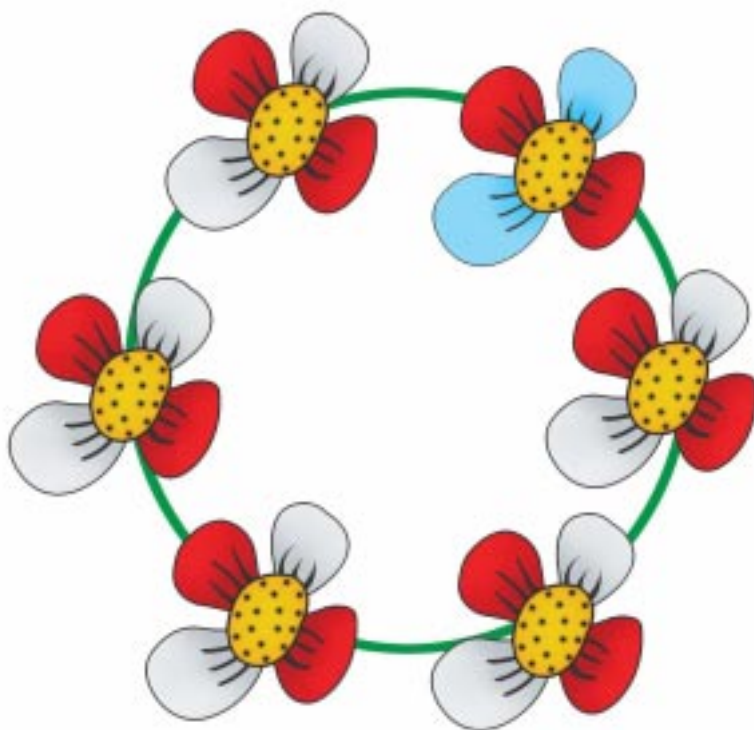


# EXAMPLES OF INCLUSIVE EDUCATION

INDIA



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Regional Office for South Asia, 2003

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# FOREWORD

The obstacles to a good education faced by millions of children in South Asia are daunting enough. For the 10% of the region's young people who are estimated to have some kind of disability, the barriers are compounded. The UNICEF Regional Office for South Asia has looked at examples in India, Nepal, Pakistan, Bangladesh and Sri Lanka of how such children are given schooling, and whether this is the type of education they have the right to expect. The result is a very mixed bag indeed.

Overall it is clear that large numbers of children who struggle daily with additional hardships are not getting the chance to improve their lives through education. This means, of course, they are caught in a spiral of low expectation, low esteem and low income.

The minority of children with disability that do get places are often not sitting in the same classroom as other boys and girls because of a sense that they need to be separated and treated differently. Globally it is estimated that 70% of children with disabilities, including those with mild mental retardation, can attend regular schools provided the environment is designed to be accessible and the institution is willing to accommodate them.

UNICEF believes that the goal should be to enable all children to have full participation in the development of their community. Meeting this goal of inclusion requires all structures and community-based services to be accessible to all members of the community without discrimination.

By producing a snapshot on the activities happening in five South Asian countries UNICEF Regional Office hopes to fill in an information gap on children with disabilities while examining misconceptions, prejudices and discriminatory practices. The documents on each of the five countries examine initiatives being undertaken by governments, NGOs, INGOs, and UN agencies. Crucially they highlight good practices that have proved effective in addressing concerns and constraints.

It is hoped these documents will be a starting point for policies and practices that get many more children with disabilities into school. As we all work to fulfill the Millennium Development Goal of 'Education for All' I would urge that the exclusion of the challenged child be specifically addressed with initiatives aimed at ending prejudice and isolation. UNICEF ROSA will work with experts to pull together the ideas captured in the five documents with the hope that this process will facilitate momentum toward the full inclusion of every child in all that their community has to offer.



Dr Sadig Rasheed  
UNICEF Regional Director for South Asia

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# ACRONYMS

CBR Network	Community Based Rehabilitation Network
DPEP	District Primary Education Programme
ECCE	early childhood care and education
ESCAP	Economic and Social Commission for the Asia Pacific
ICDS	Integrated Child Development Scheme
IEDC	Integrated Education for Disabled Children
ILO	International Labour Organization
INGO	international non-governmental organization
NCERT	National Council of Educational Research and Training
NGO	non-governmental organization
NPE	National Policy on Education
PIED	Project for Integrated Education Development
SSA	Sarva Shiksha Abhiyan
SYSS	Sikshit Yuva Sewa Samiti
UEE	universalization of elementary education
UN	United Nations
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNESCO	United Nations Educational, Scientific and Cultural Organization

# EXECUTIVE SUMMARY

UNICEF's *Report on the Status of Disability in India 2000* states that there are around 30 million children in India suffering from some form of disability. The Sixth All-India Educational Survey (NCERT, 1998) reports that of India's 200 million school-aged children (6–14 years), 20 million require special needs education. While the national average for gross enrolment in school is over 90 per cent, less than five per cent of children with disabilities are in school.

Government and NGOs are initiating measures to review and plan appropriate strategies for special needs and inclusive education. These measures include evolving policy guidelines, analysing practices, developing teacher training programmes, and creating resource persons and special teachers by establishing linkages to complement each other.

In the past few years, focus on children with disabilities has resulted in greater awareness and increased sensitivity towards these children. The launch of the District Primary Education Programme (DPEP) in 1994 provided further impetus to existing efforts. The Equal Opportunities and Rights of Persons with Disabilities Act 1995 was comprehensive breakthrough legislation that provided for education and economic rehabilitation of people with disabilities. It states that free education for children with disabilities up to the age of 18 years must be provided in an appropriate environment. The government has recently launched the Sarva Shiksha Abhiyan (SSA). This proposes to implement 'universalization of elementary education' (UEE) in a mission mode with a focus on providing quality elementary education to all children in the age group 6–14 years. Inclusive education is an integral component of SSA, and promises to make 'education for all' a reality by 2010.

Programmes launched in the recent past have been able to make only a limited impact in terms of increasing the participation of children with disabilities in formal education. This situation needs to change in the near future, and a focused effort is required. Keeping in mind the large number of children whose needs must be addressed and the limited resources available, the best option is to promote inclusive education. However, the question is how to demystify the concept and make it acceptable in a country as large and diverse as India, with its multiple tracks offering inequitable schooling opportunities to different groups?

There is a need to develop a long-term strategy in which every step taken adds to the sound base for inclusive education. This can be facilitated by developing a better understanding of the present status of education of children with disabilities, and how inclusive practices can be promoted.

This study analyses the global policies in education of children with disabilities and how India's policies and programme align with them. Good practices are documented for inclusive schooling, community-based programmes that promote inclusion, and teacher development initiatives that assist primary school teachers in the classroom to identify, assess and support the needs of children with disabilities. Early childhood development interventions focusing on early detection and prevention of disabilities and preparation of children to enter mainstream schools have also been examined.

The practices were drawn from five states (Uttar Pradesh, Karnataka, Maharashtra, Tamil Nadu and Kerala) based on information available from officials and professionals working for the education of children with disabilities. The school practices were documented after discussions with teachers, parents, children with disabilities and their peer group. The concerns of NGOs, bureaucrats and professionals from apex institutions for teacher training were accounted for by carrying out interviews.

Based on documentation, field observations and data analysis, this study identifies positive initiatives taken up by the government and NGOs, and suggests further measures that need to be taken to achieve the goal of UEE for all children including those with disabilities.

In India, inclusive education is still developing and presently it is not easy to identify 'good practices'. In this study, good practices were analysed by using three dimensions: creating inclusive culture; producing inclusive policies; and evolving inclusive practices (Booth *et al.*, 2001). Inclusive culture was analysed by studying the knowledge, skills and attitudes of teachers, parents and children in accepting children with disabilities. Enrolment policies of the government were examined to identify inclusive policies. Inclusive practices included teacher training programmes showing awareness, and providing guidance in modification of materials, methodology, content and evaluation for the benefit of all children.

The good practices studied showed that these traits were not add-ons but an integral part of the culture. Such practices were possible only when they included appropriate teacher training, provided accessible schools, child-friendly curricula, appropriate teaching methodologies and evaluation systems, and developed partnerships with families and communities. It was hard to find all these features in any single project. The practices identified by this study, therefore, have the potential to become a package of good practices.

The Sikshit Yuva Sewa Samiti (SYSS), an NGO in a partnership with the government, participates in the implementation of the Integrated Education for Disabled Children (IEDC) and DPEP projects (funded by the government), and strengthens the programme through community-based intervention initiatives. While the projects provide physical infrastructure for schools, this NGO, through trained personnel, ensures accessibility for and enrolment of children with disabilities in community schools after identification by trained *anganwadi* (grassroots) workers. It also provides resource teachers as a support system to general teachers, and a back-up team of physiotherapists and occupational therapists at the district level. The NGO provides awareness and orientation training to general teachers, develops materials, and supports general teachers in modification of curricula to facilitate learning by children with disabilities. The effort has created an inclusive culture where parents, the community, peer groups, teachers, and school authorities and education officers are all involved in educating children with disabilities.

Sir Shapurji Billimoria Foundation, a teacher development initiative, provides in-service training to ordinary teachers to meet the needs of children with disabilities. Weekend training modules are used since teachers cannot be away from school for long periods. In addition, there is a three-year pre-service training programme (B.A. in integrated education) for school leavers. The training programme ensures that teachers are able to facilitate the learning of all children in the classroom. Practical experience, exposure to participatory learning methodology, and the ability to teach at the elementary level in a multiple setting are emphasized together with a focus on human development.

The Joyful Inclusion Training Programme is being conducted by the CBR Network, an NGO involved in the education and rehabilitation of children with special needs. Teachers in rural government schools utilize a training pack that includes a curriculum-based criterion-referenced checklist prepared by the NGO. The training manuals, developed for training master trainers as well as general teachers, have proved useful. Teachers have been trained in the methodology developed in the Joyful Inclusion Package for teaching all children including those with disabilities.

Udisha–Portage Project is an early childhood development initiative for children of 0–6 years of age. In this programme, a modified version of the Portage pack is used as a home-visiting guide for early childhood development that meets the socio-cultural needs of Indian people. In the training programme, a team at the district level (one government representative and one NGO representative) is trained on the principles of the Portage pack. This district team then trains integrated child development supervisors who in turn train *anganwadi* workers. These workers use their skills to ensure the holistic development of all children. The Udisha–Portage Project has trained a large number of *anganwadi* workers and supervisors who help mothers to understand the underlying principles of child development, and assist children with developmental delays by using resources available in the family and community. The project succeeds in reaching unreached children with disabilities, especially in rural and urban impoverished areas.

