

A Case Study on the Effectiveness of SPARSH Project for Deaf-blind Children by the Malankara Social Service Society (MSSS) Trivandrum, Kerala

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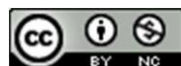
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A Case Study on the Effectiveness of SPARSH Project for Deaf-blind Children by the Malankara Social Service Society (MSSS) Trivandrum, Kerala

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ABSTRACT

Purpose of the Study: *The case study aims to review the outcome of the SPARSH project in getting a better quality of life for the deaf-blind through NGO intervention. Deaf-blind are those vulnerable children suffering from the absence of hearing and eyesight. This study considers children with varying degrees of vision and hearing loss. It reviews the support system offered by the external trainers and facilitators in transforming the lives of the subjects. It is a case study conducted on children from the city of Thiruvananthapuram based on their stories of transformation.*

Design/Methodology/Approach: *The Study explores first-hand information based on the cases of the beneficiaries through their real-life experiences to assess the intervention and effectiveness of the SPARSH project on their empowerment. The researcher used an interview schedule to gather data from the parents of the beneficiaries.*

Result and Outcome of the Study: *The study describes the effectiveness of the SPARSH project in improving the quality of life of deaf-blind children. It explores the various interventions used to empower the deaf-blind children by training them to face their physical challenges.*

Originality/Value: *This paper presents a couple of case studies by exploring the real-life experiences of beneficiaries concerning the intervention carried out under the SPARSH project.*

Paper Type: A Case Study

Keywords: Deaf-blind, SPARSH Project, NGO Intervention, Improving the Quality of Life

1. INTRODUCTION :

Non-Governmental Organizations (NGOs) have traditionally performed a range of roles and activities in the situation of developed and developing countries. Primarily they are well-known for their vital service role and for leading the way in responding to urgent public requirements (Aldashev, G. et al. (2018). [1]). NGOs have stepped in to make available essential health, education, and child care services, running homes for the destitute and distressed providing training opportunities as well and implementing various rural development activities (Piotrowicz, M. D. et al. (2013). [2]). Persons with disabilities require aid and care to attain a decent life to take part in society on an equal basis with others. The role of Non-Governmental Organizations is the need of the hour to support and assist the welfare of disabled persons (Rasi, R. A. et al. (2020). [3]). Deaf-blindness is an exceptional condition that affects around 1 million persons worldwide. Many children who are deaf-blind are yet to be recognized because of the complication of diagnosis owing to comorbidity (Manga, T. et al. (2020) [4]). Deaf-blindness refers to a double sensory impairment, which means that it is a mutual situation of a loss of hearing and vision co-occurring in a similar person (Wittich, W. et al. (2013) [5]). The uniqueness and complexity of the requirements and characteristics of children who are deaf-blind make it particularly difficult to decide who they are. As a result, identifying and meeting their needs through proper intervention models and strategies is also difficult. Children with Deaf and Blindness have needs that further make difficult

participation strategies (Wiley, S. et al. (2016). [6]). Deaf-blind children represent the lowest occurrence, yet most varied groups of learners receiving early intervention and special education services. They make up a tremendously heterogeneous group whose sensory losses are observed through extra bodily or cognitive disabilities, complicated clinical wishes, and conduct challenges. Deaf-blind children cannot learn from their interaction with their environment as easily as their non-handicapped peers due to their multi-sensory deprivation (Larsen, F. A. et al. (2014). [7]). Persons who are deaf-blind may also be talented with a range of desires throughout all levels of growth, this includes communication, parent-toddler relationships, cognition, and motor and perceptual growth, which causes severe educational requirements that cannot be accommodated in special education programs solely for children with deafness or blindness. Learning occurs through vision and hearing; therefore, learners who are deaf-blind need services that are provided by a team of skilled professionals and paraprofessionals who create suitable communication and learning opportunities for them (Zeza, M. et al. (2015). [8]). There is a desire for a couple of conversation techniques that ought to be applied in both the house and faculty environments to ease the verbal exchange demanding situations for each party. Deaf-blind persons have a very limited scope than people who are just blind or just deaf. Limited access to social opportunity and social feedback, coupled with the communication challenges faced by deaf-blind children, put them at risk for exceptionally late socialization (Bruce, S. M. et al. (2016). [9]). Their world is shrunk behind what they can sense. In several cases blind-deaf doesn't signify that they cannot see or hear; most times it is the degree of impairment that dictates the classification. Many of them have extremely low visibility and extremely low hearing ability.

2. RELATED WORK :

2.1. Related work on the challenges of deaf-blind children based on the published literature between 2012-23. (Google Scholar, published between 2012-2023, keywords used are deaf-blind, challenges, vulnerability)

Table 1: Related published research work

S. No.	Focus of Study	Outcome/Findings	Reference
1.	Vulnerability of deaf-blind people	The vulnerability of deaf-blind persons is considered self-evident and not only as a vulnerable group but also as one of the most vulnerable groups.	Simcock, et al., (2017). [10]
2.	Deaf-blind children and the difficulties of teaching them.	Communication challenges are ascribed to the lack of skills essential for teachers and trainers to make possible communication between themselves and deaf-blind children.	Manga, et al., (2020). [11]
3.	Comprehensive education services for the blind and the challenges of university EFL teachers.	Disabled students approved their interest in joining college higher than the normal students. Because of this interest in comprehensive education at every level of education has been growing.	Lintangsari, et al., (2020). [12]
4.	Vulnerability among older people aging with deaf-blindness	Vulnerability among older people as layered, describing what they feel vulnerable regarding, and when they feel vulnerable.	Simcock, et al., (2023). [13]
5.	Travel behaviour of deaf-blind persons	Communication trouble is purely a consequence of the deaf-blind person's impairments rather than the attitudinal and infrastructural convenience barriers and	Hersh, et al, (2016). [14]

