BPA

(10.30 a.m. - 05.30 p.m.)

COUNSELLOR

O&M INSTRUCTOR

PHYSIOTHERAPY

EMPLOYMENT COUNSELLING

ORTHOTIC-PROSTHETIC

LOW VISION ASSESSMENT

PSYCHOTHERAPY

SPECIALIST SERVICES

(Contact : Mrs. Vimal Thawani, Building No.)

PHYSICIAN	11.00 A.M.	DAILY
OPHTHALMOLOGIST	09.30 A.M.	MONDAY
OPTOMETRIST	09.30 A.M.	MONDAY
PSYCHIATRIST	09.30 A.M.	FRIDAY
OCCUPATIONAL THERAPIST	02.30 P.M.	FRIDAY
AUDIOLOGIST	10.00 A.M.	SATURDAY

BACK ANNEXURE 4

ONLINE SUPPORT TO BPA - A Click away

Online donation facility, just click on <http://www.bpaindia.org/donation.aspx>

BPA have tied up with ATOM Technology for online donation.

Give India : <http://www.giveindia.org/m-31-blind-peoples-association-india.aspx>

HDFC Online : https://www.billdesk.com/hdfc/BPA/hdfc_blind_people_association.htm

Indian American Education Foundation : <http://iaefseattle.org/>

Global Giving : <http://www.globalgiving.org/projects/seeing-is-believing/>

See Your Impact : <http://bpa.seeyourimpact.org/>

Bhaarat Welfare Trust : <http://www.indiaaid.com/>

Positive Sight : <http://www.bpaindia.org/PS.htm>