This study also brings out good practices that were observed in the southern states of Kerala and Tamil Nadu. These are considered to be good practices because of their wide coverage especially in rural and hilly areas (especially in Kerala), and their positive impact. With a few modifications, these models could be successfully replicated.

Based on analysis of the state of special and inclusive education and the documentation of inclusive model practices, the following key observations are made.

- Central and state governments have taken a number of initiatives to improve the enrolment, retention and achievement of children with disabilities. There is a need to establish interlinks and collaborations among various organizations to prevent overlapping, duplication and contradictions in programme implementation.
- Most services for children with disabilities are concentrated in big cities or close to district headquarters. The majority of children with disabilities who live in rural areas do not benefit from these services.
- There is an absence of consistent data on the magnitude and educational status of children with disabilities, and the disparities between regions and types of disability. This makes it difficult to understand the nature of the problem, and to make realistic interventions.
- Special schools and integrated educational practices for children with disabilities have developed over the years. Inclusive educational has gained momentum over the last decade.
- Community involvement and partnerships between government agencies and NGOs have been instrumental in promoting inclusive education.
- Many schools have a large number of children in each classroom and few teachers. As a consequence of this, many teachers are reluctant to work with children with disabilities. They consider it an additional workload.

- Training for sensitization towards disability and inclusion issues, and how to converge efforts for effective implementation of programmes, are important concerns.
- Different disabilities require different supports. The number of skilled and trained personnel for supporting inclusive practices is not adequate to meet the needs of different types of disability.
- The curriculum lacks the required flexibility to cater to the needs of children with disabilities. There are limited developmentally appropriate teaching–learning materials for children both with and without disabilities. The teaching–learning process addresses the individual learning needs of children in a limited way.
- Families do not have enough information about their child’s particular disability, its effects and its impact on their child’s capacity. This often leads to a sense of hopelessness. Early identification and intervention initiatives sensitize parents and community members about the education of children with disabilities.

Bearing in mind this scenario, the following recommendations need to be considered in order to move towards education of children with disabilities in inclusive settings.

- The attitude that ‘inclusive education is not an alternative but an inevitability, if the dream of providing basic education to all children is to ever become a reality’ needs to be cultivated among all concerned professionals, grassroots workers, teachers and community members, especially in rural and remote areas.
- Links and bridges need to be built between special schools and inclusive education practices. Linkages also need to be established between community-based rehabilitation programmes and inclusive education.
- Public policies, supportive legislation and budgetary allocations should not be based on incidence, but on prevalence of special education needs, and take into consideration the backlog created as a result of decades of neglect.
- The existing dual ministry responsibilities should be changed. Education of children with disabilities should be the responsibility of the Department of Education. The Ministry of Welfare should confine itself to support activities only.
- Inclusion without ‘adequate’ preparation of general schools will not yield satisfactory results. It is essential that issues related to infrastructural facilities, curriculum modification and educational materials should be addressed.
- Regular evaluation should be based on performance indicators specified in the implementation programme, and accountability for effective implementation at all levels should be ensured.
- There should be emphasis on bottom-up, school-based interventions as part of regular education programmes following inclusive strategies. The programme should be based on stakeholder participation, community mobilization, and mobilization of NGO, private and government resources.

- The training of general teachers at pre-service and in-service levels should address the issue of education of children with disabilities, so that teachers are better equipped to work in an inclusive environment. Some of the issues in training that need to be addressed include the methodology to be adopted for identifying children with disabilities; classroom management; use of appropriate teaching methodologies; skills for adapting the curriculum; development of teaching–learning materials that are multi-sensory in nature; evaluation of learning; etc. The time has come to scale up successful experiments on teacher training such as the Multi-site Action Research Project and the Indian adaptation of the UNESCO Teacher Education Resource Pack, since these experiences are lying dormant.
- Orientation training of policy-makers and education department officials, both at the state and block level, is essential. In addition, there is a need to develop on-site support systems for teachers. Grassroots workers, parents, special school teachers, para-teachers and other individuals can be shown how to provide the required support.
- The existing handful of teacher trainers cannot reach the vast number of teachers working with children with disabilities in rural/remote areas. There is a need to explore alternatives such as training para-teachers, investing in pilot studies to develop tele-rehabilitation programmes, and exploring strategies for distance education.
- The preparation of children—in the form of early childhood intervention before enrolment—is required. This would ensure that they do not drop out, are retained in schools, and compete equally with other children.
- In order to strengthen inclusive practices, networking between existing practitioners (i.e., IEDC, DPEP, SSA, etc.) would be useful. Simultaneous implementation, and consistent monitoring, reinforcement and coordination between government departments and NGOs at national and state levels will promote inclusive practices.

# INTRODUCTION

The right to live with dignity and self-respect as a human being leads to a continuous analysis of policies and services aimed at marginalized sections. UNICEF's Medium-Term Strategic Plan for 2002–05, in line with the Convention on the Rights of the Child, demands that 'all children have access to and complete an education of good quality'. Several initiatives by governments, NGOs, INGOs, UN agencies and others have addressed the special education needs of children with disabilities, and some have successfully demonstrated examples of special and inclusive education.

The genesis of special needs education in India can be traced back to pre-independent India. There are examples in Indian history that show that people with disabilities had educational opportunities, and that disability did not come in the way of learning. However, during the colonial period, India increasingly looked at educational models existing outside the country. Parents of children with disabilities, mainly from urban areas and with exposure to approaches prevalent in western countries, started schools for their children. Since the government had no policy on the education of children with disabilities, it extended grants to these private schools. This approach of setting up separate schools, mostly residential, spread across the country, although it was concentrated in urban areas. However, for a country the size of India, their numbers were small. For over a century, these special schools offered the only education available to children with disabilities because of the widespread belief that children with special needs could not be educated alongside others. This allowed a small number of children to have access to education but did not help these children to enter the mainstream community after completing their education.

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After independence, the Indian Constitution directed the state to ensure provision of basic education to all children up to the age of 14 years. The education of people with disabilities was, however, not explicit in the early constitutional provisions except for guaranteeing similar rights for people with disabilities as other members of society.

The Education Commission of 1966 (Kothari Commission) drew attention to the education of children with disabilities. In 1974, for the first time, the necessity of integrated education was explicitly emphasized under the scheme for Integrated Education for Disabled Children (IEDC). In pursuit of the goal of providing basic education for all, the National Policy on Education (1986) and its follow-up actions have been major landmarks. The World Declaration on Education for All adopted in 1990 gave further boost to the various processes already set in motion in the country. The Rehabilitation Council of India Act 1992 initiated a training programme for the development of professionals to respond to the needs of students with disabilities. The enactment of the People with Disability Act in 1996 provided legislative support. This act makes it mandatory to provide free education to children with disabilities in an appropriate environment until the age of 18 years. In 1999, the government passed the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act for the economic rehabilitation of people with disabilities. These acts have been instrumental in bringing about a perceptible change/ improvement in the attitude of government, NGOs and people with disabilities. In recent years, two major initiatives have been launched by the government for achieving the goals of universalization of elementary education (UEE): the District Primary Education Programme (DPEP) in 1994 and the Sarva Shiksha Abhiyan (SSA) in 2002.

Programmes launched in the recent past have been able to make only a limited impact in terms of increasing the participation of children with disabilities in formal education. This situation needs to change; a focused effort is required. Keeping in view recent initiatives on inclusive education, a comprehensive review is necessary to help in better understanding the present status of education of children with disabilities, and how inclusive education can be promoted.

# OBJECTIVES

**The objectives of this study are as follows:**

- To assess the state of special needs and inclusive education in the country in terms of policies, resources and practices.
- To identify and document the experiences of 'good practice models' of special needs and inclusive education for children with disabilities.

To provide recommendations to strengthen the capacity of the government and other partners in the country to bring about policy reforms and promote programmes that support inclusive education.

# METHODOLOGY

Good practice models were identified based on firsthand information from professionals and government officials concerned directly or indirectly with the education of children with special needs. The model practices were drawn from the five states of Uttar Pradesh, Karnataka, Maharashtra, Kerala and Tamil Nadu. A team of five researchers travelled to these states and visited schools. School practices were documented and discussions were carried out with teachers, parents, children with disabilities and their peer groups. The views of NGOs, government officials and professionals from apex institutions for teacher training were collected through interviews. Secondary information on the status of special needs and inclusive education was obtained from government documents, reports and available literature. Checklists and semi-structured interviews were used to collect primary information about inclusive practices. The nature of the investigation was quantitative and qualitative.

# MAGNITUDE OF DISABILITY

**The UN ESCAP report on *Issues Concerning Disability Statistics in the ESCAP Region* states that:**

'Many ESCAP developing and least developed countries and areas do not collect disability data. In the case of those that have done so, the data collected do not reflect the full extent of disability prevalence. This limitation is due in part to the conceptual framework adopted, the scope and coverage of the surveys undertaken, as well as the definitions, classifications and methodology used for disability data collection.'

In India, identification of children by 'head counting' has posed many difficulties. Data on disability are generally under-reported as a result of a lack of adequate skills to identify children with invisible disabilities, and a lack of precise definitions for identifying children with mild and moderate disabilities. Disability identification in the population was included in the 2001 census; however, the data are yet to be published.

A comprehensive countrywide sample survey was undertaken by the National Sample Survey Organisation in 1991 to estimate the number of people with disabilities. It was reported that about 1.9 per cent of the population (i.e., 16.2 million) have physical and sensory disabilities.

According to UNICEF's *Report on the Status of Disability in India 2000*, there were around 30 million children suffering from some form of disability. The Sixth All-India Educational Survey (NCERT, 1998) reports that of India's 200 million school-aged children (6–14 years), 20 million require special needs education. While the national average of gross enrolment in school is over 90 per cent, less than five per cent of children with disabilities are in school. The majority of these children remain outside mainstream education. The low turnout can be attributed to causes such as difficulty in coping with general education demands and social reasons. Regional disparities in the number of children with special needs in India are shown in Table 1. Recognizing the problem of disability and regional disparities, the government and NGOs are initiating policy reforms and strategies for special needs and inclusive education.

