

NOTHING FOR THE DISABLED WITHOUT THE DISABLED



I Konnect



News letter - July 2021

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Dr. Mithu Alur
Founder Chairperson
ADAPT

June and July have been an extremely busy month for the Chairperson. The academic year began in June and Dr. Alur has held several meetings with all department Heads to establish the system and introduce new initiatives.

Organograms have been created for the organization and all the departments and programmes. Job Descriptions have been created for every staff member in the organization.

Meeting of the Trustees and Governing Body

The Annual Meeting of the Governing Body was held. The report for the year with a special focus on the online services was presented. A New Journal from ADAPT that will be beneficial for all developing countries has been envisaged and will be published this year. New members have been appointed to the Board.

Our New Presidents!

Dr. Samiran Nundy, internationally renowned Surgeon and Emeritus Professor, Department of Surgical Gastroenterology and Liver Transplantation, Sir Ganga Ram Hospital, New Delhi and Dr. Farokh Udwadia, Consultant Physician, Breach Candy Hospital, have been unanimously nominated as Presidents of the Board at ADAPT. Both are eminent and illustrious professionals and also Co-Chair the Institutional Review Board and the Endowment Fund set up by Dr. Alur.

Additions to our Board

We welcome to our Governing Body, two new members who have been supporting us over the years: Dr. Sanjay Nagral, Honorary Hepatobiliary Surgeon, and Founder Member, Forum for Medical Ethics and Dr. Surojit Nundy, Fellow at Harvard and leads Raxa health, a technology platform that seeks to improve the quality of healthcare for all. Meeting of the Institutional Review Board (IRB).

The IRB was set up by Dr. Alur to guide research studies undertaken by the organization. This meeting was also attended by members of the Trustee Board, Governing Body, Board of Advisors, the Research Action Committee and staff. International Research studies undertaken in the past as well as the studies planned were presented and the members were updated on the services being provided at ADAPT. The IRB suggested the way forward for the prospective studies, which are listed in the projects section of this newsletter.

In service training

This is an integral part of any progressive organization, as a capacity building programme that promotes staff development and enhances teamwork and cooperation. Dr. Alur has initiated a year-long in-service training programme that commenced in June. An intensive week of sessions shared details of all the projects and programmes, focusing on the goals, key deliverables, the documentation required as well as the financial implications.

New Initiatives

A new Education, Treatment, Paediatric and Adult Neuro Rehab Center has been set up. Dr. Mithu Alur and Dr. Taral Nagda Chair this project and Dr. Dhruv Mehta and Dr. Namita Nair head the adult and paediatric units respectively.

Social Audit

Social audit questionnaires are being developed to support the research under the APPI project.

Parent Support Groups

It has been Dr. Alur's vision to have thriving Parent Support Groups. Though we have had a very good relationship and rapport with parents over the years in keeping with the parents in partnership ethos she developed, this has never been formalized nor has there been a continuum of support and sharing between parents. To address this gap, Dr. Alur has appointed Dr. Pravina Shah the Chair of Parents Support Groups.

Two meetings have been held by Dr. Alur and Dr. Shah with the staff to understand the challenges and plan strategies to take this initiative forward. Regular meetings are now scheduled.



As reported earlier, some research studies have been completed and a few are been undertaken. We will cover these in two parts. We present the first installment this month.

1. Parent perspectives regarding teletherapy for children with special needs in a developing country

The pandemic lead to all of ADAPT's services being conducted online. Dr. Alur and Dr. Nagda initiated online tele rehab services and this study analysed the limitations and effectiveness of a home based teletherapy rehabilitation program for children that was a partnership between ADAPT and Dr. Taral Nagda's Muskan Foundation.

It found that the parents felt this was a great initiative and felt supported by ADAPT and Muskan. The children were very happy to see the face and hear voice of their therapist. In the difficult time, at least one of their problems about continued rehabilitation and apprehension about worsening of function was taken care of.

Conducted by Dr. Taral Nagda

2. A Social Audit of the Online Course Inclusion Matters

A 5 week online course, 'Inclusion Matters' was designed and conducted by Dr. Mithu Alur for teachers, teacher trainees, parents, persons with disability and allied professionals such as psychologists, social workers and personnel of the government programmes Integrated Child Development Scheme (ICDS) and Sarva Shiksha Abhiyan (SSA).

An impact analysis was conducted to help in designing more effective courses. The sample comprised 35 Participants who attended the course from 5 states. Pre and Post questionnaires were administered, along with a feedback form.

The analysis showed that the response received was positive, there was very high satisfaction and the course had been effective and lead to an increase in subject knowledge. The suggestions will now be used to streamline and replicate the present online course.

Conducted by Dr. Ragini Sen

3. An Evaluation of the Content on Inclusive Education in B. Ed Courses

Teachers are unprepared to address diversity in their classrooms. Since there is now a mandate to include children with disability, there is an urgent need to rectify this gap. The aim to study and evaluate the gaps or lacunae in the area of disability and inclusion in some of the existing B. Ed Courses in India. The suggested hypothesis is that the hours. The suggested that the hypothesis is that hours of teaching are not enough as part of the BED training. The literature review will include the syllabi of B. Ed colleges and IGNOU and NCERT and all ADAPT training programmes, as well as our flipcharts and training work at the community level.

Being undertaken by Dr. Maneeta Sawhney and Mrs. Archana Kolambkar

4. An Anecdotal narrative study of inclusion of children with disabilities into mainstream schools.

ADAPT has been including children with disabilities into mainstream schools for over two decades. We would like to document the process followed at ADAPT to include children in mainstream and to determine the common factors that lead to successful inclusion.

Undertaken by Mrs. Sangeeta Jagtiani Vaswani

5. Prospective Study to track beneficiary data using technology:

ADAPT has been using paper and pen methods to record all their beneficiary data. Digitization would help leverage technology for better archiving methods. The Raxa app that is currently being used by medical professionals has been offered to ADAPT by Dr. Surojit Nundy as part of Raxa's CSR initiative on a no cost basis. This study aims to leverage technology to record beneficiary tracking data at ADAPT; to create an easy access source for all beneficiary data for the multidisciplinary intervention team at ADAPT and to support the creation of donor specific reports and matrices for impact assessments

Initial dialogue has begun with Raxa to see how the app may be modified to suit the needs of ADAPT. Simultaneously the team at ADAPT is looking at their assessment forms to create them into google forms or excel sheets. The sample is 300 beneficiaries across the centers of ADAPT

Being Conducted by Dr. Shabnam Rangwala, Dr. Namita Nair, Mrs. Sangeeta Manna, supported by the entire team at ADAPT.

Special Needs Policy in India

Presented at the National Seminar on Integrating Children with Special Needs held at Mumbai in 1996.

What needs to be done?