		other people’s lack of knowledge to communicate with them.	
6.	Communication with the children who are deaf-blind and their social partners.	Struggles in the use and understanding of figurative communication supply delays in children with sensory disabilities.	Damen, et al., (2015). [15]
7.	Various challenges from birth to primary education	The efforts of the voluntary sector have been recognized by the state to a great extent in the support of the deaf-blind.	Humphries, et al. (2016). [16]
8.	The various challenges from birth to postsecondary education	Attending conferences, workshops, training, and other educational events to help practitioners and parents to reduce the distance between limited research and practice.	Guardino, et al. (2015). [17]
9.	Deaf-blind children are society's most vulnerable groups.	Deaf-blind children are unable to learn from communication through their environment the same as their non-handicapped peers due to their multi-sensory deficiency.	Simcock, et al., (2017). [18]
10.	National transition follow-up study based on adolescence with deaf-blindness	The deaf-blindness is a complex barrier to one’s involvement in adult roles due to the inaccessibility of subsidiary environmental information.	Simcock, et al., (2014). [19]

2.2. Related work on NGO Interventions on similar works based on the published literature between 2012-2023 (Google Scholar, published between 2012-23, keywords used are language practice of deaf, physical activity of deaf-blind, education of deaf, role of NGO in Global Health)

Table 2: Related published research work

Sl. No	Focus of Study	Outcome/Findings	Reference
1.	Mobility and flexible development in linguistic practices of deaf persons	Deaf persons describe diverse elements within their linguistic range as they find their way to different places. Rural deaf persons move from their villages to urban settings and there the NGOs are situated as a consequence of their repertoire expanding.	Moriarty, et al., (2019). [20]
2.	Challenges of teaching the deaf-blind student in the schools and the experiences of teachers.	Communication is at the core of the learner-educator corporation for deaf-blind students. The accurate support of educators and carers of deaf-blind children helps the learners grow in their instructive contexts.	Lurie, et al., (2012).[21]
3.	Opportunities and challenges of deaf-blind students	Students may require developing self-advocacy skills in order to educate faculty, advisors, interpreters, note -takers, and other support service providers about their needs.	Gideon, et al., (2016).[22]
4.	Physical education for children with visual impairment or blindness	Children who are deaf-blind whether born with dual sensory impairments or acquired, will have unique learning	Lieberman, et al., (2019). [23]

		needs in the area of physical education, physical activity, and recreation.	
5.	Various factors influence children with disabilities to get the proper education.	Approaches to disability, from the charity model to the human rights model, have resulted in a diversity of policy and practice. Governments and NGOs make great efforts to offer education to disabled children.	Limaye, et al, (2016). [24]
6.	Responsibility of the NGOs and civil society in social growth and poverty easing.	NGOs have a special place in a promising civil society that creates an extra unbiased relationship between governments, markets and citizens.	Banks, et al., (2012). [25]
7.	NGOs shift from 'gap-filling' initiatives into capacity-building initiatives.	NGOs are moving towards better contributions in capacity development. The capacity development approach is gaining attention among NGOs involved mainly in activities connected with education and activities of capacity development.	Aczel, et al., (2008). [26]
8.	Non-governmental organizations are a basic component in the representation of the modern world	NGOs can institute means for better collaboration and coordination of main healthcare activities. This can be done among NGOs and between them and governments, nearby, countrywide, and internationally.	Anbazhagan, et al., (2016). [27]
9.	NGOs role in global health research for human health development.	NGOs' primary roles in the process of health research are shaping research priorities, advocating for more significant research, and translating, and using research findings.	H Delisle, et al., (2005). [28]
10.	Disability must be understood as culturally constructed and socially negotiated	State policies have largely failed to provide the infrastructural support in the field of education, health, and agricultural sectors.	Lieberman, et al., (1999). [29]

2.3. *Related work on the interventions of the NGOs to improve the life quality of deaf-blind with published literature between 2012-2022* (Google Scholar, published between 2012-23, keywords used are NGOs intervention, quality of the life of deaf-blind, support services)

Table 3: Related published research work

Sl. No	Focus of Study	Outcome/Findings	Reference
1.	Deaf-blind people and various support service providers.	Deaf-blind people would like and be worthy of the same opportunities to live an active life as afforded by their family, friends, neighbours, and co-workers. However, the everyday challenges limit their capacity to obtain existing communication, information, and transportation to attain this goal.	Deeming, et al., (2021). [30]
2.	The Role of NGOs in integrating the differently able	In general, NGOs can work on five stages: diagnosis, early incorporation, schooling, higher education, and training and development.	Mathew, et al., (2018). [31]

3.	Setting up the minimum standard for the inclusive education of deaf-blind.	Almost all parents were unable to comprehend the nature of deaf-blindness but they are eager to learn and be involved in the daily life of them. The parents get only a very minimum opening to be involved in their child's education.	Sebuliba, et al., (2022). [32]
4	Deaf blind persons and their communication, independence and isolation.	Deaf -blind people are not just inactive beneficiaries of support from others. In many ways they can support others as well.	Hersh, et al., (2013). [33]
5.	Early intervention and implementation of preschool special education.	The curriculum of the National Preschool Special Education should be included as a guide or reference for teachers to accomplish early involvement in preschool special education.	Bari, et al., (2016). [34]
6.	Through the work with Deaf-blind people help to develop a good practice approach.	Deaf- blind people vary in regarding the type and onset of their sensory impairment, their communication modalities, orientation and mobility requirements, assistive technologies, and their identity.	Roy, et al., (2021). [35]

3. RESEARCH METHODOLOGY :

The Study explores first-hand information based on the cases of the beneficiaries through their real-life experiences to assess the intervention and effectiveness of the SPARSH project on their empowerment. The researcher used an interview schedule to gather data from the parents of the beneficiaries. Secondary data is collected from the journal papers published and available in the Google Scholar platform between 2012 to 2023.