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**Table 1: Percentage of population with disability by nature, sex and area**

State	Gender Ratio	Children with special needs, 0-4 years			Children with special needs, 5-14 years			Children with special needs, 0-14 years		
		Total	Male	Female	Total	Male	Female	Total	Male	Female
Andhra Pradesh	978	66129	33432	32697	252926	127870	125057	319055	161302	157753
Arunachal Pradesh	901	953	501	452	3644	1917	1727	4597	2418	2179
Assam	932	23262	12040	11222	88971	46051	42920	112233	58092	54141
Bihar	921	72374	37675	34699	276811	144098	132710	349185	181773	167412
Chhatisgarh	990	18160	9126	9034	69458	34903	34554	87618	44029	43589
Delhi	821	12036	6610	5426	46034	25280	20755	58070	31889	26181
Goa	960	1174	599	575	4489	2290	2199	5663	2889	2773
Gujarat	921	44184	23000	21183	168992	87971	81021	213175	110971	102204
Haryana	861	18411	9893	8518	70316	37838	32578	88827	47731	41097
Himachal Pradesh	970	5307	2694	2613	20298	10303	9994	25605	12997	12607
Jammu & Kashmir	900	8794	4628	4165	33633	17702	15931	42427	22330	20097
Karnataka	964	46050	23447	22603	176129	89679	86450	222179	113126	109053
Kerala	1058	27803	13510	14293	106339	51671	54668	134142	65181	68961
Madhya Pradesh	920	52731	27464	25267	201683	105043	96640	254415	132508	121907
Maharashtra	922	84489	43959	40530	323148	168131	155017	407637	212090	195547
Manipur	978	2086	1055	1031	7978	4033	3945	10064	5088	4976
Meghalaya	975	2014	1020	944	7702	3900	3802	9716	4919	4796
Mizoram	938	778	402	377	2976	1536	1440	3754	1937	1817
Nagaland	909	1737	910	827	6642	3479	3163	8379	4389	3990
Orissa	972	32054	16255	15800	122599	62170	60429	154654	78425	76229
Punjab	874	21211	11318	9892	81125	43290	37835	102336	54608	47728
Rajasthan	922	49315	25658	23657	188618	98136	90481	237933	123794	114138
Sikkim	875	472	252	220	1805	963	842	2277	1215	1063
Tamil Nadu	986	54238	27310	26928	207447	104455	102992	261685	131765	129920
Tripura	950	2787	1429	1358	10658	5466	5193	13445	6895	6550
Uttar Pradesh	898	145005	76399	68606	554609	292207	262402	699614	368606	331008
West Bengal	934	70053	36222	33831	267935	138539	129396	337988	174761	163227
*A&N Islands	846	311	169	143	1190	645	545	1501	813	688
*Chandigarh	773	787	444	343	3009	1697	1312	3796	2141	1655
*D&N Haveli	811	193	106	86	736	407	330	929	513	416
*Daman& Diu	709	138	81	57	528	309	219	666	390	276
*Lakshadweep	947	53	27	26	202	104	98	255	131	124
*Pondichery	1001	850	425	425	3253	1625	1627	4103	2050	2052
<b>INDIA</b>		<b>896839</b>	<b>463934</b>	<b>432905</b>	<b>3430183</b>	<b>1774432</b>	<b>1655751</b>	<b>4327002</b>	<b>2238366</b>	<b>2088656</b>

Source: Census 2001, Government of India.

Notes: \* Union Territories

# POLICIES CONCERNING EDUCATION OF CHILDREN WITH DISABILITIES

The Constitution of India and the educational policies envisaged in post-independent India reflect a perseverance and commitment to the fulfilment of UEE. The Constitution states that 'free and compulsory education should be provided for all children until they complete the age of 14 years'.

The first education commission in India (Kothari Commission, 1964–66) addressed issues of access and participation by all. It stressed a common school system open to all children irrespective of caste, creed, community, religion, economic condition and social status. In 1968, the National Education Policy followed the commission's recommendations and suggested the expansion of educational facilities for physically and mentally handicapped children, and the development of an 'integrated programme' enabling handicapped children to study in regular schools.

Two decades later, the National Policy on Education (NPE) (1986) stressed the 'removal of disparities' in education, while attending to the specific needs of those who had been denied equality so far (MHRD, 1986). It stated 'the objective should be to integrate the physically and mentally handicapped with the general community as equal partners, to prepare them for normal growth, and to enable them to face life with courage and confidence.' In 1987, to fulfil the provisions for disabled children in the NPE, the government launched the Project for Integrated Education Development (PIED). It states 'wherever feasible, the education of children with motor handicaps and other mild handicaps will be in common with that of others.' According to the NPE, 'the indicators of integration are that handicapped people enjoy the same rights as the rest; have opportunities for growth and development in environmental conditions available to the rest; have access to the quality of life like any other citizen; and are treated as equal partners in the community.'

The programme of action outlined measures to implement the policy including massive in-service training programmes for teachers; an orientation programme for administrators; the development of supervisory expertise in resource institutions for school education at the district and block level; and provision of incentives such as supply of aids, appliances, textbooks and school uniforms.

The NPE underwent modifications in 1992 (MHRD, 1992). It made an ambitious commitment to universal enrolment by the end of the Ninth Five-Year Plan for both categories of disabled children: those who could be educated in general primary school, and those who needed to be educated in special schools or special classes in general

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schools. It also called for the reorientation of pre-service and in-service teacher education programmes. The NPE (1986) and revised NPE (1992) are the guiding policies at all levels. The most notable pedagogical recommendation is as follows.

*'Curriculum flexibility is of special significance for these children. Special needs for these children will be met if child-centred education is practiced. Child-to-child help in education of the children with disabilities is an effective resource in view of large classes and multi-grade teaching.'*

Another significant policy development in India took place following the ESCAP Proclamation on Full Participation and Equality of People with Disabilities in the Asia and Pacific Region in 1992. The Equal Opportunities and Rights of Persons with Disabilities Act 1996 called for the education of children with disabilities up to the age of 18 years in an appropriate environment. The act grants 'equal opportunities, protection of rights and full participation' to people with disabilities. It includes a number of provisions that 'endeavour to promote the integration of students with disabilities into normal schools'. It also upholds the role of special schools by asking schools in the government and private sector to promote their establishment. Although there is no specific mention of inclusive education in the act, it is judged to be breakthrough legislation relating to education and economic rehabilitation of people with disabilities. The economic rehabilitation section under this act stipulates that certain posts in various government departments and in the public sector are to be identified, and a percentage (three per cent) are to be reserved for people with disabilities. In 1999, the government passed the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act especially for the rehabilitation of people with disabilities.

The issue of 'disability' has also found a place in all the country's five-year plans (Box 1). Various national/apex-level institutes were established to deal with problems of specific disabilities. These institutes have been set up for education, training, vocational guidance, counselling, rehabilitation, research and training in various aspects of disability.

### Box 1: Disability in five-year plans

First Five-Year Plan: This witnessed the launching of a small unit by the Ministry of Education for the visually impaired in 1947. Subsequently, a training centre for adults with visual impairments was established.

Second Five-Year Plan: Under the Ministry of Education, a National Advisory Council for the Physically Challenged started functioning to advise the central government on issues concerning education, training and employment of the disabled.

Third Five-Year Plan: Attention was given to rural areas. To facilitate the training and rehabilitation of the physically challenged, the government formulated policies around some services: (a) planning employment exchange for the physically challenged; (b) teaching and provision of work facilities in the home itself or neighbourhood for those who are not mobile; (c) provision of recreation facilities for the physically challenged; (d) at least three per cent of job reservations and job facilities made available for the physically challenged.

Fourth Five-Year Plan: More emphasis was given to preventive work for people with visual, speech and hearing impairments. National centres for the physically challenged were instituted to serve as demonstration projects in various parts of the country and provide necessary training facilities.

Sixth Five-Year Plan: National policies were made around provision of community-oriented disability prevention and rehabilitation services to promote self-reliance, economic independence and social integration of the differently abled in the community, and comprehensive primary health care.

#### National/apex-level institutes set up

- National Institute for the Visually Handicapped (1982), an autonomous body in Dehradun
- National Institute for the Orthopedically Handicapped (1982), Calcutta
- Ali Yavar Jung National Institute for the Hearing Handicapped (1983), Mumbai
- National Institute for the Mentally Handicapped (1984), Hyderabad
- National Institute of Rehabilitation, Training and Research (1984), Orissa
- Institute for the Physically Handicapped (1976), Delhi
- Rehabilitation Council of India (1986), Delhi. Converted into a statutory body under the

Rehabilitation Council of India Act 1992. One objective is to prescribe minimum standards for education and training of various categories of professionals dealing with people with disabilities.

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In addition to the various policy initiatives at the national level, India has actively participated in the global declarations on Protection of Child Rights, Protection of Rights of Persons with Disability, UN Conventions on the Rights of the Child, Salamanca Declaration and other international policy initiatives. The UN Standard Rules for Persons with Disabilities states the following.

*'States should recognize the principle of equal primary, secondary and tertiary educational opportunities for children, youth and adults with disabilities in integrated settings. They should ensure that the education of persons with disabilities is an integral part of the educational system. General education authorities are responsible for the education of persons with disabilities in integrated settings. Education for persons with disabilities should form an integral part of national educational planning, curriculum development and school organization.'*

*'Regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all; moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system.'*

*'... schools should accommodate all children regardless of their physical, intellectual, emotional, social, linguistic or other conditions.'*

# RESOURCE ALLOCATION FOR EDUCATION OF CHILDREN WITH DISABILITIES

The government proposes to implement UEE in a mission mode with a clear focus on providing quality elementary education to children in the age group 6–14 years. It has allocated the following funds.

- Rs 40 billion (4000 crore) for elementary education and literacy.
- Rs 5 billion (500 crore) for Sarva Shiksha Abhiyan.
- Rs 9.3 billion (930 crore) for nutritional support to primary education.
- Rs 11 billion (1100 crore) for the District Primary Education Project.
- Rs 4 billion (400 crore) for Education Guarantee Scheme and Alternative Innovative Education.
- Rs 5.2 billion (520 crore) for Operation Black Board.
- Rs 3.64 billion (364 crore) for non-formal education.
- Rs 2.2 billion (220 crore) for teacher training programmes.
- Rs 2 billion (200 crore) for adult education.

The Ministry of Human Resource Development has allocated Rs 315 million (31.50 crore) in the 2002–03 financial year for integrated education of disabled children. The Ministry of Social Justice and Empowerment has allocated Rs 2.14 billion (213.56 crore) in the 2002–03 financial year, of which Rs 700 million (70 crore) is given to NGOs. The majority of special schools in India are run by NGOs.

Almost all states in India have allocated resources for rehabilitation of people with disabilities. By and large, these resources are spent to sustain special schools and to pay pensions to people with disabilities (social security). Few states have budgets for community-based rehabilitation, integrated education and inclusive education. Since these concepts need more clarity at the operational level, state governments are yet to allocate resources to them.

In India, disability remains a welfare issue and is not seen as a development issue. This is evident from the fact that disability is under the Ministry of Social Justice and Empowerment (formerly the

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Ministry of Social Welfare) and not under the Ministry of Human Resource Development. Thus, the small budget allocations are spent on paying pensions, providing assistive devices and maintaining institutions for the care of people with disabilities, etc. The central government directs state governments to spend three per cent of poverty alleviation funds on people with disabilities.

Budgetary allocations are not enough to make significant impacts in the field of education. Unless state governments allocate funds for inclusive education at different levels, it will be difficult to achieve the goal of UEE because children with disabilities will continue to remain outside the reach of primary education.