1. Introduction

About three years ago I started examining a particular policy of the Government of India's, known as the Integrated Child Development Scheme (ICDS policy) which does not include children with special needs in their provision of services. The ICDS, operates amongst the poorest sections of the population among the people living in the peri-urban slums of inner cities, in peripheral tribal and hilly areas and in the rural villages of India. It is a unique initiative, which evolved from the National Policy for Children, providing a package of services to children below the age of 6, as well as to the expectant and nursing mothers. The services include health check ups, immunisation and nutrition, referral services and informal pre-school services (*Sood, 1987*). Today the ICDS is considered to be the world's largest package of services for woman and child. A programme, which began with 3 projects, has now grown to 2600 centers reaching out to the weakest and most vulnerable sectors of the country (*UNICEF, 1993; Swaminathan, 1992; Siraj-Blatchford, 1994*). However relevant to my investigation, the ICDS policy does not include children with special needs.

Therefore, my question has been why has the ICDS excluded children with special needs from its service provisions? How is India going to be able to achieve Education For All if children with special needs are not brought in to existing services? It is in order to examine what could be the rationale for the exclusion of children with special needs, that I began this study to examine the evolution of policy for people with disability in India in a broader context. Policy issues are rooted in a wider socio-economic, and political context, generally catering to the needs of the wider society. It has been said that "Policy analysis is finding out what governments do, why they do it and what difference it makes" (*Dye 1976*). This paper is a policy study analyzing certain policies of the Government of India affecting children with special needs. I will begin by tracking the evolution of social policy in India in the last 50 years during the Post Independence period, examine 3 major policies of Government that have developed in the Post Independence era and conclude by analyzing various factors that have contributed to the disabled still remaining excluded from Government provisions.

2. The Context

Historical

A Pre-Independence Overview of Education for the Handicapped.

Historically, organised attempts to educate the blind were made in India when Christian missionaries established schools. The first school for the blind was established by an English missionary known as Annie Sharp in Amritsar in 1887. Interestingly enough, throughout the 19th century, an unknown number of blind children, were casually integrated with sighted children, picking up whatever they could from oral repetition, which was the major tool of pedagogy. Precilla Chapman remarked on a blind girl in Calcutta in 1826, who "from listening to the other children got by heart the Gospel". (*Chapman, 1839, as mentioned in Miles, 1996*).

Due to insufficient documentation, researchers in the past 50 years, both Indian and foreign, are poorly informed about India's special education needs and disability issues in the 19th century. Until about 1947, the then Provincial Governments had taken a sporadic interest in the education and training of the handicapped, usually by giving the ad hoc grants to schools and other institutions for the handicapped and it emerges that it was voluntary effort that played a pioneering role in the field of education and social services (*Gupta, 1984*).

In 1994 in England the Education Act or the Butler Act was passed universalising education. At about the same time in India, in 1944, the Central Advisory Board of Education (CABE) published a comprehensive report on the Post War Educational Development of the Country, popularly known as the Sargent Report. In this Report, provisions for the handicapped were to form an essential part of the national system of education and were to be administered by the education department. Whenever possible, the Report stated, handicapped children should not be segregated from normal children. Only when the nature and extent of their defect make it necessary, should they be sent to special schools. (*Sargent Report, 1944*). The CABE Report goes onto point out that the governments in India whether central or provincial, had shown little interest in this subject and had left it almost entirely to voluntary effort. (*Sargent Report, Chapter ix of the CABE Report, Post War pp. 76-82*).

- a) Provision for the mentally or physically handicapped should form an essential part of a national system of education and should be administered by the Education Department.
- b) Hitherto in India Governments have hardly interested themselves at all in this branch of education: what has been done has been due almost entirely to voluntary effort.
- c) Wherever possible, handicapped children should not be segregated from normal children. Only when the nature and extent of their defect make it necessary, should they be sent to special schools or institutions. Partially handicapped children should receive special treatment at ordinary schools.
- d) Particular care should be taken to train the handicapped, wherever possible, for remunerative employment and to find such employment for them. After care work is essential.
- e) In the absence of any reliable data it is impossible to estimate what would be the cost of making adequate provision for the

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handicapped in India; 10 per cent of the total expenditure on Basic and High schools has been set aside for special services, which include such provision, and it is hoped that this will suffice.

(*Post War Educational Development in India, 1944 a. k. a Sargent Report, pp. 82, Ch 9*).

We see therefore that the board was guided by the fundamental principle that the handicapped should not, if it can possibly be helped, be segregated from normal children, only when the nature or extent of their defect makes it necessary should they be sent to special schools or institutions.

What happened since then? Here is a Charter in 1944, which is not debating Inclusion, but it is taken that this is the way it should be done. Debate-Discourse should only have been on how it should be done.

2.2 Post Independence Scenario

The Kothari Commission, 1964-1966.

In 1964 the Kothari Commission was the First Education Commission which brought up the issue of children with special needs in the Plan of Action. (*Gupta, 1984: Jangira, 1995*) and again gave strong recommendations for including children with special needs into ordinary schools.

“We now turn to the education of handicapped children. Their education has to be organised not merely on humanitarian grounds of utility. Proper education generally enables a handicapped child to overcome largely his or her handicap and make him into a useful citizen. Social justice also demands it.”

“It must be remembered that the Constitutional Directive on compulsory education includes handicapped children as well.”

“There is much in the field that we could learn from the educationally advanced countries which in recent years have developed new methods and techniques, based on advances in science and medicine.”

“On an overall view of the problem, however, we feel that experimentation with integrated programmes is urgently required and every attempt should be made to bring in as many children in integrated programmes.”
(*Kothari Commission, 1964-1966*).

The commission further recommended that:

“The Ministry of Education should allocate the necessary funds and NCERT should establish a cell for the study of handicapped children. The principal function of the cell would be to keep in touch with the research that is being done in the country and abroad to prepare materials for teachers.” (*Kothari Commission, 1964-1966*).

Therefore, while reviewing Government of India documents created during the Post- Independence period, one finds that services for children with special needs seems to have followed the pattern of segregation, although statements of intent show otherwise. The rhetoric remains on paper and not in practice.

I will now examine what has been the Practice during these 53 years. This part of my paper deals with three policies of Government of India.

3. Policy of Assistance to Voluntary Organisations, Ministry of Welfare

In June 1964, work concerning the education, training and rehabilitation of the handicapped was transformed from the Ministry of Education to a newly created Department of Social Security. This department became the Ministry of Social Welfare (*1964 GOI*). The Ministry of Welfare, as it became known in the 80's was entrusted with the responsibility for the welfare of the scheduled classes, the drug addicts, cancer patients, those affected with leprosy, woman and child welfare, and the welfare of children with special needs. A heterogeneous group people who constitute the most vulnerable and weakest segments of the population all clubbed together constituting over half of India's population.

Since the commencement of the Second Plan (1956-1961), the Union Government continued the same paternalistic practice of the Provincial Governments of the pre Independence period of doling out grants to voluntary organisations.