4. OBJECTIVES OF THE STUDY :

The following study objectives are as below:

- (1) To study the Organisational Profile.
- (2) To understand the functioning of the SPARSH Project.
- (3) To review the Interventions provided under the SPARSH Project.
- (4) To assess Project Outcome Assessment based on the Case Studies.
- (5) To conduct SWOC Analysis of the SPARSH Project.

4.1. Organisational Profile:

The Malankara Social Service Society (MSSS) is a social work organization of the Catholic Major Archdiocese of Trivandrum registered in 1961, under the Travancore-Cochin Literary Scientific and Charitable Societies Act XII of 1955 of the Indian Union (Jeffrey, R. et al. (1989). [36]). It has been an active organization promoting the socio-economic growth of the vulnerable sections for the past 61 years. MSSS has established its identity among the people, the Catholic Church, government institutions, and various development agencies as an organization committed to working for the vulnerable and marginalized. This was possible because it served the poor, marginalized, and unorganized sections of the people in society and provided the service irrespective of their religion, caste, creed, or gender. The Project region of MSSS encompasses the entire nation of the Indian subcontinent. In 2016 onwards United Nations recognized the organization as Special Consultative Status with ECOSOC and it was granted because of the various developments and interventions. MSSS presently implements projects in 202 villages in Kerala mainly in three districts; Thiruvananthapuram, Pathanamthitta, and Kollam. The coverage of the MSSS encompasses 7.8 million people irrespective of religion, caste, or creed. In the past years, it could support its beneficiaries by providing facilities through awareness-building programs, workshops, employment opportunities, housing, training, capacity-building activities, education, agriculture development, livestock development, micro-enterprises, women empowerment, medical support, support schemes for vulnerable sections which included orphans, destitute women, elderly, gender sensitivity, introducing new agriculture practices, etc.

(a) The Vision: To form a just society built on respect, dignity, justice, and justice for all, where human rights are protected and cherished. This vision evolved from the development philosophy that the poor are the real owners of the land and they are to be placed at the center part of the development process enabling them to realize their full potential.

(b) The Mission: To serve the poor, marginalized, unorganized sections of society, through promoting and strengthening their community-based organizations, by this means strengthening them to acquire responsibility for the situation to develop the creative potentials of the persons and the groups, for action and change.

(c) Objectives of MSSS:

- To build up community-based organizations of the weaker sections.
- To support local institutions in Kerala state through capacity building, sharing, networking, linkages, and policy advocacy.
- To promote sustainable farming practices.
- To sustain the actions of community-based organizations for poverty alleviation and sustainable livelihoods of the weaker sections.
- To promote education and critical consciousness of socio-economic and political issues.
- To build up a sustainable organization of natural resources.
- To improve gender awareness at the individual, group, community levels and policy levels.
- To encourage innovative and sustainable methods and practices among the rural community and to maintain an incorporated healthcare scheme.

4.2. Functioning of SPARSH Project:

Malankara Social Service Society (MSSS) initiated the project for the deaf-blind children (SPARSH) in 2017 February in partnership with SENSE International India with the Support of the Azim Premji Foundation (APF). This is the only national-level organization supporting the needs-based services which enable deaf-blind children and adults to overcome the challenges caused by deaf-blindness. During these years MSSS was able to support around 121 beneficiaries.

(a) Resource Centers: At present two resource centers are working for the smooth functioning of the project. Since the service is delivered to two different states, Ngo has separate resource centers as well. In Tamilnadu, the resource center is located at Kirathoor which is about 60km Away from MSSS and for Kerala resource center is based at the MSSS itself. Both the centers are equipped with a resource center, sensory rooms and a physiotherapy room along with classrooms that provide different services to the children.

(b) Parents Network Group: According to the guidance and objectives of the project, it focused on building a network among parents (Hill, K. D. et al. (2018) [37]), and deaf-blind children to help themselves with their effort. This project is run within a time frame and it is necessary to put together the capacity of the parents to fight for their rights and to function as a registered group of parents to move toward any officials together in place of a large group. The agency has registered a networking group at Trivandrum and named it "VELICHAM" (Means light) and the registration of the Kanyakumari network is under process.

(c) Modes of Service: It provides direct service as per the guidelines from SENSE India which provides 6 hours of service a week to the children. The children who are enrolled in the support services will receive support and guidance from the trainers and other staff of the project at least once a month.

(d) Service Areas of SPARS Project: MSSS works in Trivandrum and Kanyakumari districts with 101 beneficiaries in total. In Trivandrum, the agency provides service to 61 beneficiaries and in Kanyakumari 55. The agency also delivers its service to the beneficiaries in the areas of Pathanamthitta and Kollam as well. There are 13 staff in total working on this project to deliver different services to deaf-blind children according to their needs. The team of special teachers, therapists, coordinators, field

workers, vocational instructors, and the Centre assistant work with a diverse group of professionals such as government officials, medical professionals, and other institutions in the area of our service to deliver quality service to the beneficiaries.

4.3. Interventions under SPARSH Project:

(a) Professional Clinical and Functional Assessment: All the beneficiaries who are identified will undergo clinical assessment for the confirmation of their disability and regular follow-up will be continued at the request of the doctor for the monitoring of the condition of the child. Functional assessment (Gardiner, P. et al. (2015). [38]), for every child will be completed by the special educators to analyze the skills and the capacity of the child to work on further study plans and to decide the level of support needed for the child. Of the beneficiaries, 60% of them are under closed doors meaning a life of helplessness but the project implementation widened their life for them. Part of this project the medical doctor finds out the level of deafness and blindness with the support of medical equipment and special educators assess the skills of each person. According to these assessments, the qualified resource team formulates the support measures for each beneficiary. The special file which is kept in the central office for each person shows these facts.

(b) Medical and nutritional support: The beneficiaries are also supported to purchase the medicine as per the requirement and the availability of the budget. The beneficiaries are prioritized according to the financial condition of the family and the requirements of the child. These services are delivered either in a refund mode or the agency purchases the product and gives it to the beneficiaries as per the requirement (Swaminathan, M. et al. (2019). [39]).