In addition to the lack of resources available, societal attitudes towards disability are also a hindrance and need to be changed. This can influence actions at the classroom level. In keeping with this need for change, there have been demands for bringing issues regarding education of all children under one ministry, namely, the Ministry of Human Resource Development, rather than keep children with disabilities under the Ministry of Social Justice and Empowerment, as is currently the case. Such a merger will assist in better planning for all children. There is also a need for convergence of services in special schools, integrated schools, home-based services, and community-based rehabilitation programmes for promoting inclusive education.

# NATIONAL-LEVEL PRACTICES ON EDUCATION OF CHILDREN WITH DISABILITIES

## 7.1 Early childhood care and education

It is now globally recognized that systematic provision of early childhood care and education (ECCE) can help in the development of children in a variety of ways, such as through group socialization, inculcation of healthy habits, stimulation of creative learning processes, and enhanced scope for overall personality development. ECCE is a support for UEE, and indirectly influences enrolment and retention of girls in primary schools by providing substitute care facilities for younger siblings.

At present, the Integrated Child Development Scheme (ICDS) is the most widespread ECCE provision. In addition, there are pre-schools and *balwadis* under the Central Social Welfare Board. Some state government schemes and private efforts are also being undertaken. ECCE is being promoted as an holistic input for fostering health, psychosocial, nutritional and educational development of children. Efforts have to be made to achieve greater convergence of ECCE programmes implemented by various government departments as well as voluntary agencies by involving urban local bodies and *gram panchayat* (village councils).

There is a need to promote an active policy of inclusion in pre-schools for children with disabilities. There is also an urgent need to develop tools for early identification using inclusive principles rather than looking at disabilities. ECCE will be possible only when there are strong linkages with the primary health care system. At present, experiments such as district rehabilitation centres, which work separately from primary health care, have not achieved much progress in ECCE. This is mainly because primary health care personnel lack of knowledge and skills on ECCE. Components on early identification and intervention of children with disabilities are limited in the curriculum of medical, nursing, and health workers training programmes, as well as in primary health care personnel training programmes. It is a requirement that curriculum should go beyond mere awareness building and lead to development of practical skills.

## 7.2 Project for Integrated Education Development (PIED) and Integrated Education for the Disabled Children (IEDC)

The government launched the Project for Integrated Education Development (PIED) with assistance from UNICEF in 1986. The implementation of PIED in 10 demonstration sites in rural and urban contexts encouraged policy-makers to include children with moderate disabilities in 1992. In practice, children with multiple and severe disabilities were also integrated in project

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areas as a consequence of the lack of special schools, and through the commitment to providing education for all that was generated in these areas. Evaluation of PIED showed higher retention rates of children with disabilities, and a positive change in teacher practices.

The success of this project resulted in the centrally sponsored scheme launched by the Ministry for Human Resource Development called Integrated Education for Disabled Children (IEDC) in 1992. The objective of the scheme is to provide educational opportunities for children with disabilities in ordinary schools, so as to facilitate their retention in the school system. This scheme offers financial assistance towards the salary of special teachers, provision of aids and appliances for children with special needs, training of special teachers, removal of difficulties due to building design, provision of instructional materials, community mobilization, and early detection and resource support.

It should be noted that no state government has state-sponsored schemes specifically for inclusive education. However, state governments sustain some components such as salaries of resource teachers in IEDC projects. IEDC has the scope for pre-school training of children with disabilities and counselling for parents, and 100 per cent financial assistance can be provided for education of these children. The launching of IEDC led to a focus on pedagogical approaches that respond to the needs of children with disabilities. Under IEDC, over 120,000 children with disabilities are being educated in over 24,000 mainstream schools.

An evaluation of the project in 1994 showed that not only had enrolment of disabled children increased considerably, but the retention rate of disabled children had also increased, and was higher than that of normal children. It created greater awareness in ordinary schools about education of children with disabilities. General teachers acknowledged that working with children with disabilities helped them in becoming better educators.

CBR Network (2001) also carried out a review with a view to scale up the educational access of children with disabilities in the state of Karnataka. The study reveals that the IEDC programme implemented by the government and NGOs had vast discrepancies in terms of teacher training and quality of services. Training programmes have been reduced from one year to 45 days or shorter periods. These training programmes or skills development programmes for general teachers and for resource teachers lack clarity. The short-term training curriculum to train general teachers varies from state to state in terms of objectives, content, duration and methodology. There also exists confusion about whether IEDC needs single-category disability teachers or multi-category resource teachers. Presently, the government recognizes both these programmes, and no policy exists on the roles and responsibilities of teachers at different levels. The IEDC implemented by NGOs uses a different pattern in comparison to IEDC implemented by the government. Discrepancies in teacher preparation are certainly an area of major concern. There is a need for adequate preparation of general teachers, textbooks, and learning materials based on inclusive education principles.

The National Council for Educational Research and Training (NCERT) acknowledges that there is lack of clarity at different levels in understanding regarding inclusive education in the Indian context, and an urgent need to evolve operational frameworks for the planning and management of inclusive education. Although long overdue, recent efforts have been made by NCERT to evolve a framework in collaboration with NGOs who have initiated successful practices in inclusive education. Verma (2002) reports in an evaluation of IEDC in both DPEP and non-DPEP districts

that 'IEDC needs to be redesigned on the lines of inclusive education for maximum reach and impact. The IEDC model used in DPEP districts has not gone beyond identification, and providing aids and appliances.'

### 7.3 District Primary Education Project (DPEP)

The government launched the DPEP with support from the World Bank. DPEP is converging with IEDC and other government and NGO programmes to bring synergy in the process of including more children with disabilities into the regular school system. It focuses on in-service training of general teachers to enable early detection, assessment, use of aids, and making of individual educational plans. Although DPEP was initiated in 1994, integrated education for children with disabilities was formally added as a programme component in 1997. The programme covers 60 per cent of the child population of the country, and spreads over 176 districts in 15 states. Initially, states were provided with assistance to prepare action plans. By 1998, many states had carried out surveys and formal assessment camps, and had evolved strategies to provide resource support to children with special needs.

The 15 states where DPEP is being implemented have made encouraging efforts by developing appropriate infrastructure, and by selecting consultants, State Project Committees, District Resource Groups, and IEDC coordinators at the State Project Office and District Project Offices. Through a massive civil construction drive, over 200,000 new schools have been built. This has helped in increasing the enrolment of children in school and the promotion of adult literacy, which is also a DPEP objective.

Quality improvement is the cornerstone of DPEP, and focus is on ensuring improvements in classroom processes. All teachers receive in-service training through a massive training drive promoted by individual states. Quality improvement is also being attempted through renewal of curriculum and teaching-learning materials, provision of decentralized academic support, and capacity building of institutions. DPEP supports community mobilization and early detection of disabilities, and it emphasizes development of skills and competencies amongst teachers. It has built on resource support at the field level, and stressed the development of innovative designs for primary schools, and provisions for educational aids and appliances.

### 7.4 District Rehabilitation Centres and National Programme for Rehabilitation for Persons with Disability (NPRPD)

The Ministry of Social Justice and Empowerment has set up 11 District Rehabilitation Centres in 10 states—Orissa, Andhra Pradesh, Rajasthan, Maharashtra, Uttar Pradesh, Tamil Nadu, Haryana, West Bengal, Madhya Pradesh and Karnataka. A similar scheme called the National Programme for Rehabilitation for Persons with Disability (NPRPD) was launched in 1999. Under the scheme, financial resources are provided to state governments for initiating services at the district level. The government is using community-based rehabilitation as a strategy to scale up basic rehabilitation services, and to create a process for empowering people with disabilities, their families and communities. Within the scheme, the system of delivery of rehabilitation services is established from grassroots to the state level as follows.

- Each *gram panchayat* will have two community-based rehabilitation workers—for promoting community-based rehabilitation of people with disabilities, especially prevention, early detection and intervention.
- Each block will have two multipurpose rehabilitation workers—for providing basic rehabilitation services, and for coordinating activities with other government agencies.
- There is a District Referral and Training Centre—for providing comprehensive rehabilitation services to people with disabilities covering all categories.
- There is a State Resource Centre—to serve as the state-level apex institution for training and human resources development, and providing rehabilitation services including those referred to it from lower levels.

### **7.5 UN Support to Primary Education: Community School Programme**

The Community School Programme is a unique multi-state, multi-agency initiative. UN organizations—UNDP, UNICEF, UNFPA, UNESCO and ILO—are participating in the programme with five nodal ministries and nine state departments. The programme is a vehicle for channelling UN support for ongoing efforts towards UEE by helping to enhance and sustain community participation in effective school management and the protection of child rights. Support is being provided for improving the performance of teachers in the use of interactive, child-centred and gender-sensitive methods of teaching in multi-grade classrooms, and to redressing social constraints that affect attendance and performance of school-aged children, mainly girls. The focus is on addressing the educational needs of working children, children with disabilities, and adolescent girls. The states participating in this programme include Andhra Pradesh, Chattisgarh, Jharkhand, Karnataka, Maharashtra, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh. The interventions are location-specific and respond to situational variations. The UN-supported project clearly advocates an inclusive education strategy based on the Salamanca principles and UNESCO guidelines. A study by CBR Network (2001) for identifying good practices in Karnataka and Uttar Pradesh noted that there is a lack of operational guidelines for teacher training programmes on the planning and management of inclusive education practices in the Indian context.

### **7.6 Sarva Shiksha Abhiyan (SSA) (Movement to Educate All)**

At present, the massive Sarva Shiksha Abhiyan (SSA) programme aims to achieve UEE for all. Efforts within SSA will be underscored by effective decentralization, sustainable financing, cost-effective strategies for universalization, community-owned planning and implementation, and focus on girls, marginalized caste groups and ethnic minorities. Inclusive education is an integral component of SSA, and success will largely depend on the extent of enrolment, retention and achievement rates of children with special needs.

The SSA framework provides Rs 1200 per challenged child per year to meet certain expenses. Interventions suggested for integrated education of disabled children are early detection and

identification, functional and formal assessment, educational placement, aids and appliances, support services, teacher training, resource support, parental training and community mobilization, planning and management, strengthening of special schools, removal of architectural barriers, research, monitoring and evaluation, and a special focus on girls with disabilities. The provision of Rs 1200 per challenged child per year made under SSA may not suffice, if all the interventions are to be supported. Therefore, the Union Secretary (Elementary Education and Literacy) convened a meeting of those departments/agencies of the government, who have stake in integrated education of disabled children, for seeking support and exploring the possibility of convergence of their efforts with SSA to achieve a common objective.