Thus Government Policy towards children with special needs was and still is principally dependent on voluntary organisations to deliver minimal micro level services.

Today major work is done by the Voluntary Sector. There are over 2500 organisations in the field. About 450 of these organisations get grants from the Ministry of Welfare towards their operational costs. (*GOI, 1990: Gupta, 1987: Jangira, 1995*). Special schools exist for the blind, deaf, cerebral palsy, mentally handicapped and slow learners very similar to what was happening in England in 1944 when

there was rigid labelling and categorization of disabled people. A larger number of NGOs sustain activities through their own funding efforts and in partnership with international partners.

The Government's assistance in the way of grants in aid to voluntary organisations has become officially the accepted State Policy as far as children with special needs are concerned, with no direct link between the State and the Child..... No Obligations, No Rights.

3.1. Policy of Integration, Ministry of Human Resource Development

In 1975, the Government introduced Project Integrated Education for the Disabled(PIED). This Scheme, previously with the Ministry of Welfare was transferred to the Ministry of Human Resources. Children in the age group 5 to 14, with not so severe impairments as determined through medical assessment, were to be eligible for admission in regular schools. Through PIED, integration of over 10,000 children has been happening.

Aggarwal, reviewing current development in education, writes that 28,000 children spread over 6000 schools are presently receiving benefits under this scheme. A much larger number are receiving indirect benefit through special teachers and other learning materials. (Aggarwal 1992).

According to Miles, 1985, the number of children with special needs in ordinary schools far exceeds the number of children with special needs in special schools. The fact that there are States which do not have any special schools have no doubt helped "casual integration"(Miles, 1985) to take place.

On the whole, the findings indicate that India has the largest number of children with special needs integrated into ordinary schools in the Asia Region and due to the paucity of special schools round the country, a scale of casual and unplanned integration is already taking place, though no majority study has been done about the efficacy of this integration (World Bank Report, 1994). This undoubtedly will help the question of inclusive education.

Again, of late there's been a significant trend towards integration. India has been a signatory in the Salamanca Conference held in Spain on Education for All. In June 1994, representatives of 92 Governments and 25 internationals organisations signed a resolution which was a dynamic new Statement on the education of all disabled children. In pursuance of the Salamanca Conference "Education for All", the Government of India has launched the District Primary Education Programme (DPEP), where children with special needs are to be integrated into ordinary schools. The DPEP is expected to examine teacher training , curriculums modification, resource room support and teacher support. The Ministry of Human Resources, in the Indian 8th Five Year Plan (1991-1996) increased the budget for children with impairments by more than five times (DPEP Programme 1994). With the establishment of the DPEP programme, India has taken a step forward in its policy of inclusion.

However, the finding show that, the issue of integration is sporadic and based on individual initiatives, and not taking place as an organized programme of the State. The continuance of State supported special schools certainly brings sharply into focus the contradictory government approaches maintaining special schools as well as attempting to integrate children with special needs into the regular school system in a piece meal fashion.

3.2. Policy of Integrated Child Development Scheme, Ministry of HRD

In 1974, the Government launched the Integrated Child Development Scheme. This programme is supposedly the world's largest package of services for the most vulnerable sections of the population (Swaminathan, Issue 12, 1992) Disabled under Fives are not admitted in the anganwadi and balwadis, nor is the family given any support system, and when asked why they do not attend the ICDS clinics, the mothers seem embarrassed and say "No that is not for us". The Anganwadi workers too confirm that there is no place for disabled children and its not their job".

Since, the ICDS works in the slums, the tribal and rural areas, it is the most appropriate service to include disabled children who are mainly amongst the most vulnerable sections of society.

Yet professionals associated with Early Childhood Care while designing manuals, curriculum for training of para-professionals in early learning have not included pre-school disabled children.

The policy makers too, are aware of the critical 0-5 years, and a large resouce allocation has been made to the ICDS, yet children with special needs are not included in this so called integrated package concerning even basic needs such as health, nutrition, pre-school facilities.

Clearly such a major social policy in the country has left out disability from their agenda. The argument usually proffered by policy makers is that the paraprofessional workers are overloaded and have no knowledge of how handle a handicapped child.

Therefore although provisions are made for scheduled castes, the poor, women and child, the disabled get identified as a separate category and remain marginalised. Hence the disabled child, the disabled woman and the disabled scheduled castes and tribe do not benefit from the concessions granted to their groups. They remain excluded from allocations to their respective groups; and receive no allocations as a disabled group owing to low political priority.

4. Legislation

4.1 The Persons With Disabilities Act:

One of the major legislation which has attempted to codify all provisions has been the People With Disabilities Act. According to this Act, it is now the responsibilities of the local government to ensure that every child with disability from any part of the country will have an access to free education until the age of 18. Integration in normal schools will be promoted. Appropriate authorities will be asked to make necessary financial allocations for this purpose.

Briefly, it is binding on the government through this new legislation to provide integrated education to children with special needs in the least restrictive environment.

Unfortunately, this legislation has no parent. It is a pious Intent, looking at housing, access, employment, even recreation. A Virtual Utopia has been promised but with no mechanism or resources to implement it. The Government is attempting to promote legislative provisions for persons with disabilities but suffer from what Asian, 1994 rightfully said, “but rights without mechanisms to claim and without obligation to provide are empty” (Alston, 1994, in Horris-White, 1995).

Since the Education Ministry is examining integration, it is logical that provisions for education should become the responsibility of Ministry of Education. (Ramchandran's paper)

5. An Analysis of Policy and Implementation:

5.1 Lack of commitment and political will

Historically, what becomes clear, is that although the Government's Statement of Intent exists, right from 1944, about the need to integrate children with disability into the existing system of education, the policy or practice following such Intent is not there.

5.2 Dichotomy between policy and practice

We find that although Government continues its policy of integration on a parallel level it continues its segregation policy of promoting the idea of special schools through its Assistance to Voluntary Organisations Schemes (via the Ministry of Welfare). This produces a dichotomy not in keeping with the declared policy of Education for All, resulting in ambiguities, serious contradictions, and blurring of intention which will naturally be affecting policy on the ground level.

Because of the contradictions and ambiguities in administration the roles of the different Ministries get blurred and the Government's statements on the subject, have not helped to legitimise services as a matter of state provision, of entitlement and right.

5.3 Voluntary not State

Work for the handicapped is still considered “good” and humanitarian acts of charity. This has not helped the philosophy of rights and entitlement and obligation of the State.

5.4 Micro not macro

Undoubtedly, the voluntary sector has played a very active and vigorous role in introducing new concepts of education and services, but without continuous funding and good infrastructure support, it has been grounded on a micro level. Continued dependence on the Government, with very limited and fast dwindling funds, has ensured that its activities are on a micro level. Today, because of the States uninvolvement, a vast majority, nearly 98% of the disabled (according to recent Government surveys) remain outside the ambit of any service from the state.