(c) Use of assistive devices: The Project supports the beneficiaries in purchasing any means of assistive devices such as hearing aids, wheelchairs, spectacles, walkers, Canes, etc. This helped the beneficiaries to come forward and realize what they could do for the betterment of their life.

(d) Individualized Education Plan: As our beneficiaries are differently able and the capacities of the children are also different. The Individuals with Disabilities Education Act (2004a) (Jones, S. K. et al. (2015). [40]), emphasizes that sufficient services and placement options should be available to children with disabilities. Choosing a suitable program is a difficult thing to do for a deaf-blind student because even the nominal change in services and placement can be important. Every student is impacted differently so services and supports should be modified to gather the individual requirements of the children (King, F. et al. (2018) [41]). To understand the capacity of the child it is significant to schedule training activities for each child.

(e) Income Generation Activities: SPARSH supports adult deaf - blind persons to start a new business plan as per their need and capacity by providing a capital amount to initiate the business to make their living by a regular income.

(f) Vocational Training: Under this project vocational training (Onyango, W. P. et al. (2014). [42]), the center is functioning at the CSI special school for the bearing impairment at Valakom, and provides different vocational training such as file making, soap making, tailoring unit, etc. for the children who are coming to the center.

(g) Educational Resources: The project has a pre-allocated budget for the purchase of stationeries and other materials to make the Teachers Learning Materials (TLM) (Allwright, R. L. et al. (1981). [43]), to train the beneficiaries with the proper use of materials and make the learning more effective and easier. Teachers have to come up creatively with the idea of making effective TML materials as per the needs of each beneficiary because there is no standard syllabus or curriculum to follow for all the children.

4.4. Project Outcome Assessment based on Case Studies:

Note: *These stories are written on the base of the data collected by the project team, because of the uniformity of the questions, few stories are similar. To keep confidentiality and privacy the actual details of the beneficiaries are not mentioned here.*

(a) Case 1: Hopelessness is a condition; to seek the ray of hope is a choice. Eleven-year-old Pavithra wants to become a nurse when she grows up! Pavithra was born to Mr. Shivakumar who is an auto-driver and Mrs. Suja V who is a homemaker. She was diagnosed with genetic profound hearing loss and low vision. Growing up with her two sisters in an economically backward family, nobody ever identified that she was differently able and not disabled. Stories that stay consistent don't leave a mark,

but stories that take a turn bring many changes. Pavithra’s story took a turn in March 2019, when she was in first standard; her parents met a CBR worker and were introduced to the projects and programs for children like Pavithra, which later made Pavithra a beneficiary of the Senses success stories. At that point in life, Pavithra was a hyperactive girl who could communicate verbally and was good at academics but had no interest due to a lack of proper attention and response. She struggled with different languages. Mr. Brind Ajith was the key worker who trained Pavithra and equipped her to read Malayalam, English, Hindi, and Sanskrit. With little support, she was able to write even a few words in Hindi letters. SPARSH animators gave necessary intervention for her special health condition and according to her mother, ‘Pavithra has improved a lot. She is better in her studies now’. Ever since she was involved in Sense India, she has been active and smart according to her trainer, still weaving her success. It is the relentless effort of her mother, who encourages and supports her daughter to achieve all the milestones along with the team. Pavithra is no longer a dependent girl; soon you will see how she fends off her disabilities and flies high.

Table 4: Project intervention and outcome- Case of Pavithra

Issue Identified	Intervention	Outcome	Role of the Project
<ul style="list-style-type: none"> • Hyperactivity and difficulty in reading and writing • over-dependency • Genetic profound hearing loss and low vision • Lack of proper attention and response 	<ul style="list-style-type: none"> • Awareness was given to the parents to realize the need for Pavithra as a result she became more independent and able to do her day-to-day matters. • Equipped to read and write • Trained her to improve concentration and to respond properly 	<ul style="list-style-type: none"> • Reading and writing skills were improved • Independence • Able to do herself her day-to-day matters • Active and smart/improved her attention span and apt responses. 	<ul style="list-style-type: none"> • Awareness programs • Provided skilled trainers to support Pavithra and her Parents • Provided eye testing

(b) Case 2: Five years ago, if you had met Kichu and tried talking to him he wouldn’t even have recognized your face, would have sobbed and made noises. Anish Nishin aka (Kichu) was born to Arul Selva a Coolie and his mother Nisha as a premature baby diagnosed with MSI. Seven-year-old Kichu found it difficult to communicate his needs and emotions and instead cried out loud, shaking his head when he was lonely and stayed numb. This was Kichu’s condition until he was introduced to Senses India through a partner organization; it was his window to hope. Kichu who failed to hold an object properly, and made loud noises instead of conveying his needs in a period of five-year training from his educator Mr. Reji started improving his ADL activities, identifying people and using sign language for communication. The greatest relief of his family was hearing him call Paa, Amma. His grandparents were his greatest support system after Amma, a good part of their attention and time were devoted to Kichu, following his needs, improving his skills, and instructions from his trainer. Isn’t it evident that his family is going to be his core strength in this journey along with the Sense team?

Table 5: Project intervention and outcome – Case of Anish Nishin aka (Kichu)

Issue Identified	Intervention	Outcome	Role of the Project
<ul style="list-style-type: none"> • Difficulty in communicating needs and expressing emotions/feelings 	<ul style="list-style-type: none"> • Skill-improving training • Proper instruction from the trainer 	<ul style="list-style-type: none"> • Improved her Activity of daily living (ADL) • identifying people 	<ul style="list-style-type: none"> • Provide Trainers

<ul style="list-style-type: none"> Unable to hold an object 		<ul style="list-style-type: none"> Using sign languages for communication 	
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(c) Case 3: Three-year-old Abel is a very smart, active boy; calling out his name will give you the warmest smile. He was born with reflective hearing loss and short - eye vision due to chromosomal abnormality. He lacks social interaction; due to a lack of communication techniques, he makes noises and seeks attention. He won't respond to anyone except his mother. His parents came to know about the project through a CBR worker and yes Abel took a major step in his life. He was a very cooperative child throughout the training, responding to his trainer very smartly. He has improved his verbal communication skills and even started showing improvements in his ADL activities. He stays with his mother who is a housewife and she supports him with his training. Abel is also given physiotherapy; the trainer also gives special attention to improving his capacity to hold objects which was quite poor and his hand - eye coordination for better performance. Abel has already shown improvements in his journey, one day he will finally be independent enough to bring out his needs and activities. Usually, a great change takes time but those changes will make a signature in changing lives.