# STATUS ON DISABILITIES AND SUPPORTIVE INSTITUTIONS

It is difficult to give an exact account of special schools in India as many are run by voluntary organizations with or without government support. However, it is estimated that there are over 2500 special schools across the country (RCI, 2000). The Ministry of Social Justice and Empowerment supports around 400 schools being run by the voluntary sector. There has been an increase in the number of special schools for the blind and deaf, and in the enrolment of blind and deaf children. In 1994, there were 25 schools for the blind with 1156 children (CABE, 1994); by 1998, there were 200 schools and 15,000 children (MHRD, 1999). Similarly, in 1994 there were 35 schools for the deaf with 1311 children; by 1998, there were 280 schools with 28,000 children (MHRD, 1999).

In addition, children with disabilities also make use of the National Institute of Open Schooling; there are over five million children enrolled. The National Institute of Open Schooling provides distance education through printed materials, and contact in study centres. Its flexibility in terms of subjects offered and the pace of learning has made it popular in special units and for the education of children with disabilities.

Despite such efforts, many children with disabilities are still denied access to education. It is believed that not more than 2–3 per cent of children with disabilities have access to education (Draft National Policy on Special Education, 2002). The Rehabilitation Council of India estimates that 30 million disabled children are in need of education; it aims to educate 10 per cent of all disabled children by 2020.

Access and equity are interdependent in the field of learning. The lower the access to opportunities, the more iniquitous the situation. The widening inequity within the country poses a serious problem. Deprivation of education is not only related to access. The formal system, which is rigid in terms of time, curriculum, evaluation and learning pace, is unable to accommodate and retain disabled children in the learning process. In order to meet the challenges, it is necessary to look for alternative strategies and approaches, not only to ensure access but also for freedom, relevance and quality. This has been reflected in the NPE (1986). It states that ‘future emphasis shall be on distance and open learning systems to provide opportunities and access to all major target groups, especially the disadvantaged.’

The National Institute of Open Schooling is promoting inclusive education by registering children with disabilities through accredited institutions, accredited vocational institutions, special accredited institutions for the education of disadvantaged and open basic education. Some disabled learners may prefer to stay at home or study at their working places. Open schooling can reach a range of people in a range of circumstances. Learning materials, audio-visual cassettes or working kits can reach the doorsteps of disabled learners.

Since the inception of the National Institute of Open Schooling in 1989, cumulative enrolment has risen from 49,000 to 7,233,456. However, there has been no significant increase in the proportion of children with disabilities enrolled. In 2001–02, 1816 handicapped children were registered; this is approximately one per cent of total enrolment for the year.

Despite flexibilities in the open learning system and concessions in the tuition fee, the National Institute of Open Schooling was unable to attract a large number of children with disabilities. Although, the reasons for this have not been evaluated, perhaps the curriculum is not relevant or the evaluation system needs revision; perhaps users are not aware of opportunities, or perhaps they require additional supports. Formal schools also need to open up to the concept of providing this facility in their system.

To enhance access, retention and achievement, the National Institute of Open Schooling established a Cell for the Education of the Disabled in 2000. In 2001–02, the cell initiated the development of user-friendly study materials for children with learning disabilities, adaptation of study materials for the visually impaired, and adaptation and development of vocational courses for the visually and hearing impaired. For the user, these vocational courses need to keep pace with current demands for employment. Courses need to be updated, and have links with industries and businesses that creating opportunities for the disabled in open employment.

The government has established several institutions across the country to give support to ongoing programmes and improve pedagogic processes. Amongst these, State Councils of Educational Research and Training were set up in the 1970s to undertake improvement in the quality of education. The National Institute of Educational Planning and Administration was established in 1979 to assist in the planning and management of education across the nation. District Institutions of Education and Training were created in the 1980s and 1990s to run pre-service and in-service teacher training courses, and to provide academic support to schools in each district. The Rehabilitation Council of India Act 1992 regulates manpower development programmes in the field of special education. In 2001, an International Centre for Special Needs Education was set up by NCERT in collaboration with UNESCO to play a catalytic role in developing replicable models of inclusive schooling practices as found in the Asia-Pacific region. However, its activities need to gain momentum.

# ROLE OF NGOS

In India, the non-governmental sector plays an active role in the provision of services for people with disabilities. NGOs have been involved in the field of educating children with disabilities since the early 1950s when parents of children with disabilities started special schools and parent organizations to meet the needs of their own children. Most of these organizations flourished in urban areas. The government recognized that these NGOs were well placed to reach people with disabilities, and supported them through various grants in aid. In the 1970s and 1980s, there was a dramatic increase in the number of NGOs in India. International development aid organizations, such as NORAD, SIDA, DANIDA, Action Aid and others, encouraged NGOs to try innovative approaches for reaching people with disabilities. UNICEF also played a significant role in supporting NGOs.

A number of NGOs have adopted innovative philosophies and strategies for educating children with disabilities, primarily through encouraging the use of an integrated and inclusive approach. The National Association for the Blind working in various states, Ramakrishna Vidyalaya in Tamil Nadu, and the Blind People Association in Ahmedabad have developed teacher training programmes and learning materials. In the area of mental retardation and cerebral palsy, the Spastic Societies in Bombay, Bangalore, Tamil Nadu, Calcutta and Delhi have made significant contributions by developing innovative approaches to providing access to services for a number of children with disabilities. Swasahaya Samuchaya in Mysore has helped in formation of self-help groups for families with children with mental handicaps. Samadhan in Delhi has initiated many programmes for children with mental handicaps. Niveditha Manovikas Kendra in Bangalore is a pioneer in initiating self-help mutual aid groups. Sajjan Rao Vidya Samsthe in Bangalore started the first inclusive school to bring in children with mental handicaps from urban slums. Large-scale programmes using a cross-disability approach were initiated by organizations promoting community-based rehabilitation such as the CBR Network. These programmes are run in close collaboration with state and central governments.

As a broad policy, the government is promoting the role of NGOs at all levels with a view to achieving participatory development, and supporting the administration in implementing its programme. It proposes that the programme be implemented in a manner that will provide adequate opportunities for NGOs. The private sector can contribute towards the achievement of programme goals by developing community-owned initiatives for UEE. It is recognized that NGOs have the potential to contribute to innovating and implementing education programmes. At present, the involvement of NGOs is generally limited to running non-formal education programmes, and implementing small-scale innovative experiments in schooling. While continuing with existing NGO programmes, efforts should be made to identify technically competent NGOs, and enable them to assume a larger role by functioning alongside government agencies in a significant manner.

# POLICY DIRECTIONS FOR THE FUTURE

It is realized that the methods adopted so far may not be enough to achieve education for all within the next few years. This perspective must guide future policies and programmes.

**Efforts should focus on three broad areas.**

- The national resolve, as stipulated in the NPE, to provide free and compulsory education of satisfactory quality to all children up to the age of 14 years.
- The political commitment to make the right to elementary education a fundamental right, and to enforce this right through statutory measures.
- Greater decentralization, as provided for by the seventy-third and seventy-fourth constitutional amendments, and a significantly enhanced role for local bodies and community organizations in efforts towards UEE.

Future government policy should deal specifically with the question of equity. One way to achieve this is by fulfilling the educational needs of disadvantaged children. This shift in policy would require additional training facilities and governmental support for infrastructure development. Local government can be drawn on initially.

Under SSA, there is a need for the government to evolve a clear operational framework on inclusive education and special needs in order to achieve meaningful results. The school system must change to enable it to respond to the educational needs of the disabled. For this reason, a changed curriculum that all children can follow should be developed. Teacher education reform should be undertaken to equip mainstream teachers with appropriate knowledge and skills. Lastly, attention should be drawn to the building of appropriate support systems.

# EXAMPLES OF WORKING MODELS

## 11.1 Sikshit Yuva Sewa Samiti (SYSS), Basti, Uttar Pradesh

The district of Basti is the most backward region in Uttar Pradesh in northern India. It has a population of about 1.8 million, of which 40 per cent are scheduled caste/scheduled tribes, 20 per cent are religious minorities, 30 per cent are other backward classes, and 10 per cent are upper castes. Almost 80 per cent of people live below the poverty line. Lack of industrialization means there is a lack of employment opportunities.

Sikshit Yuva Sewa Samiti (SYSS) was started in 1994 to provide employment for young people, and to work for the betterment of the community. At the same time, the Danish Embassy selected Basti for a pilot project for rehabilitation of the incurably blind. As a precursor to this project, SYSS trained three people at Gramoday Vishwavidyalay in Madhya Pradesh as special educators for the blind.

Initially, 16 children were integrated into schools and about 25 field workers were trained in community-based rehabilitation. At this point, the organization specialized in the education and rehabilitation of children and adults with visual impairment. Now, SYSS employs 28 trained teachers in various disabilities for the IEDC project and nine teachers for the DPEP project.

### Intervention

In Uttar Pradesh, the government and NGOs work in partnership to provide services to individuals with disabilities. The government identifies NGOs who have a background in education, and allots areas for them to implement various educational schemes. Resource teachers are deputed by NGOs, and work in government schools. The government is also running the Janshaala programme with support from NGOs in order to reintegrate children who have dropped out of school.

This intervention started four years ago in one block of Basti district, and two years ago in a second block. Prior to the programme, only orthopedically handicapped children were enrolled in schools, and they did not have any assistive devices apart from those manufactured at home. Children with visual impairment and hearing impairment were not enrolled. The success of this project is now evident because all children with disabilities are enrolled in schools. Presently, a few children with severe disabilities have been enrolled in special schools outside the district.

The objective of the project was to ensure that education was made available to the majority of children with disabilities. The present funding for this project is from the Ministry of Human Resource Development and the state government (through DPEP). The project was initiated with

guidance and funding of DANIDA. A committee, consisting of senior special educators, carries out monitoring and evaluation of each unit. Under the DPEP, the programme officer evaluates the project with guidance from the director and the committee. The NGO collaborates with CAPART, Sense International for the Deaf Blind, Hellen Keller Institute Mumbai, National Institute for the Visually Impaired Dehradun, and the CBR Network Bangalore.

## Good practices

There is an inclusive culture prevalent in the area. Parents, peer groups, the community, school authorities and teachers support the inclusive education of children with disabilities. Teachers have undertaken a five-day awareness programme, and have shown remarkable readiness to enrol and teach children with disabilities. The Basic Education Officer of the district is keen for further training of teachers in the management of children with disabilities. Since teachers have received no special inputs in the principles and practice of inclusive education, they use the integrated education model.

## Accessibility

- Schools are close to the community, and disabled children journey to school with the help of other children.
- The physical infrastructure of new school buildings includes ramps, accessible toilets, etc. Old school buildings do not have such facilities, so children and teachers help disabled children. Under SSA, old schools are being modified to provide better access.
- There are five classes in each primary school. The teacher-to-student ratio is high with 70–100 students per teacher. Most classes are held outdoors. There is a large number of single-teacher, multi-grade schools.