5.5 Professionalism

There has been a school of thought that professionals may be specialized in their own area but have clung onto their specialization and created a mystique around them for their own vested interest. (Tomlinson 1982; Barnes, 1990; Barton and Tomlinson 1990/1984). According to sociologist and writer, Tomlinson (1982)

'the rhetoric of special needs may be humanitarian, the practice is controlled by vested interests'. (Tomlinson, 1982, pp. 73-75).

She has gone on to term this as “benevolent humanitarianism”. Professionals being the benefactors and clients the weaker members of society. It has been written that”

“.... This group in modern society who has the authority to interpret normality, and is the group that has accumulated the power to define and classify others as normal and abnormal and to treat their body and their minds”. (Foucault 1987: Skrtic, 1991, pp. 22: Yeatman, 1990: Wilding, 1982 ,pp3).

These views are very relevant to the charitable work being done by a large body of voluntary workers in India. Children with special needs are in special schools run by people who know best and are doing good for the children with their “deficiencies”. (Abberley, 1987: Oliver, 1988: Mason, 1992). This is a major drawback in the process of integration. **Special Education needs to be demystified. At present, it is too esoteric, guarded by a small group. Government has thought it best to make it Policy and allow this State affairs to continue.**

5.6 Depoliticisation and Individualization

To merely look for technical solutions rather than examining political or structural issues is a means which has been called the depolitisation of a situation which has happened in the Western countries. (Wilding, 1982: Coley and Furbey, 1994). Depoliticisation of situations and individualizing children and families as suffering from private troubles locates the problem outside the public sphere of concern. (Tomlinson, Fulcher, 1990, Burton and Oliver, 1984).

Here in India, powerful professionals, well placed and well educated, have introduced considerable technical skills into the work for people with disabilities. However, the work has been fragmented and isolated, moving away from the rights issues to an individual solution perspective. Mainly being services organisations, the NGOs working for different categories of disabled children, with their own interests of providing services and support to the category they are serving have contributed to fragmentation and weaknesses in the political areas. Changing Government Policy, empowering disabled people and their families to lobby for their rights, which is the most critical thinking in the developed countries today, is also not a part of their agenda adding to the continued political weakness of disabled people.

5.7 Lack of Political Lobby

Basically no Government works without pressure. The Policy Process we have seen is a political process. It is an acceptable fact that political lobby plays a critical role in shaping and implementing policy. (Hill, 1993: Barton 1984: Slee 1993: Kirp, 1992).

Since independence, we have been classified with other vulnerable and weaker sections of the population such as women and child, the scheduled caste and scheduled tribes. Both these groups have had powerful political support. The scheduled caste have had a strong and persistent lobby built up by Mahatma Gandhi and Dr Ambedkar. They are powerful political groupings which represent 20% of the population today. A weaker group, but which has also been very vociferous and visible today, is the women's group. Since independence, they have formed various Commissions and National Committees, various groups have emerged and been able to establish their rights and their status and representation in Parliament. Now there are proposed provisions to enhance the representation of women in parliament. Amongst the categories of people classified as vulnerable sections in the Constitution, the disabled group have the weakest lobby.

5.7 Lack of Conceptual Lobby:

A 'conceptual fragmentation' has taken place creating a dichotomy in the Indian situation, creating the divergent agendas and a lack of cohesion in the provision of services within the two Ministries Welfare and HRD.

Therefore, analysing the current scenario, while we are making sporadic attempts in inclusive education, we are nowhere near EFA.

Made in China....

It was February 2020...we were getting some news about a novel virus lingering around the globe. Though my cupboard is full of goods made in China, when dining out, first choice was always Chinese Cuisine, but never before did I know much about Wuhan, the most populous city of China. Wuhan and Corona suddenly got global recognition.



Meanwhile globally governments took the decision on preventive measures.... 20 seconds hand wash with soap and water...use of alcohol based sanitizer..wash hands again and again.. With Lockdown...use of masks..hand gloves and social distancing has become the present law of the land.

Since March 2020 India and the world around, is under Lockdown. Work places, shops, malls, saloons, schools ,colleges ...all essential services are shut. Yes, then came the order from office, please work from home??? Since then and till date my laptop is sitting on my lap. Two week Lockdown was planned in phases....we are counting...Lockdown 1 , Lockdown 2, Lockdown 3, Lockdown 4.....the counting is on...The Lockdown has locked us in our houses. Everybody has sad stories and so do I...feels like being in jail. So many don'ts ..no meeting friends more than five at a time...restricted time for walks..no gyms...but there is also a bright side to this order. I have been receiving calls from friends and acquaintances from all over...I too joined the chain and have been talking to friends far and near with variety of responses of awe and wonder. . City has seen its ancestors..monkeys merrily jumping around. We at Powai, have been honoured to have leopard in our complex. And the complexity of our surrounding got enhanced. With a cocktail of fear, apprehension and a dash of excitement, we were enjoying the Lockdown.

Houses inside out get intoxicated with alcohol based sanitizers. The kitchen and home discipline has also changed. In the beginning the diktat was .. no maids...OMG! the heart and soul of the house was banned from entering the house. Zadu-pocha...bartan...kapda... the order was passed and a new schedule was prepared by the lady, boss of the family. I was no exception. It took a while to adjust the zadu in the hand. Ultimately managed using my Kathak skill. A new activity is added. I otherwise loved to zoom on laya and tal. But these ZOOM Meetings are at the mercy of the internet and its connectivity. In one of the meetings my first, of course, I suddenly saw myself on the screen and I almost screamed!! I did not know that it was video conference. I saw myself as a wet crow amongst the well groomed colleagues. Any way office work gets done on-line only after in-line house work gets done.



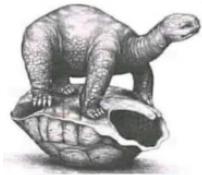
During this time of Lockdown, houses have become homes in true sense. Mother, father, sons, daughters, and aaji, the grandmother are all locked in together and spend time together. E-schools, is a concept that emerged from Lockdown situation. Children got an unlimited sanction and licence to sit in front of mobile and laptop screens.



Political leaders, business tycoons, corporate are worried about the static economy of the country. The Lockdown had locked businesses big and small, no production no sales, no jobs no income...a new negative economic ecosystem was emerging. Colourful cloth masks are being manufactured by many small smart units...following the slogan 'Make In India'...Great thinking..

After prolonged and extensive deliberations it was decided that in the Lockdown 4, liquor shops will be opened nationwide. There was excitement all over. Covid-19 was totally ignored. Serpentine lines, large swollen crowds were seen outside the liquor shops. Soon the order was reversed.

We were all waiting for the day, with relaxed Lockdown, so many 'can't do' are now 'can do'..yes a happy situation. But the underlying message is...the onus of good health is absolutely on every individual. All the while we were under the pressure of Lockdown. And that was our 'Suraksha Kavach'. You are out of the kavach...now your safety is your responsibility...let's take care..