Table 6: Project intervention and outcome- Case of Abel

Issue Identified	Intervention	Outcome	Role of the Project
<ul style="list-style-type: none"> Profound ear loss and low eye vision due to chromosomal abnormality Poor social interaction Lack of communication techniques 	<ul style="list-style-type: none"> Physiotherapy Special training to improve grip to hold objects training to improve eye-hand coordination for better performance 	<ul style="list-style-type: none"> Development in verbal communication skills Improvement in ADL activities Improvement in eyesight Improvement in eye-hand coordination 	<ul style="list-style-type: none"> Physiotherapy ADL training

(d) Case 4: Blessing would be sitting in a corner with his hands always in his mouth crying for anything. When he was four months old he was diagnosed with MSI. Born to a coolie and his wife, this child didn't receive any attention or necessary training in the beginning until they met a CBR worker. He lacked ADL skills and struggled to communicate with people. He barely called out for his parents whenever necessary until he joined the training. Under the trainer, he started improving his socializing skills, started pronouncing Paa and Amma, and even got better in his ADL skills. His mother and grandparents were always his biggest support system. No matter how small his improvement was, it mattered a lot to them. It was in their reaction; the joy was evident in their expectation. He is another hopeful story for the parents with children who are differently able.

Table 7: Project intervention and outcome- Case of Blessing

Issue Identified	Intervention	Outcome	Role of the Project
<ul style="list-style-type: none"> Lacked ADL Skills Struggled to communicate Barely called out for parents 	<ul style="list-style-type: none"> Special training to improve ADL skills 	<ul style="list-style-type: none"> Improved socializing skills Started to pronounce basic words. Betterment in ADL skills 	<ul style="list-style-type: none"> Project staff provided ADL sill training

(e) **Case 5:** Born in an economically poor background, Anandhu was one and a half years old when he was diagnosed with deaf-blindness. He lives with his grandmother and the primary concern of his parents when they made part of him for the project was to improve his communication skills and to make him capable enough to handle his own needs. He used to make sounds to call for attention and was a little aggressive when he didn't like something. Since he started taking the training he started identifying and memorizing words like sit, stand, cry, etc. According to the trainer, he is a very active kid and was not cooperative in the beginning. His mother and grandparents are active in his training activities. His mother wanted to see this ten-year-old Anandhu managing his daily activities without any external support. As per his mother's wish, someday he will play with his brother and enjoy his favorite places without any limitations. One cannot redo a condition but can bring necessary changes to the existing condition for the betterment.

Table 8: Project intervention and outcome- Case of Anandhu

Issue Identified	Intervention	Outcome	Role of the Project
<ul style="list-style-type: none"> Deaf blindness Poor communication skills Aggressiveness 	<ul style="list-style-type: none"> Trained to improve concentration and to respond properly Communication skill support 	<ul style="list-style-type: none"> Improved communication skills Improved memory capacity Positive response 	<ul style="list-style-type: none"> Project staff provided ADL skill training

5. ANALYSIS AND DISCUSSION :

SWOC analysis of the SPARSH Project in bringing the betterment of the life of deaf-blind children:

Analysis of the SPARSH project with the SWOC Analysis provided an overall picture of the project especially the implementation strategies and its results. This project is very relevant because it addresses one of the most vulnerable sessions in society. The project helped many to better their quality of life and the life challenges but simultaneously there are a few drawbacks as well. SWOC is the base for evaluating the internal potential and boundaries and the probable opportunities and threats from the outside surroundings (Aithal, P. S.et al. (2015). [44]). The SWOC analysis (Virgana, V.et al. (2019). [45]), (Wilby, K. J. (2020). [46]), (Nuwaylati, D.et al.(2019). [47]), (Barreto, N.et al. (2022). [48]), is carried out to analyze how the project helped deaf-blind children to overcome their life challenges and get a better quality of their life.

Strength of the Project:

- The UN has awarded the MSSS special review status with the Economic and Social Council (ECOSOC) since 2016.
- It Supported 121 Children and adults with deaf-blindness and multiple disabilities
- It has trained professionals, special educators (with deaf blindness specialization), and CBR staff with specialized knowledge in the field.
- It has two resource centres (one in Trivandrum and one in the Kirathoor, Kanyakumari district of Tamilnadu) that are supported by Sense India and offer rehabilitative services to people who are deaf- blind.
- About 14 people with deaf-blindness received vocational and income generation activity support to become micro-entrepreneurs and start earning to support themselves.
- About 30 children and young adults were trained to become independent and contributing members of society based on their capacity and skills.
- Approximately 750 Anganwadi workers and school teachers were trained to identify and include children with deaf-blindness and multiple disabilities in Anganwadis and schools.
- It is associated with Samagra Shiksha Abhiyan in Kerala and Tamilnadu, ICDS officers, Anganwadi workers, ASHA workers, Medical/Para Medical Professionals, vocational training centers, and government officials to ensure the support of its target groups.

- It has a wonderful physiotherapy unit in our two resource centers. It is providing positive results for target groups.