## Environment

- The classroom environment is safe, and disabled children are not discriminated against by classmates or teachers. Most disabled children have friends who are not disabled.
- Teachers are sensitive. Disabled children learn with the help of their peers; teachers facilitate this process.
- The society is divided on lines of caste and gender. Although the school policy is against discrimination, in practice discrimination is still apparent. Children from minority groups sit together, and commute to and from school. However, disabled children are not discriminated against separately.
- Disabled children said that friends helped them to commute to school, and complete their home tasks.

## Learners

- Teachers do not discriminate between learners. All children are treated equally. The visually impaired or totally blind compete with other children, where appropriate, such as in completing arithmetic problems.
- The number of disabled children varies from school to school and class to class. Each school has an average of six children with disabilities, with fewer girls than boys.
- Initially, disabled children found it difficult to learn. However, after inputs from resource teachers for about a year, they have started learning well, and are now level with other children.
- The teacher-to-student ratio for resource teachers and children with disabilities is one to 8–12. General teachers have an average of one or two children with disabilities in each class.
- The school-based support team consists of the resource teacher who handles most of the teaching of children with disabilities as well as additional needs of the children and their families. The back-up team of physiotherapist, occupational therapist, etc. is based at the district level, and meets the needs of disabled children with disabilities, when required.
- The attendance rate of children with disabilities is the same as other children.

## Teachers

- The attitude of trained teachers is positive. However, they expressed a feeling of helplessness as a consequence of large class sizes in not being able to provide greater individual attention to disabled children. This is a major hindrance. Teachers also find it difficult to teach children with severe mental disabilities. All teachers are willing to undergo further training on educating children with disabilities. This attitude is also prevalent in rural areas. The children are referred to as 'our children', and there is a sense of pride in every child's achievement.
- Teachers are aware of the legislation that guarantees the right of education to all children.
- There is a system of assistant teachers or *shiksha mitra*. These educated members of the community are appointed by the government to function as teacher assistants. *Shiksha mitra* have a minimum educational qualification of school completion, and are trained for 45 days by the District Institution of Education and Training in teaching skills. They are then employed in their community's schools on a monthly stipend of Rs 2250 on one-year renewable contracts. Employment is solely on merit. The training of *shiksha mitra* needs to be strengthened to ensure that inclusive practices are inculcated. The resource teacher visits the school three times a week in the IEDC programme, and once a month in the DPEP programme. He/she forms the support system for general teachers. General teachers also communicate with the NGO when there is a need. The NGO then sends a resource teacher to solve problems, such as maintenance of aids and appliances, or behavioural and educational difficulties.

## Teacher training

- General teachers in IEDC are trained for five days. *Anganwadi* workers are given one-day training in awareness and basic classroom practice. In the 10-day training provided in the Janshaala programme, teachers are trained for two days in disability-related issues.
- Teachers are not trained to work with children who have multiple disabilities. They are not trained in the plus curricular areas of Braille, speech training, etc. The resource teacher handles these aspects.
- The NGO has provision for a physiotherapist and an occupational therapist at the district level. Their services are utilized when required.
- There is no specific early intervention programme. *Anganwadi* workers were given a one-day orientation to aid early detection of children with disabilities. The ICDS does not provide a special early identification programme here apart from training given to pre-service *anganwadi* workers.

## Curriculum and learning materials

- The curriculum is rigid and exemptions for various subjects are given to children with disabilities.
- Teachers lack the competence necessary to modify methodologies and materials to make them learner-friendly.
- The resource teacher prepares learning materials for children with disabilities. General teachers, after training, have been able to develop a few teaching–learning materials that can be utilized by all children. The resource teacher usually develops new materials for children with disabilities.
- The resource teacher teaches speech and language to children with hearing impairment.

## Teaching–learning process

- The general teacher does not follow a child-centred approach to teaching.
- Disabled children are part of the general classroom and are not treated differently from other children. Children with visual impairment and mild mental retardation are actively involved in the classroom. Children with hearing impairment learn with their peers or from the resource teacher. However, since learning is language-oriented, these children find it difficult to participate in classroom activities.
- Teachers feel that activity-oriented teaching helps children with communication difficulties to participate in classroom.

## EXAMPLES OF INCLUSIVE EDUCATION

- Most children, including those with disabilities, learn alphabets, numbers, multiplication tables, etc. by rote.
- Disabled children have access to physiotherapy, occupational therapy, speech therapy, and mobility services that are provided either by the resource teacher or by specialists from the district headquarters.
- Children with disabilities follow the same schedule as other children.

### **Community**

- Parents and community members are well aware of the educational needs of children with disabilities. The concept of 'our children' is prevalent among community members. Many community members volunteer to teach Braille after learning it themselves.
- Resource teachers train parents and other family members alongside disabled children when developing disabled children's potential and daily life-skills at home. It has been observed that when parents or a family member is educated, the disabled child learns faster. Parents and the community are actively involved in the learning undertaken by their children with special needs.

### **Supervision**

- The Basic Education Officer (District Education Officer) of Basti District is aware of the educational needs of children with disabilities. During his tenure, many camps have been organized for these children. Identity cards have been issued and assistive devices supplied. Enrolment drives have ensured that children with disabilities are enrolled. He is keen on further training for general teachers to facilitate learning for children with disabilities.

### **Strengths of the project**

- Teachers and officers at the district level are keen on education of children with disabilities and have shown a willingness to learn more.
- SSA has the budget to modify schools and prepare teaching-learning materials for children with disabilities.
- At the district level, trained personnel provide training, develop materials and support the general teacher in modification of the curriculum and use of a child-centred methodology adapted to the needs of the child.

### **Issues that need to be addressed**

- The schools in Basti have a large number of children in each classroom. The number of teachers is relatively low. Teachers are not willing to work in rural areas and use political

influence to defer their appointments to rural schools. There is an urgent need to recruit more teachers.

- General teachers do not follow a child-centred approach, as they feel that this would involve more work.
- The law mandates education for all children. However, in the two blocks visited, few children with disabilities were enrolled in schools. The methodology adopted for identifying children with disabilities needs to be modified. Preparation of children before enrolment is required. This would ensure that they do not drop out, are retained in the schools, and can compete equally with other children.
- Multi-sensory teaching–learning materials need to be developed. These materials are not available, and teachers do not have the knowledge or skills to develop such materials. Training is needed. The curriculum is rigid and teachers are not skilled in modifying it to suit individual needs.
- Training of general teachers, policy-makers and education department officials at the state and block level would ensure that this project could develop into a model inclusive project. The policy of inclusive education must be emphasized in education of all children and not only for children with disabilities.

## 11.2 Sir Shapurji Billimoria Foundation, Mumbai, Maharashtra

In Maharashtra, the education of children with disabilities has been mostly in special schools; there are about 600 special schools. Government initiatives in Maharashtra include Janshaala, IEDC and SSA. The Sir Shapurji Billimoria Foundation in Mumbai is an example of an innovative teacher development initiative.

Sir Shapurji Billimoria Foundation was registered in 1998 with the aim of training general teachers to meet the needs of children with disabilities. The objectives of the organization are as follows:

- To humanize education by promoting awareness, acceptance and feasible techniques for inclusive education.
- To conduct professional training courses in inclusive education for teachers and allied professionals as well as needs-based workshops for parents.
- To conduct research and documentation in inclusive education and related educational issues.
- To promote inclusive education by networking with educationists and organizations in India and abroad.
- To influence educational and social policy on inclusive education at local, national and international levels.

## Training course

The organization has conducted three three-week training courses for in-service teachers in Mumbai. Teachers felt that there was a need for more such courses as it helped them in their classroom practice. Since teachers could not be away from school for long, it was suggested that weekend training modules could be implemented. The organization also conducts research in education, learning styles and allied educational issues that include documentation. The research into teacher training led to the development of a B.A. in Integrated Education, a three-year course for students who had passed the Class 12 examination.

This course recognizes that all children are special and may have variations in capacities and talents, pace of learning, extent and limits to learning, and inputs needed for their learning. It was considered necessary to adopt a unitary approach to education, where teaching and training fell within the same organizational system and structure to incorporate the planning of schools and the professional development of teachers. The course addresses the educational needs of children as well as the professional needs of teachers.

### **The innovative features and thrust areas of the course include the following:**

- Knowledge of diverse needs, disabilities and giftedness.
- Skills to develop appropriate programmes for diverse needs.
- Adoption of an eclectic approach to ideologies and teaching methodologies.
- Ability to teach at elementary level in multiple settings.
- Integration of different disciplines—medical, paramedical, therapeutic, social sciences, psychology, human development and related professions.
- Development of resource centres in each school (for course material, project material, reference material, books, journals, etc.).
- Emphasis on individual learning, group assignments, self-study and discovery learning.
- Inculcation of humanism, sensitivity, inquiry and creativity.
- Raising of critical concerns and issues, and relating them to contemporary needs.

The course deals not only with pedagogical aspects but also with human development, in general, including physical and psychological development from birth to old age. Diversity in development and resultant needs are discussed. Theoretical perspectives in education, subject proficiency, integrating educational methodologies, organization and management, and policies and programmes are other modules. The teacher training programme, which follows the above curriculum, ensures that teachers are able to facilitate the learning of all the children in the classroom. The principles of inclusion are followed, and practical experience as well as exposure to various methodologies is emphasized along with participatory learning. The course is evaluated, reviewed and revised periodically.

## Training outcome

### The expected outcomes for teachers are as follows:

- They have knowledge of diversities in children and acquire skills to develop programmes that meet diverse needs.
- They develop a new pedagogy.
- They develop resource centres in schools.
- They are equipped to teach in multiple settings.
- They are humane and sensitive to children.

## 11.3 Joyful Inclusion Pack, CBR Network, Bangalore, Karnataka

CBR Network is an example of a community-based initiative that undertook to train general teachers in 30 rural government schools in Karnataka in inclusive education. Materials were developed for this training at a 10-day workshop attended by NGOs, special educators, general teachers, education experts, and education department officials. The concepts of the NCERT curriculum were broken down into sub-concepts and learning outcomes to devise a curriculum-based criterion-referenced checklist. The learning outcomes were simplified to ensure that any child could achieve them. The checklist took into account that every child learns at a different pace and, therefore, ensured that targets were achievable by any child. Facilitator cards were developed to describe the activity to be performed to achieve the learning outcome, the materials required for the activity, the place where it should be performed, the steps to be taken to complete the activity, and the levels of success that may be achieved. Multi-sensory materials and child self-learning activity cards were also prepared. An evaluation format that could be understood by all, including parents with limited education, and that only took into cognizance the individual development of the child compared to his/her previous learning was designed. These materials together formed the Joyful Inclusion Pack.