Certainly the present pandemic emergency has created havoc all through the world. It is said, that every negative experience may not have a positive effect till you make it positive. Let's be positive, eat healthy... observe healthy habits...follow safety tips...masks..hand wash...distance and vaccination. The Corona devil will certainly disappear gradually and this world will be a happy place again!!

by Rekha Vijayakar

Parent's Point of view

My son Mohd. Hasan was learning very well while he was to school, Teachers helped him a lot. Earlier he was not showing any sign of interaction, however when he started going to school, in Chota Sion Hospital there was some change in behaviour. As we all know, because of Covid-19, everything is affected, and he could not continue going to school. He was under guidance of Rukhsana Teacher & Gulab Sayyed Teacher, we, as parents had to make great efforts to interact with Hasan, but the Rukhsana Teacher & Gulab Sayyed teacher helped us lot on online class. They tried their level best to improve my child's interaction, Today he is quite good in his interaction & behaviour, we are quite happy that we are at the right place & with right people for the betterment of my child. Now he plays with his brother and sister, he is doing very well.



This is all because of good teachers & good organisation we are dealing with.

Mr.Fayyazvis, Mohammed Hassan's father's



DOES SHE TAKE SUGAR IN HER TEA?

Disabled people are very often compartmentalised into the medical framework. Most non-disabled people who never met a disabled person before don't know what to do or say when they meet a disabled person. In England there is a famous radio programme called Does She Take Sugar In Her Tea?. People always tend to ask the person who is with the disabled person if she wants any sugar in her tea, rather than the disabled person herself. When they talk to me, they adjust their voices as if they are talking to a child.

Questions are asked directed at the helper instead of me. The person who I am with is always asked by the public that:

"Can she understand everything?" "Yes, she can." "She's doing her M.A.". How nice Or "that's good" and the conversation comes to an end.

Societal attitudes disable people. A person can overcome a disability, but cannot overcome the entrenched negative beliefs. Social exclusion takes place where human beings are stigmatised and put into narrow boundaries. [Alur 1999]

Positive Attitudes are vital to create positive self esteem among all individuals. If we as human beings don't recognise or acknowledge other people and their contribution however little it may be, then we are living in a selfish and animalistic society.

However attitudes are the same everywhere. In England, a few people made comments like: 'Aren't you marvellous living and managing on your own? How brave you are? Do the non-disabled have these questions hurled at them? I wondered. My friend who was with me said 'what so brave about living and managing on her own, all students manage on their own.' Some people made me out to be a 'supercrip' (or a super cripple). I was frequently asked by a couple of the Institute staff 'Where's your mother?' in a very solicitous and helpful tone. It really annoyed me. Was it because I was on a wheelchair? How could anyone ask a thirty-three old 'Where is your Mummy?' Did they think I was an infant? Did they have no other conversation to make with people like me? Or if they knew I was on my own they asked me 'how do you manage?' I wondered what gave them the right to invade my privacy. Was it my disability?

Recently, I was going up in the lift at the Institute to attend a seminar. As I got into the lift, and uttered the word 'six' (yes, I agree that my speech is not the world's best and I have particular problems with the 'ss') one woman looked at me and was very agitated and asked 'Are you alone, where's your Helper?'! I was horrified and angry. I said "I don't need a helper".

Luckily for me, I did not have too much time to talk. The lift stopped at the sixth floor. I whizzed out and narrated this incident to Diana and the class who were more enraged than I was about these questions. We never ask the able bodied such questions!

Another essential necessity for inclusion is access. At the Institute, I found that I could easily access all the public facilities, such as the library, the computer centre, the canteen and the bar!! I could join my friends independently and swiftly. This lead to frequent interaction and a feeling of belonging and acceptance and give one equal opportunities as one's peer group. I would like to stress how vital it is for students who have disability to have their educational environment accessible to them and to have easy access to one's tutors and peers. It is only then a student with disability will remain motivated and compete with one's peers.

I firmly believe that it is societal attitudes and access that need to be changed at every level this can only be achieved if every disabled child is included in mainstream schools right from a young age. It will help both the non-disabled child and the disabled child and make them appreciate the differences of one another.

By Malini Chib

Lifelong Connections-ADAPT

On a bright sunny day in 1999, I entered National Job Development Centre for the first time. Invited as a guest for an event, I was drawn to the liveliness of this place at once. Nestled away in the quiet neighbourhood of Chembur this place was buzzing with high energy. It was my first association with people with disabilities (PwDs). Being a wheelchair user due to polio, most of my childhood revolved around hospitals, physiotherapy & surgeries, yet I had never connected with other PwDs so far. I remember how impressed I was by Vijay,s stunts on his wheelchair. I was awestruck. Little did I know that this visit would change my life completely. I met Vandana & Meenakshi Mam who welcomed me & made me feel at home instantly. I owe it to Late Mr. Madhu Sampat (my first mentor) for introducing me to ADAPT. Later I connected with Vijay Bisht who introduced me to Varsha Mam. She was so warm & motivating, she suggested that I join ADAPT as a member. Having a sharp eye that of a teacher, mentor, guide & above all a compassionate person she saw lot of potential in me which I never knew I had. I was introduced to Malini & Dr. Alur who gave me the strongest platform to fight for our rights. Thus began my journey as an activist which changed my entire identity & mindset as a women with disability. Before joining ADAPT I had made several failed attempts to pursue my career. I had good voice & knocked many doors for getting voice over assignments, but the lack of attitude & accessible environment were the monsters which chased me at each step. Later I tried other avenues too but reached a dead end due to absence of accessible infrastructure.

It was Malini who got all of us together & formed the ADAPT Rights Group where we started working on rights & entitlements, policies, law, attitude & accessibility for PwDs. I met amazing members here which are friends for life, Nilesh, Lucas, Vijay, Sunita, Ruma, Farhan, Mansi, Aarti, Dr. Anita Prabhu to name a few. I was fortunate to work under the guidance of Diane who is a wonderful mentor to work with. I scaled many heights with the activism work which we carried out as a team. Our biggest achievement was winning the PIL against the BEST. There were lot of achievements which we received due to the determination, hard work & efforts put by the ARG group. It is at ADAPT that I tasted my freedom for the first time of travelling without my family. I gained a lot of confidence & independence. Though I was gifted with good voice, it is here that I learnt to speak up for my rights. I discovered my love for stage & public speaking which gave me a new identity as a motivational speaker. And it is at ADAPT that I won the title of India's first Miss Wheelchair Beauty Queen in 2013.

It was Mithudi's trust in my capability that gave me the strength to keep going & challenge the system at each step, it was Vandana Mam & Diane's confidence that helped me step into the corporate world which turned my personality completely. I always looked up at Malini as my role model who paved the way for all of us. I could branch out in different directions & touch skies only because of the strong roots of ADAPT where I keep coming back again & again to recharge myself.