Weakness of the Project:

- The project allocated fund is not sufficient for the fruitful execution of the project. Deaf-blind children need more training and treatment but the lack of funds meant the beneficiaries received only basic support through the project. Many of them need proper follow-up training and support to keep their improved health condition.
- Many of the beneficiaries are living in interior places so they face difficulty in traveling because of this they couldn't attend properly in physiotherapy and other training.
- Most deaf-blind children and their family as well face many mental health issues so they need more support in this field. At present the project provides only minimum support in this area.

Opportunities in the Project:

- The agency can provide different training to the project team at both national and regional levels to train deaf-blind children and their parents.
- The joint meetings of parents and trainers help a lot with the proper implementation of the project by creating a special platform to clarify the doubts of the parents and to get feedback on the training to improve the training sessions.
- The awareness programs help parents avoid doubts about the conditions of their children and also help the project team with various activities of the project very effectively.
- The supporting aids distributed to deaf-blind children helped to overcome their physical difficulties and helped them to become more independent and confident.

Challenges in the Project:

- In the field, the problem of drunken parents/ Alcohol consumption in the family: Alcohol consumption causes fights and other domestic disputes and violence within the family because of this the parents couldn't be actively involved in the project.
- Many of the parents are not ready to accept the real situation of deaf-blind children and because of this they are not sending them to skill development training or medical treatment.
- Communication barriers among the parents: Parents are not able to communicate with deaf children if they don't use sign language. This affects the socialization and relationship between parents and children.
- Lack of knowledge about sign language and the enormous shortage of sign language experts and deaf teachers.
- Deaf- blindness causes severe communication and learning needs, so deaf-blind children need to receive special - needs education and associated support to deal with their requirements.

6. FINDINGS AND SUGGESTIONS :

Findings: The SPARSH project implementing NGO, Malankara Social Service Society (MSSS) is one of the leading NGOs in Kerala and its field experience highly influenced the proper implementation of the project and the result of the project. MSSS is implementing the Community Based Rehabilitation projects and it has trained professionals, special educators (with deaf blindness specialization), and CBR staff with specialized knowledge in the field. Through this project implementation, many came forward and realized their capacities, it helped about 14 persons with deaf-blindness receive vocational and income generation activity support to become micro-entrepreneurs and start earning to support themselves (Cruz, F. W. S. D. et al. (2018). [49]). Before the project implementation deaf-blind children and youngsters were isolated from society and led a lonely life, in short, they were inside closed doors. About 30 children and young adults were trained to become independent and contributing members of society based on their capacity and skills (Whitworth, S. K. et al. (2022) [50]). There is a shift in the approach toward to deaf and blind, mainly from the part of parents, siblings, and teachers. According to the annual report of MSSS (Malankara Social Service Society) from 2020 to 2022, the following outcome is derived from the SPARSH project:

- 14 people with deaf-blindness received vocational and income generation activity support to become micro-entrepreneurs and start earning to support themselves.
- Through this project, 30 children and young adults were trained to become independent and contributing members of society based on their capacity and vocational skills.
- Approximately 2000+anganwadi workers and school teachers were trained to identify and include children with deaf- blindness and multiple disabilities in Anganwadis and schools.
- Local Networks Linked with 9 agencies in Trivandrum and 6 agencies in Kanyakumari
- Assistive Devices (Hearing Aids, Walker, Wheelchair and Spectacles)
 1. From Government Schemes: 12 male and 3 female
 2. From Sense :32 Male and 19 Female
 3. From other Sources: 15 Male and 10 Female
- No of the Govt. Documents ensured
 1. Disability Certificate – 64 Male and 54 female,
 - 2.Disability Pension – 47 males and 36 females

Suggestions:

- There should be more awareness created for the parents to be actively involved in the project without the involvement and full dedication of the parents, the deaf-blind children won't come forward.
- There should be proper resource mobilization and collective effort of the public and private agents of society then the deaf and blind get more opportunities and facilities to strengthen their lives. The local governance bodies, hospitals, and other voluntary organizations support the smooth implementation of the project, especially various supports after the project period.
- There should be more facilities at the central or regional level to develop their sensory capacities for example, and sensory gardens (Zajadacz, A.et al. (2019). [51]), sensory pavements (Kusters, A. (2017) [52]), and other types of technological equipment.
- There should be a more effective plan after the implementation period of the project otherwise many of them may not be able to continue their developed life situation.

7. CONCLUSION :

Initiatives like SPARSH are crucial for the betterment of deaf-blind children, and similar projects should be executed to ensure their promising future. Non-governmental organizations (NGOs) take part in a significant role in supporting underprivileged individuals to combat food insecurity's root causes and consequences. Their primary objective is to enhance the quality of life for all distressed humans. MSSS, an NGO, is actively engaged in numerous activities aimed at improving society, with a special emphasis on the SPARSH project. This project has significantly impacted the daily lives of deaf-blind children living in and around the operational area of MSSS. Despite the many challenges that deaf-blindness poses to those affected and their caregivers, MSSS's efforts have helped to overcome these difficulties. It is admirable that many deaf-blind persons have achieved a high worth of life. Despite their challenges, they share commonalities such as accepting their lack of sight and hearing as a unique life experience that gives them a meaningful viewpoint on the world. These basic acceptances take place regardless of these verities of a person's exacting sensory losses or further challenges. Second, they have had educational experiences that have helped them maximize their abilities to communicate and function productively. Individuals who are deaf-blind and have a positive outlook on their life situation tend to live amongst families, communities, or social businesses that welcome and accept them. These individuals have friends, relatives, and co-workers who recognize their value and the significant contributions they bring to the world. Deaf-blindness provides opportunities for learning and joint enrichment for both those with partial sight and hearing and persons around them.