### Thirty teachers were then trained in the use of the Joyful Inclusion Pack over five days. The course consisted of the following:

- Familiarizing teachers with the Joyful Inclusion Pack and particularly the curriculum-based criterion-referenced checklist.
- Skills training in developing activity cards for children.
- Training in evaluating the baseline learning level of children.
- Training in generating and maintaining individual files consisting of the baseline, the individual education plan—annual, half-yearly, monthly, weekly and daily—and the evaluation format.

## EXAMPLES OF INCLUSIVE EDUCATION

- Training in classroom methodology adaptations to make the learning experience joyful.
- Training in physical adaptations to classrooms to make them ideal for all children.
- Training in ensuring community participation.
- Training in collection, labelling and use of teaching–learning materials.

Teachers found it easy to follow and assimilate the principles of the Joyful Inclusion Pack.

Teachers from special schools were asked to study the curriculum-based criterion-referenced checklist, and develop a Plus Curriculum Pack with a similar checklist. It was noted that there was no uniform plus curriculum for all special schools. Each school followed its own curriculum based on the learning and awareness of the child. The curriculum was again developed on the NCERT curriculum, including its concepts, sub-concepts and learning outcomes.

### **A criterion-referenced checklist was developed for the following:**

- Braille, abacus, Taylor frame, orientation and mobility, low vision, teaching games, daily living skills for the blind.
- Communication and language development, auditory training, hearing aids for the deaf.
- Remedial learning, training adolescents to live in the community, gross and fine motor development, sensorial training for children with loco-motor disability and mental retardation.

Facilitator/teacher cards were developed, but activity cards have yet to be developed. Regular classroom teachers are to be trained in teaching the Plus Curriculum Pack to children with disabilities.

Six DPEP schools were selected to identify good practices in the application of the Joyful Inclusion Pack: the Spastics Society of Karnataka's special school in Magadi Taluk; a UNDP-supported community school at Pavagada Taluk, Tumkur district; a private school called Sajjan Rao Vidya Samsthe in Bangalore's city slums; a rural, government primary school in Alahalli; and two other rural schools in Dodballapur Taluk. Selection was intended to produce a representative sample of rural and urban schools, special and inclusive schools, and government- and NGO-managed schools.

## **Accessibility**

The distance from home to school for children is generally manageable; they do not need public transportation. Parents and friends assist children to commute to and from school. In government schools, the design of buildings does not provide easy access for children with disabilities, and basic amenities such as drinking water, toilets, etc. were not available for children with disabilities. Only Sajjan Rao Vidya Samsthe and the Spastic Society's school conformed to the required standards of classroom arrangements such as seating and lighting, boards, railing in toilets, and commodes suitable for children with disabilities.

## Environment

The social environment is gender-sensitive and child-friendly. Teachers promote respect, understanding and acceptance of differences. However, the physical environment is poor for children with disabilities.

## Learners

Children with special needs participate in all activities in the classroom. The functional limitations of children were accepted both by the teacher and the peer group. In government schools, teachers were reluctant to enrol children with disabilities even though it was government policy; however, they were enrolled. There has been an awareness campaign by NGOs that targets both teachers and parents. Teachers and peers have become more sensitive to the needs of children with disabilities, and accept their functional limitations.

## Teacher-to-student ratio

Since the population in rural areas is scattered and Karnataka has a policy of neighbourhood schools, there are only one or two disabled children in each class. The boy-to-girl ratio is approximately 50 to 50, and the teacher-to-student ratio ranged between one to 15 and one to 50.

## Learner outcomes

Teachers were using a common curriculum-based criterion-referenced checklist to establish baselines, for planning and evaluation, and for cooperative learning methods as set out in the UNESCO Teacher Education Resource Pack guidelines. Use of disability-friendly learning materials such as multi-sensory cards and activity cards were used. There was a multipurpose resource room available in the rural school in Alahalli. Teachers felt that children were receiving class-appropriate levels of learning. Teachers in government schools felt children with disabilities were lagging behind and, unless they received extra support, these children would be unable to cope with general class learning. In Pavagada, an NGO gives support from a resource teacher to children with special needs; teachers feel that children show progress when there is support from a resource teacher.

## Teachers

The attitude of teachers towards children with disabilities was found to be positive and friendly. They were aware of the right of every child to have access to education. Many teachers expressed the need for technical support from resource teachers.

## Teacher training

In the three government schools in Dodballapur Taluk, general teachers received training in IEDC and inclusive education. It was noted that teachers followed inclusive education strategies

because they found it helped all children to learn, including children with disabilities. Teachers from the private school Sajjan Rao Vidya Samsthe and the Spastic Society's school have received one-year training in the education of children with special needs. In the DPEP schools, teachers received short-term training in Braille, sign language, etc., but were not confident in their use. NGOs implementing IEDC provide resource-teaching support in the form of supplementary classes.

### Curriculum and learning material

Only the government school in Alahalli, Sajjan Rao Vidya Samsthe and the Spastic Society's school have a curriculum that is flexible and responsive to the learning needs of children. These schools have also prepared inclusive teaching materials, and children are provided with aids and learning materials. As disabled children are enrolled in general school, a beginning is being made to prepare materials from locally available resources. However, a lot more needs to be done in terms of material preparation and provision of aids. Except in the government school in Pavagada, where an NGO offers technical support, there was no provision for speech and language training in the other schools.

### Teaching–learning process

In DPEP-supported schools, teaching is class-oriented rather than child-centred; however, teachers say that efforts are being made to give extra teaching to children with special needs. In the school in Alahalli, the curriculum-based criterion-referenced checklists are used to assess all children.

### Community

Parents and the community generally appreciate the concept of inclusive education, and attitudes towards disabled children are positive. Parents expressed satisfaction with the functioning of teachers in schools, despite other barriers. Parents regularly attend parent–teacher meetings. In villages, the *gram panchayat* has contributed towards the infrastructure of schools. Policy-makers and officials agreed that inclusive education is required in terms of cost effectiveness, reach and impact. Most officials stated that capacity building of officials, teachers, rehabilitation workers, and medical personnel has to be undertaken on a massive scale. Government departments and NGOs have to work in cooperation with each other, and inclusive education practices have to be implemented in all schools.

### Limitations

The infrastructure falls far short of requirements. There are many architectural barriers in buildings, and no amenities for children with disabilities. Seating and lighting arrangements for children with disability were not optimal.

## Achievements

- The materials developed for teachers in both English and Kannada are a major achievement. The training manuals, developed for training master trainers as well as general teachers, have proved useful.
- Teachers have been trained in the use of the methodology developed in the Joyful Inclusion Package. Feedback from teachers based on the criterion-referenced checklist indicates that the learning levels of all children have increased as a result of this methodology being adopted.
- Teachers have also been using the facilitator cards, and creating child-activity cards that help each child to learn at his/her own pace.
- The processes of implementing inclusive practice have also been documented.

## Limitations

- The Plus Curriculum Pack has still to be field-tested for its effectiveness. Teachers have not been given training in the plus curriculum concepts. The Education Department had to implement various other projects such as Chaitanya, Janshaala, and Kali Nali. Teachers underwent many training programmes, and the time to implement learning from training was limited.
- The Joyful Inclusion Pack requires motivated teachers who are interested in teaching children, including children with disabilities.

## Developing a good practice

The Plus Curriculum Pack needs to be field-tested. After translation, the material should be field-tested in other states with overcrowded classrooms and single-teacher, multi-grade schools. The results of all field tests could help convince the government to implement inclusive education as a policy on a larger scale, thus scaling up education opportunities for children with disabilities.

## 11.4 Udisha–Portage Project, Bangalore, Karnataka

The Udisha–Portage Project is an example of an early childhood development initiative. The total number of drop-outs among school-going children according to government data in the SSA districts of Karnataka is 660,000. It has been brought down from 1 million during the past two years. Of 137,044 children with disabilities aged 0–14 years who need education, about 19,660 were identified, assessed and admitted to schools in 2002 (Table 2).

Table 2: Access to education for children with special needs in Karnataka		
	Special education in 120 special schools/institutions	Integrated education in 2384 integrated schools
Number of children receiving education	10,000 (7.30 %)	9462 (6.90 %)
Total grants received	Rs 40 million	Rs 11.5 million
Cost per child	Rs 4000	Rs 1215

Source: Karnataka Door-to-Door Survey Report 1991.

Efforts are being made to persuade children to return school through various schemes such as Marali Baa Shaalege, Chinnara Angala, etc. These programmes focus on drop-outs and children outside mainstream education through enrolment drives aimed at all children. Marali Baa Shaalege also focuses on children who have enrolled but do not attend school. A house-to-house drive identifies such children and also children of migrant parents. Such children are persuaded to attend neighbourhood schools. The Janshaala programme, run by the government in collaboration with UNDP, aims to increase enrolment and attendance in schools, and improve the standard of teaching. The project is currently running in 10 taluks namely Sira, Pavagada, Madhugiri, Hiriyur, Challakere, Holenarasipura, Arakalgudu, Honnali, Koppa and Haliyal.

## Background to the Udisha–Portage Project

The benefits of early identification and intervention have been acknowledged and documented by experts in the field of rehabilitation. The Integrated Child Development Scheme (ICDS) is a UNICEF-sponsored programme being implemented in most states in India. ICDS was started as a comprehensive child development programme with special emphasis on nutrition. The programme later expanded to include care for adolescent girls, pre- and post-natal care, and pre-school education for children up to six years. An awareness module on disabilities is included in the training programme for *anganwadi* workers. However, observation indicated that disabled children were not being included in *anganwadi* centres.

The Government of Karnataka has been pro-active in meeting the needs of children with disabilities. The standard Portage pack is a home-visiting guide to early childhood development that originated in the USA (UNESCO, 1996). The Portage strategy and accompanying material have been modified to reflect local concerns, and the pack is being used in about 145 countries. CBR Network modified the standard Portage pack to meet the socio-cultural needs of people in India, and translated it into various local languages. It was field-tested in Manvi Taluk, Raichur District, one of the most backward districts in Karnataka, with the active cooperation of the Women and Child Development Department and ICDS. Results showed that *anganwadi* workers could assimilate the skills required in a short time, and could use these skills to ensure the holistic development of all children. Consequently, the Women and Child Development Department decided to launch the Portage training programme to all its *anganwadi* centres for ECCE in Karnataka. The Udisha Project, an innovation training programme currently funded by the World

Bank, was able to accommodate this new training programme under the Udisha–Portage banner. CBR Network was appointed as the implementing agency. Over 40,300 *anganwadi* workers and 1860 ICDS supervisors will be trained under the Udisha–Portage Project.

## Target group

The target group of the Udisha–Portage Project is children in the age group 0–6 years. The programme is being implemented in all 27 districts of Karnataka with CBR Network as the training agency. There are 40,301 *anganwadi* centres and the same numbers of *anganwadi* workers. Over 2.6 million children are presently enrolled in *anganwadi* centres.