To conclude I would like to express my deepest gratitude to ARG family for 2 precious gifts which they have given me, one is strong roots & other is wings to fly.

By Neenu Kewlani

If

By Rudyard Kipling

If you can keep your head when all about you
 Are losing theirs and blaming it on you;
 If you can trust yourself when all men doubt you,
 But make allowance ha e for their doubting too:
 If you can wait and not be tired by waiting,
 Or, being lied about, don't deal in lies,
 Or being hated don't give way to hating,
 And yet don't look too good, nor talk too wise;

If you can dream - and not make dreams your master;
 If you can think - and not make thoughts your aim,
 If you can meet with Triumph and Disaster
 And treat those two impostors just the same:.
 If you can bear to hear the truth you've spoken
 Twisted by knaves to make a trap for fools,
 Or watch the things you gave your life to, broken,
 And stoop and build'em up with worn-out tools;

If you can make one heap of all your winnings
 And risk it on one turn of pitch-and-toss,
 And lose, and start again at your beginnings,
 And never breathe a word about your loss:
 If you can force your heart and nerve and sinew
 To serve your turn long after they are gone,
 And so hold on when there is nothing in you
 Except the Will which says to them: "Hold on!"

If you can talk with crowds and keep your virtue,
 Or walk with Kings - nor lose the common touch,
 If neither foes nor loving friends can hurt you,
 If all men count with you, but none too much:
 If you can fill the unforgiving minute
 With sixty seconds' worth of distance run,
 Yours is the Earth and everything that's in it,
 And - which is more - you'll be a Man, my son!

Contributed by Manju Thakur

Welcome

Hearty welcome to all

the new members of ADAPT family

- Dr Ragini Sen - *Executive Director, Quality Assurance and Research*
- Dr Dhruv Mehta - *Director, Adult Neuro Rehabilitation Centre*
- Dr Shabnam Rangwala - *Director of Community Services in Dharavi and Bandra*
- Mrs. Shobha Sachdev - *Director, Revenue Generation*
- Mrs. Sangeeta Jagtiani Vaswani - *Director - Special and Inclusive Education*
- Dr Namita Nair - *Director, Paediatric Neuro Rehabilitation Centre*
- Mr. Mahesh Ranade - *Advisor to Chair, Consultant*
- Mrs. Madhavi Kumar - *Research Consultant*
- Ms. Varada V.S - *Social Worker, Colaba Centre*
- Mr. Digambar.R. Acharya -*Social Worker, Bandra Centre*
- Ms. Savira Sequeira - *Social Worker, SDC & Dharavi*
- Ms. Manisha Gudi- *Special Educator*
- Ms. Sakina Bharmal- *Special Educator*
- Ms. Ramya Nityanand- *Psychologist*
- Ms. Antara Sapre- *Psychologist*
- Dr Denissia Dsouza- *Physiotherapist*
- Dr Sonal Sharma-*Occupational Therapist*
- Dr Nidhi Joseph-*Occupational Therapist*
- Ms. Varsha Jain-*Speech Therapist*
- Dr Anshi Upadhaya- *Physiotherapist*
- Ms. Rukaiya Mithaiwala- *Physiotherapist*
- Ms. Zainab Nagree, *Head, Language & Communication*



Dr. Maneeta Sawhney - 5th July

Ms. Tsuknungtula (Atu) - 14th July

Ms. Malini Chib - 17th July

Ms. Veena Dhaifule - 22nd July

Ms. Theresa D'costa - 23rd July

Ms. Amina Marker,

Ms. Annamarie Shepherd

& Ms. Varada V.S. - 26th July

Swami Mounanada - 31st July

***From
All at ADAPT***



The cyclone driven damage at Chembur is great in magnitude. Our Chembur team rose to the challenge and together resolved and addressed issues at hand. The SDC team worked in difficult conditions without water, electricity and internet.

They were proactive and worked with a plan and purpose with the CEO, Mrs Bhavana Mukherjee who worked under the guidance of Dr. Mithu Alur who gave clear cut directions for all course of action.

A very warm mention of Swami Mounananda whose technical inputs were very astute and helpful.

We thank our bright stars:

Ms Omrika Rohra
Ms Sangeet Manna
Mr. Ramesh Tiwari
Mr. Pradeep Zhore
Ms Bharati Chonde
Ms Sarika Khanvilkar
Ms Radhika Patil
Mr. Shankar Gonbare
Mr. Shaikh Alam
&
Mr. Pandey



Thank you

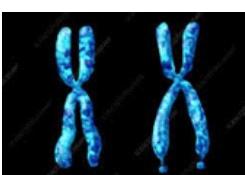


FRAGILE X SYNDROME/ MARTINE-BELL SYNDROME



“D will love you unconditionally. He doesn't see you as a being of mistakes and flaws and judge you for it. I am his sister and he loves me only for that. These kids aren't aliens. Staring at them because of how they look, their actions (drooling, hand flapping, yelling) makes it difficult not only for them but for the family as well. So the next time you see a child acting up in public who you suspect is mentally disabled, do your bit and avert your eyes and just keep walking on. Better still, go say hello” these are the words by a loving sister for her brother who suffers from Fragile X Syndrome (FXS).

CAUSE: FXS is a genetic disorder caused by expansion of the FMR1 (fragile X mental retardation 1) gene on the X chromosome, known as a gene mutation. The FMR1 gene usually makes a protein called fragile X mental retardation protein (FMRP). The mutation on the FMR1 gene prevents it from properly making FMRP which plays a role in the functioning of the nervous system and normal brain development.



PREVALENCE:

FXS is the most common hereditary cause of autism and intellectual disability in children. Boys are more commonly It is estimated that in India we have approximately 4 lakh children with FXS, most of whom are undiagnosed and untreated.

SOME FACTS ABOUT FXS:

1. Babies aren't routinely tested for FXS so families might not find out about FXS for a few years:- FXS requires a test that is not usually included in the genetic tests that a pregnant woman gets or in the tests that are routinely done right after a baby is born.
2. There is no cure for FXS, but an Early Diagnosis can still help
3. All children with FXS do not have a family history of FXS. The earlier generation might be the carriers having FRAGILE X ASSOCIATED DISORDERS such premature menopause (<40 years) in women and tremors, difficulty with balance and walking in men.
4. 4 in 10 people have both FXS and Autism

SYMPTOMS:

Psychological/developmental abnormalities	Physical abnormalities
Developmental delays,	an elongated face
Stuttering	protruding ears, forehead, and chin
intellectual and learning disabilities	flat feet, loose or flexible joints
Seizures, hyperactivity	a large forehead or ears, with a prominent jaw
Impulsiveness, attention difficulties,	
Social issues like not making eye contact with other people, disliking being touched, and trouble understanding body language	

DIAGNOSIS: Fragile X can be determined with a special blood test called the “FMR1 DNA Test for Fragile X” which is available in India. The average age of diagnosis in boys is 35 to 37 months and 41.6 months in girls. The same DNA test used to diagnose Fragile X Syndrome is also used to test for the Fragile X associated disorders.