REFERENCES :

- [1] Aldashev, G., & Navarra, C. (2018). Development NGOs: basic facts. *Annals of public and cooperative economics*, 89(1), 125-155. [Google Scholar↗](#)
- [2] Piotrowicz, M., & Cianciara, D. (2013). The role of non-governmental organizations in the social and the health system. *Przegl Epidemiol*, 67(1), 69-74. [Google Scholar↗](#)

- [3] Rasi, R. A., & Ashifa, K. M. (2020). Supporting the disabled: The leading role of Non-governmental organizations in India. *European Journal of Molecular and Clinical Medicine*, 7(2), 3170-3176. [Google Scholar](#)
- [4] Manga, T., & Masuku, K. P. (2020). Challenges of teaching the deaf-blind learner in an education setting in Johannesburg: Experiences of educators and assistant educators. *South African Journal of Communication Disorders*, 67(1), 1-7. [Google Scholar](#)
- [5] Wittich, W., Southall, K., Sikora, L., Watanabe, D. H., & Gagné, J. P. (2013). What's in a name: Dual sensory impairment or deaf blindness?. *British Journal of Visual Impairment*, 31(3), 198-207. [Google Scholar](#)
- [6] Wiley, S., Parnell, L., & Belhorn, T. (2016). Promoting early identification and intervention for children who are deaf/hard of hearing, children with vision impairment, and children with deaf-blind conditions. *Journal of Early Hearing Detection and Intervention*, 1(1), 26-33. [Google Scholar](#)
- [7] Larsen, F. A., & Damen, S. (2014). Definitions of deaf blindness and congenital deaf blindness. *Research in developmental disabilities*, 35(10), 2568-2576. [Google Scholar](#)
- [8] Zeza, M., & Stavrou, P. D. (2015). Intervention Program in Deaf-blind Students: An Educational Plan for Body Schema Awareness. *Enabling Access for Persons with Visual Impairment, Proceedings of ICEAP VI*, 228-232. [Google Scholar](#)
- [9] Bruce, S. M., Zatta, M. C., Gavin, M., & Stelzer, S. (2016). Socialization and self-determination in different-age dyads of students who are deafblind. *Journal of Visual Impairment & Blindness*, 110(3), 149-161. [Google Scholar](#)
- [10] Simcock, P., & Wittich, W. (2019). Are older deaf blind people being left behind? A narrative review of literature on deaf blindness through the lens of the United Nations Principles for Older People. *Journal of Social Welfare and Family Law*, 41(3), 339-357. [Google Scholar](#)
- [11] Bruce, S. M., & Parker, A. T. (2012). Young deaf blind adults in action: Becoming self-determined change agents through advocacy. *American Annals of the deaf*, 157(1), 16-26. [Google Scholar](#)
- [12] Lintang Sari, A. P., & Emaliana, I. (2020). Inclusive Education Services for the Blind: Values, Roles, and Challenges of University EFL Teachers. *International Journal of Evaluation and Research in Education*, 9(2), 439-447. [Google Scholar](#)
- [13] Simcock, P., Manthorpe, J., & Tinker, A. (2023). Vulnerability among older people ageing with deafblindness. *Journal of Social Work*, 23(1), 60-84. [Google Scholar](#)
- [14] Hersh, M. A. (2016). Improving deaf blind travellers' experiences: An international survey. *Journal of Travel Research*, 55(3), 380-394. [Google Scholar](#)
- [15] Damen, S., Janssen, M. J., Ruijsenaars, W. A., & Schuengel, C. (2015). Communication between children with deafness, blindness and deaf blindness and their social partners: an intersubjective developmental perspective. *International Journal of Disability, Development and Education*, 62(2), 215-243. [Google Scholar](#)
- [16] Humphries, T., Kushalnagar, P., Mathur, G., Napoli, D. J., Padden, C., Rathmann, C., & Smith, S. (2016). Avoiding linguistic neglect of deaf children. *Social Service Review*, 90(4), 589-619. [Google Scholar](#)
- [17] Guardino, C., & Cannon, J. E. (2015). Theory, research, and practice for students who are deaf and hard of hearing with disabilities: Addressing the challenges from birth to postsecondary education. *American Annals of the Deaf*, 160(4), 347-355. [Google Scholar](#)
- [18] Simcock, P. (2017). One of society's most vulnerable groups? A systematically conducted literature review exploring the vulnerability of deaf blind people. *Health & social care in the community*, 25(3), 813-839. [Google Scholar](#)