## Objectives

**The objectives of the programme are as follows:**

- To enable mothers to understand the underlying principles of child development.
- To enable mothers to extend early stimulation to all children with a focus on assisting children with developmental delays using resources available in the family and the community.
- To enable *anganwadi* workers to facilitate a stimulating environment to ensure that children receives appropriate support during the fundamental developmental period.
- To enable *anganwadi* workers to identify developmental delays and disabilities in the 0–5-year period, and extend support to mothers to train children using residual potential to the optimum extent.
- To train supervisors to become resource people to train *anganwadi* workers in the use of the Portage pack for planning and intervention.

The overall goal of this project is to reach unreached children with disabilities, especially in rural/tribal areas and impoverished urban areas. The only foreseeable difficulty was in training all *anganwadi* workers without dilution in the quality of the training provided. This was overcome by conducting the training programme using a cascade model of training.

## Methodology

**Step 1:** A district-level team was formed. It consisted of one representative of the government and one representative from an NGO active in the area. The government representative was the Child Development Project Officer. This team was trained for 15 days in the principles of Portage, and in training of the next level of trainees.

**Step 2:** The district-team trained the ICDS supervisors for 10 days. The training consisted of modules on principles of Portage, identification, and skills for the holistic development of the child, using the Portage pack modified for local use.

## EXAMPLES OF INCLUSIVE EDUCATION

Step 3: The supervisors trained 20 *anganwadi* workers for five days. The training consisted of modules on identification and skills in using the local Portage pack.

All three levels of training have been completed in Bangalore Rural, Koppal, Raichur, Chamaraj Nagar and Mysore in the first year. In the second year, 11 more districts will be taken up, and the balance in the final year.

### Outcomes

**The outcomes of this training programme are as follows:**

- The training is conducted in a cascade mode making it cost-effective; consequently, replicability in other states is high.
- All children with disabilities in the age group 0–6 years will be identified, and early intervention services provided. A rough estimate indicates that there are nearly 400,000 children with disabilities.
- All children will benefit in a holistic manner through implementation of the scientific principles and practices of the local Portage pack.
- A permanent resource team of supervisors will be available to train the newly recruited *anganwadi* workers.
- A permanent resource team at the district level is available to follow up on the implementation of the programme. Since this team has a representative of the NGO, he/she should be permanently located in the district, although the government representative might be transferred.
- The training programme is flexible and allows self-learning as well as modifications in activities.
- The Portage pack is simple to use and materials required are available in the community, if not the home. The simplicity of the pack enhances its use and practice by illiterate parents.

### Constraints

- The transfer of officials at the district and state level, and bureaucratic delays are major concerns.

### Scope for improvement

- There needs to be monitoring of the process of inclusion of children to ensure that every child is included in the *anganwadi* centres. The involvement of parents and the gram panchayat will ensure its success.

## 11.5 Inclusive practices in Kerala and Tamil Nadu

These programmes in Kerala and Tamil Nadu meet with certain minimum requirements such as wide coverage in rural and hilly areas (especially in Kerala), and have a considerable positive impact. With a few modifications, these models could be successfully replicated. In the DPEP programme in Kerala, efforts are presently limited to the enrolment of children with mild and moderate disabilities.

It is recommended that a Portage-based ECCE programme for early identification be incorporated. The teacher training programmes can be based on the UNESCO Teacher Education Resource Pack. Networking between IEDC, DPEP and SSA would be useful.

### Integrated education of disabled children in Kerala

The IEDC scheme has been implemented since 1992 throughout Kerala. About 8000 schools cater to 27,350 children with special needs (visual handicap: 1700; hearing handicap: 5650; orthopedic handicap: 13,000; mental retardation: 4000). The Ministry of Human Resource Development supports the Integrated Education of the Disabled Cell under the Directorate of Public Instruction. Rs 33 million have been provided. About 56 resource rooms and one vocational rehabilitation centre are functional. Over 200 special teachers are working under this scheme.

The IEDC component of the DPEP programme was initiated in 1994, and has been implemented in six districts. Malappuram District was chosen for this study because it is largest district. This district has 22,000 teachers, 800,000 children in Classes 1–12. A series of resource books and teachers aids were developed in the first three years. Since 1998, identification has been carried out in all blocks, and aids and appliances have been distributed to needy children. There is no provision for surgery or other treatments.

Orientation-cum-training programmes of varying duration were conducted for resource teachers, general teachers, administrative personnel, parents and the public. There are 15 resource centres, and 40 resource teachers under the DPEP and 17 resource teachers under the IEDC scheme, who work jointly as a team. Multi-grade learning centres, also called alternate schools, with a single teacher were started to give support to children. In Malappuram, 14,146 children with special needs have been identified and enrolled in normal schools. About 522 children have received aids and appliances.

The programme has been mostly effective. Classmates of children with special needs enjoyed their company, and helped them in many ways. More learning aids would help children with special needs. Teachers are happy that children with special needs learn well. The curriculum could be more child-friendly. General teachers would like more training on handling children with special needs. The supply of resource teachers is limited.

In Malappuram District, a lot of convergence is taking place between IEDC and DPEP. The programmes have mobilized manpower, money and materials for identifying and enrolling children with special needs in general schools. The parent–teacher association of each school as well as local committees play a major role in mobilizing resources. However, this kind of convergence is not taking place in other districts. Children with visual and hearing impairment are still studying in special schools; they will eventually be enrolled in mainstream middle or high schools.

## EXAMPLES OF INCLUSIVE EDUCATION

Although the models presented here are able to cater to the needs of all children with disabilities, the majority of children with special needs are still waiting for some kind of service. There is a need for networking and sharing to accelerate the availability of services to unreached children.

### **Sri Ramakrishna Mission Vidyalaya and IHRDC, Coimbatore, Tamil Nadu**

Since 2000, inclusive education for children with disabilities has been implemented by the International Human Resource Development Center (IHRDC) for the Disabled, Sri Ramakrishna Mission Vidyalaya in collaboration with Action Aid in Karamadai Block of Coimbatore District. Resource teachers and general teachers implement the programme. About 245 children with special needs have been identified, and 127 of them are attending regular schools; an additional 43 have been integrated. About 41 children are undertaking a home-based programme, and 34 are yet to be admitted. Aids and appliances have been given to 42 children.

# KEY OBSERVATIONS

Based on analysis of the state of special and inclusive education and the documentation of inclusive model practices, the following key observations are made.

- Central and state governments have taken a number of initiatives to improve the enrolment, retention and achievement of children with disabilities. There is a need to establish interlinks and collaborations among various organizations to prevent overlapping, duplication and contradictions in programme implementation.
- Most services for children with disabilities are concentrated in big cities or close to district headquarters. The majority of children with disabilities who live in rural areas do not benefit from these services.
- There is an absence of consistent data on the magnitude and educational status of children with disabilities, and the disparities between regions and types of disability. This makes it difficult to understand the nature of the problem, and to make realistic interventions.
- Special schools and integrated educational practices for children with disabilities have developed over the years. Inclusive educational has gained momentum over the last decade.
- Community involvement and partnerships between government agencies and NGOs have been instrumental in promoting inclusive education.
- Many schools have a large number of children in each classroom and few teachers. As a consequence of this, many teachers are reluctant to work with children with disabilities. They consider it an additional workload.
- Training for sensitization towards disability and inclusion issues, and how to converge efforts for effective implementation of programmes, are important concerns.
- Different disabilities require different supports. The number of skilled and trained personnel for supporting inclusive practices is not adequate to meet the needs of different types of disability.
- The curriculum lacks the required flexibility to cater to the needs of children with disabilities. There are limited developmentally appropriate teaching–learning materials for children both with and without disabilities. The teaching–learning process addresses the individual learning needs of children in a limited way.
- Families do not have enough information about their child's particular disability, its effects and its impact on their child's capacity. This often leads to a sense of hopelessness. Early identification and intervention initiatives sensitize parents and community members about the education of children with disabilities.

# RECOMMENDATIONS

Bearing in mind this scenario, the following recommendations need to be considered in order to move towards education of children with disabilities in inclusive settings.

- The attitude that ‘inclusive education is not an alternative but an inevitability, if the dream of providing basic education to all children is to ever become a reality’ needs to be cultivated among all concerned professionals, grassroots workers, teachers and community members, especially in rural and remote areas.
- Links and bridges need to be built between special schools and inclusive education practices. Linkages also need to be established between community-based rehabilitation programmes and inclusive education.
- Public policies, supportive legislation and budgetary allocations should not be based on incidence, but on prevalence of special education needs, and take into consideration the backlog created as a result of decades of neglect.
- The existing dual ministry responsibilities should be changed. Education of children with disabilities should be the responsibility of the Department of Education. The Ministry of Welfare should confine itself to support activities only.
- Inclusion without ‘adequate’ preparation of general schools will not yield satisfactory results. It is essential that issues related to infrastructural facilities, curriculum modification and educational materials should be addressed.
- Regular evaluation should be based on performance indicators specified in the implementation programme, and accountability for effective implementation at all levels should be ensured.
- There should be emphasis on bottom-up, school-based interventions as part of regular education programmes following inclusive strategies. The programme should be based on stakeholder participation, community mobilization, and mobilization of NGO, private and government resources.
- The training of general teachers at pre-service and in-service levels should address the issue of education of children with disabilities, so that teachers are better equipped to work in an inclusive environment. Some of the issues in training that need to be addressed include the methodology to be adopted for identifying children with disabilities; classroom management; use of appropriate teaching methodologies; skills for adapting the curriculum; development of teaching–learning materials that are multi-sensory in nature; evaluation of learning; etc. The time has come to scale up successful experiments on teacher training such as the Multi-site Action Research Project and the Indian adaptation of the UNESCO Teacher Education Resource Pack, since these experiences are lying dormant.

- Orientation training of policy-makers and education department officials, both at the state and block level, is essential. In addition, there is a need to develop on-site support systems for teachers. Grassroots workers, parents, special school teachers, para-teachers and other individuals can be shown how to provide the required support.
- The existing handful of teacher trainers cannot reach the vast number of teachers working with children with disabilities in rural/remote areas. There is a need to explore alternatives such as training para-teachers, investing in pilot studies to develop tele-rehabilitation programmes, and exploring strategies for distance education.
- The preparation of children—in the form of early childhood intervention before enrolment—is required. This would ensure that they do not drop out, are retained in schools, and compete equally with other children.
- In order to strengthen inclusive practices, networking between existing practitioners (i.e., IEDC, DPEP, SSA, etc.) would be useful. Simultaneous implementation, and consistent monitoring, reinforcement and coordination between government departments and NGOs at national and state levels will promote inclusive practices.

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