Who should be tested for Fragile X?

- Individuals with Autism/autistic features or developmental delay. Talk to your doctor about genetic testing if your child is experiencing any of the above mentioned symptoms.
- Family history of Fragile X, Mental Retardation, Ataxia, or fertility problems. Talk to your family to see if anyone remembers a history of “Parkinson-like” tremors in older men on the mother's side of the family, or a history of early menopause or fertility problems in women on the mother's side of the family.

TREATMENT & MANAGEMENT

Early Intervention: FXS cannot be cured. However, because a young child's brain is still forming, early intervention gives children the best start possible and the greatest chance of developing a full range of skills.

- Physical therapy goals might help with low muscle tone, including posture and feeding.
- Speech-language pathologists will help with receptive and expressive language goals, working on comprehension of language and means of expression, whether verbally or with augmentative devices (such as pictures, language boards, or signs).
- Occupational therapists help with a variety of sensory issues such as over-sensitivity to touch, noise, crowded rooms, and certain lights. They can also help with sleep issues.
- Occupational therapists and speech-language pathologists may contribute ideas for oral-motor stimulation to help sucking, chewing, and swallowing.
- Early intervention specialists can help to stimulate early play and cognitive development.
- Social workers and psychologists should be available to help the family cope with the diagnosis and intervention needs.



You can contact 'The Fragile X Society' which is based in Mumbai on +91 9820199092 | +91 8433853448 | +91 2266642151 for more information regarding specialized therapy and educational plans.

Genetic Counseling: It gives you information about how genetic conditions might affect you or your family. Pre-mutation carriers should be counseled regarding their risks of passing a full mutation onto their children, and they should also be counseled of their own risks of developing premature menopause in women and parkinson's like symptoms in men.

Home Care: Environmental variables such as a nurturing, caring home environment, enriching emotional climate at home, and supportive parenting may influence the development of adaptive behaviors, cognitive abilities, and behavioral symptoms in individuals with FXS



Lastly, arriving at the genesis of this article, I would like to conclude by stating some wonderful strengths individuals with FXS harbor that must be worked upon to improve their quality of life! Excellent imitation skills

Strong visual memories

Helping nature

Want to please others

Social and friendly

Wonderful sense of humor



Written By Ms Antara Sapre Clinical Psychologist

Heart Song

By Patty Hansen

Once upon a time there was a great man who married the woman of his dreams. With their love, they created a little girl. She was a bright and cheerful little girl and the great man loved her very much.

When she was very little, he would pick her up, hum a tune and dance with her around the room, and he would tell her, "I love you, little girl." When the little girl was growing up, the great man would hug her and tell her, "I love you, little girl." The little girl would pout and say, "I'm not a little girl anymore." Then the man would laugh and say, "But to me, you'll always be my little girl."

The little girl who-was-not-little-anymore left her home and went into the world. As she learned more about herself, she learned more about the man. She saw that he truly was great and strong, for now she recognized his strengths. One of his strengths was his ability to express his love to his family. It didn't matter where she went in the world, the man would call her and say, "I love you, little girl."

The day came when the little girl who-was-not-little-anymore received a phone call. The great man was damaged. He had had a stroke. He was aphasic, they explained to the girl. He couldn't talk anymore and they weren't sure that he could understand the words spoken to him. He could no longer smile, laugh, walk, hug, dance or tell the little girl who-was-not-little-anymore that he loved her.

And so she went to the side of the great man. When she walked into the room and saw him, he looked small and not strong at all. He looked at her and tried to speak, but he could not. The little girl did the only thing she could do. She climbed up on the bed next to the great man. Tears ran from both of their eyes and she drew her arms around the useless shoulders of her father.

Her head on his chest, she thought of many things. She remembered the wonderful times together and how she had always felt protected and cherished by the great man. She felt grief for the loss she was to endure, the words of love that had comforted her.

And then she heard from within the man, the beat of his heart. The heart where the music and the words had always lived. The heart beat on, steadily unconcerned about the damage to the rest of the body. And while she rested there, the magic happened. She heard what she needed to hear.

His heart beat out the words that his mouth could no longer say.... I love you I love you I love you Little girl Little girl Little girl And she was comforted.

From
Jack Canfield Chicken Soup for the teenage soul

Contributed by Manju Thakur.

Name : Mrs. Asha Mehrotra

Department : Special Educator

Years at ADAPT?

Three and a half years

What brought you to ADAPT?

I retired from Kendriya Vidyalaya in December 2016. My experience of teaching students spans over 32 years inspired me to make positive contribution towards specially abled children.

Who inspires you?

Dr Alur inspired me, when I met her on 13th November, 2017 for the first time. She has such a positive and strong aura.

Where's your favorite place in the world?

'Norway' (A land of Midnight Sun) as I went there for 'Children International Summer Village Camp' with students from India

What are you passionate about?

Meditation, Cooking & Creative art

What's your favorite movie?

'Ray Series' by Satyajit Ray on Netflix I recently watched. and 'Tare Zameen pe'

Who would you like to swap places with for a day?

If you could visit any place in the world, where would you go?
Cabella (Italy) for Sahaj Meditation camp.

What's your favorite family tradition?

Making sweet on festival for family.

Which 3 individuals, living or dead would you like to eat dinner with the most?

My father, mother & daughters

What's your secret talent that no one knows about?

It's a secret.

Which is your favorite book?

'Here, There & Everywhere' by Dr Sudha Murthy

At home we would find you doing.

Cooking & Gardening

The best meal you have ever had is.

Meal at Thakkar bhojnalaya with my family



Your most memorable moment at ADAPT.

Many moments. Most important moment is when students learnt concepts in online classes during lockdown & enjoyed giving exam on Google form and also got good result in NIOS board.

You have your own late night talk show; who do you invite as your first guest.

Dr. Sudha Murthy

What would be the title of your autobiography?

Woman Power & Peace

As a child what did you want to be when you grew up? A doctor to serve humanity & now I am serving kids as a teacher.

Name the first 3 things on your bucket list.

1. Learning Music
2. Painting
3. To visit hill station

What is the one thing we don't know about you?

I do not know

If you could rename yourself, what name would you pick?

I like my name Asha means hope

What would you choose: Power to become invisible OR Power to read people's minds,?

Power to read people's mind

Which lines or lyrics sum up your view on life?