- [19] Simcock, P., & Manthorpe, J. (2014). Deafblind and neglected or deaf-blindness neglected? Revisiting the case of Beverley Lewis. *The British Journal of Social Work*, 44(8), 2325-2341. [Google Scholar](#)
- [20] Moriarty Harrelson, E. (2019). Deaf people with “no language”: Mobility and flexible accumulation in language practices of deaf people in Cambodia. *Applied Linguistics Review*, 10(1), 55-72. [Google Scholar](#)
- [21] Lurie, S. G. (2012). Global health equity and advocacy: the roles of international non-governmental organizations. *Health, Culture and Society*, 2(1), 103-114. [Google Scholar](#)
- [22] Gideon, J., & Porter, F. (2016). Challenging gendered inequalities in global health: dilemmas for NGOs. *Development and Change*, 47(4), 782-797. [Google Scholar](#)
- [23] Lieberman, L. J., & Haegele, J. A. (2019). Teaching children who are deaf blind in physical education, physical activity and recreation. In *The Routledge Handbook of Visual Impairment*, Routledge, 175-188. [Google Scholar](#)
- [24] Limaye, S. (2016). Factors Influencing the Accessibility of Education for Children with Disabilities in India. *Global Education Review*, 3(3), 43-56. [Google Scholar](#)
- [25] Banks, N., & Hulme, D. (2012). The role of NGOs and civil society in development and poverty reduction. *Brooks World Poverty Institute Working Paper*, (171). [Google Scholar](#)
- [26] Aczel, J. C., Peake, S. R., & Hardy, P. (2008). Designing capacity-building in e-learning expertise: Challenges and strategies. *Computers & Education*, 50(2), 499-510. [Google Scholar](#)
- [27] Anbazhagan, S., & Surekha, A. (2016). Role of non-governmental organizations in global health. *International Journal of Community Medicine and Public Health*, 3(1), 17-22. [Google Scholar](#)
- [28] Piotrowicz, M., & Cianciara, D. (2013). The role of non-governmental organizations in the social and the health system. *PrzeglEpidemiol*, 67(1), 69-74. [Google Scholar](#)
- [29] Lencucha, R., Kothari, A., & Labonté, R. (2011). The role of non-governmental organizations in global health diplomacy: negotiating the Framework Convention on Tobacco Control. *Health Policy and Planning*, 26(5), 405-412. [Google Scholar](#)
- [30] El Baradei, L. (2021). The Role of Egyptian Non-Governmental Organizations in Integrating the Differently Abled. *Developments in Administration*, 3(1), 77-89. [Google Scholar](#)
- [31] Mathew, K. V., & Walarine, M. T. (2018). Need of technical educational integration in disability sector for Differently-Abled empowerment. *International Journal of Engineering and Management Research (IJEMR)*, 8(4), 114-118. [Google Scholar](#)
- [32] Sebuliba, M. (2022). Establishing Minimum Standards For Inclusive Education of Persons With Deaf-Blindness In Uganda. Proceedings of the 1stDBI Africa Conference on Deaf blindness, Kenya Institute of Special Education, Nairobi and Online, 120-126. [Google Scholar](#)
- [33] Hersh, M. (2013). Deaf blind people, communication, independence, and isolation. *Journal of deaf studies and deaf education*, 18(4), 446-463. [Google Scholar](#)
- [34] Bari, S., Abdullah, N. A., Abdullah, N., & Yasin, M. H. M. (2016). Early intervention implementation preschool special education students in Malaysia. *International Journal for Innovation Education and Research*, 4(6), 139-155. [Google Scholar](#)
- [35] Roy, A., McVilly, K. R., & Crisp, B. R. (2021). Working with Deaf blind people to develop a good practice approach. *Journal of Social Work*, 21(1), 69-87. [Google Scholar](#)
- [36] Jeffrey, R. (1989). Women and the ‘Kerala model’: Four lives, 1870s-1980s. *South Asia: Journal of South Asian Studies*, 12(2), 13-32. [Google Scholar](#)

- [37] Hill, K. D. (2018). What urban parents want: A parent network's negotiation of school choice and advocacy efforts in underserved city schools. *Improving Schools*, 21(3), 209-224. [Google Scholar](#)
- [38] Gardiner, P., Sadikova, E., Filippelli, A. C., White, L. F., & Jack, B. W. (2015). Medical reconciliation of dietary supplements: don't ask, don't tell. *Patient education and counseling*, 98(4), 512-517. [Google Scholar](#)
- [39] Swaminathan, M., Jayaraman, D., & Jacob, N. (2019). Visual function assessment, ocular examination, and intervention in children with developmental delay: a systematic approach. Part 1. *Indian journal of ophthalmology*, 67(2), 196-203. [Google Scholar](#)
- [40] Jones, S. K. (2015). Teaching students with disabilities: A review of music education research as it relates to the Individuals with Disabilities Education Act. *Update: Applications of Research in Music Education*, 34(1), 13-23. [Google Scholar](#)
- [41] King, F., NíBhroin, O., & Prunty, A. (2018). Professional learning and the individual education plan process: Implications for teacher educators. *Professional development in education*, 44(5), 607-621. [Google Scholar](#)
- [42] Onyango, W. P. (2014). Effects of organization culture on change management: A case of the vocational training centre for the blind and deaf sikri. *European Journal of Business and Management*, 6(34), 204-214. [Google Scholar](#)
- [43] Allwright, R. L. (1981). What do we want teaching materials for?. *ELT journal*, 36(1), 5-18. [Google Scholar](#)
- [44] Aithal, P. S., & Kumar, P. M. (2015). Applying SWOC analysis to an institution of higher education. *International Journal of Management, IT and Engineering*, 5(7), 231-247. [Google Scholar](#)
- [45] Virgana, V., & Lapasau, M. (2019). Enhancing strategic planning of school program through SWOC analysis. *MOJEM: Malaysian Online Journal of Educational Management*, 7(2), 1-26. [Google Scholar](#)
- [46] Wilby, K. J., & Kremer, L. J. (2020). Development of a cancer-themed escape room learning activity for undergraduate pharmacy students. *International Journal of Pharmacy Practice*, 28(5), 541-543. [Google Scholar](#)
- [47] Nuwaylati, D., Eldakhakhny, B., Bima, A., Sakr, H., & Elsamanoudy, A. (2022). Low-carbohydrate high-fat diet: A SWOC analysis. *Metabolites*, 12(11), 11-26. [Google Scholar](#)
- [48] Barreto, N., & Mayya, S. (2022). SWOC Analysis of Marriott International-A Case Study. *International Journal of Case Studies in Business, IT and Education (IJCSBE)*, 6(2), 877-889. [Google Scholar](#)
- [49] Cruz, F. W. S. D., & Calimpusan, E. (2018). Status and challenges of the deaf in one city in the Philippines: towards the development of support systems and socio-economic opportunities. *Asia Pacific Journal of Multidisciplinary Research*, 6(2), 33-47. [Google Scholar](#)
- [50] Whitworth, S. K., & Wilson, J. (2022). Quality of Life For Deaf Blind Individuals: Comparing the Effect of Living with and Without Support Service Providers. *JADARA*, 54(3), 18-35. [Google Scholar](#)
- [51] Zajadacz, A., & Lubarska, A. (2019). Sensory gardens in the context of promoting well-being of people with visual impairments in the outdoor sites. *International Journal of Spa and Wellness*, 2(1), 3-17. [Google Scholar](#)
- [52] Kusters, A. (2017). "Our hands must be connected": visible gestures, tactile gestures and objects in interactions featuring a deaf blind customer in Mumbai. *Social Semiotics*, 27(4), 394-410. [Google Scholar](#)