I like few lines by hindi poet Mathli Sharan Gupt-
"Nar ho na nirash Karo man ko
Kuch kam karo kuch kam karo
Jag main reh kar kuch nam karo
Yeh janam hua, kis arth aaho
Samjho jisme yeh vyarth na ho"

Riddles

1. What can be swallowed, but can also swallow you?
2. Which three letters can frighten a thief away?
3. First I am dried, then I am wet. The longer I swim, the more taste you get. What am I?
4. Lovely and round, I shine with pale light, grown in the darkness, A lady's delight. What am I?
5. My voice is tender, my waist is slender and I'm often invited to play. Yet wherever I go I must take my bow or else I have nothing to say. What am I?
6. I am a box that holds keys without locks, yet they can unlock your soul. What am I?
7. What can be stolen, mistaken, or altered, yet never leaves you your entire life?
8. Until I am measured, I am not known. Yet you miss me, when I have flown. What am I?
9. Take one out and scratch my head, I am now black but once was red. What am I?
10. What has no hands but might knock on your door, and if it does you better open up?
11. I come in different shapes and sizes. Parts of me are curved, other parts are straight. You can put me anywhere you like, but there is only one right place for me. What am I?
12. What 4-letter word can be written forward, backward or upside down, and can still be read from left to right?
13. No matter how little or how much you use me, you change me every month. What am I?

July is a great time in India because it's Monsoon and the landscape is greener, and there are plenty of festivals happening around the country to keep you busy. From religious pilgrimages to elephant feeding rituals.

Amarnath Yatra

The famous Amarnath cave temple, one of the top caves in India, houses a Shiva lingam made out of ice - an important piece of iconography in Hindu beliefs. It's one of the toughest pilgrimages in India to complete, as the five-day journey entails inclement weather, slippery paths, and very high altitudes.



Dree Festival

The Dree Festival is an agricultural festival of the Apatani tribe in Northeast India. It's celebrated by sacrificial offerings and prayers to the gods who protect the crops. Folk songs, traditional dances, and other cultural performances have also become a part of the modern-day program. There's even a "Mr. Dree" contest, billed as the ultimate platform for men to show their strength, agility, stamina, and intelligence.



Behdienkhlam

The most important festival of the Pnar tribe of Meghalaya, Behdienkhlam is celebrated after agricultural sowing is over. Khlam means plague and beh dien means to drive away with sticks. Hence, the festival is held to drive away any negative forces that may affect the crop. The festivities take place over three days and culminate with a procession of chariots and ceremonial tree trunks (khnongs) to a sacred pool full of water. Another highlight of the occasion is a football match between locals. The winner is believed to have a bumper harvest.



Bonalu (Ashada Jatra Utsavalu)

The over 200-year-old Bonalu festival is a celebration of the Mother Goddess and Shakti (female energy). Rituals, dedicated to Goddess Mahakali, take place on Sundays during the Hindu month of Ashadha. Bonalu means feast in Telugu, and it signifies the offerings—rice cooked in milk and jaggery sugar—presented to the goddess in return for fulfillment of vows. Women carry decorated clay pots on their heads to the temple.



The festivities are first held at Mahakali Temple in Golconda Fort. The next main celebration is at Ujjaini Mahakali Temple in Secunderabad, with Rangam (predicting the future for the forthcoming year) and Ghatam (a procession of the goddess) the following day. The final (and biggest) event happens at Simhavahini Sri Mahakali Temple of Lal Darwza in the Old City of Hyderabad on the last Sunday. Rangam and Ghatam procession takes place the next day.



Rath yatra (Jagannath Puri)

The exuberant 12-day Ratha Yatra festival sees Lord Jagannath (a reincarnation of lords Vishnu and Krishna), along with his elder brother Balabhadra and sister Subhadra, venture out of their abode in Puri's Jagannath Temple. The gods are transported on massive towering chariots that are a spectacle in themselves. It's Odisha's most popular festival.

Elephant feeding ritual Njangattiri Aanayoottu

The Malayalam month of Karkidakam is regarded as a month of Ayurvedic rejuvenation in Kerala, and it's extended to temple elephants as well. This elephant feeding ritual takes place at a temple in the central part of the state, north of Thrissur.



Guru Purnima

This full moon day is celebrated in remembrance of the ancient sage Vyasa, who wrote many important holy Hindu scriptures. However, the idea behind Guru Purnima extends further than that. It's also a day for giving thanks to anyone who's taught you spiritual lessons in life. Many people simply spend some time reviewing all the knowledge they've acquired in the last year, and the way it's helped transform them.



Malabar River Festival

South India's only extreme adventure competition, the Malabar River Festival, has been drawing daring kayakers since 2013. Held by Kerala Tourism, it has been nominated as one of the five best whitewater kayak festivals in the world by Kayak Session Magazine in France. It brings together top whitewater athletes from around the world, with kayakers from more than 15 countries expected to participate in Extreme Race, Boater Cross, and Giant Slalom categories.



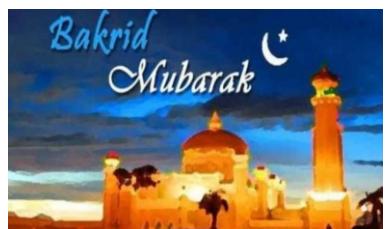
Harela

“Harela” - literary meaning “Day of the Green,” is a Hindu festival celebrated all across the Kumaon region. The festival is related to the agrarian calendar of the region and marks the growing and harvesting periods.



Bakr-Id

Id-ul-Zuha (Bakr-Id), which is also known as Eid al-Adha or Id-ul-Adha, is a festival that Muslims celebrate with special prayers, greetings and gifts. It is a festival that is celebrated with traditional fervor and gaiety in India and the world. Many Muslims wear new clothes and attend an open-air prayer meeting during Id-ul-Zuha. They may sacrifice a sheep or goat and share the meat with family members, neighbors and the poor.



Muslims around the world believe that Allah (God) commanded Ibrahim (Abraham) to sacrifice his son, Ishmael. Ibrahim followed God's orders, but his son was replaced by a sheep at the last moment. Muslims celebrate this at Eid al-Adha. Eid al-Adha is called Id-ul-Adha in Arabic and Bakr-Id in the Indian subcontinent, because of the tradition of sacrificing a goat or "bakri" in Urdu. The word "id" derived from the Arabic "iwd" means "festival" and "zuha" comes from "uzhaiyya" which translates to "sacrifice".

Contributed by Manju Thakur

ADAPT Mission Statement:

ADAPT's mission is to influence and change public policy in order to create an inclusive, accepting, disability friendly India by demonstrating and promoting the philosophy of inclusion through model innovative techniques guided by the key principles and practices of inclusive education, employment, social justice and

Vision:

ADAPT's (Formerly The Spastics Society of India) vision is to establish rights and entitlements for children and youth with disability, to introduce policy and legislative changes combined with reformative actions so that all existing services of education, health, welfare and employment are inclusive and to ensure that youth and adults with disability are mainstreamed and employed so that they too can

Solution to the Puzzle :

ANSWERS

1. Pride
2. ICU
3. Tea
4. A pearl
5. A violin
6. A piano
7. Your identity
8. Time
9. A match
10. Opportunity
11. A puzzle piece
12. Noon
13. A calendar



Onwards
we march together

Thank You