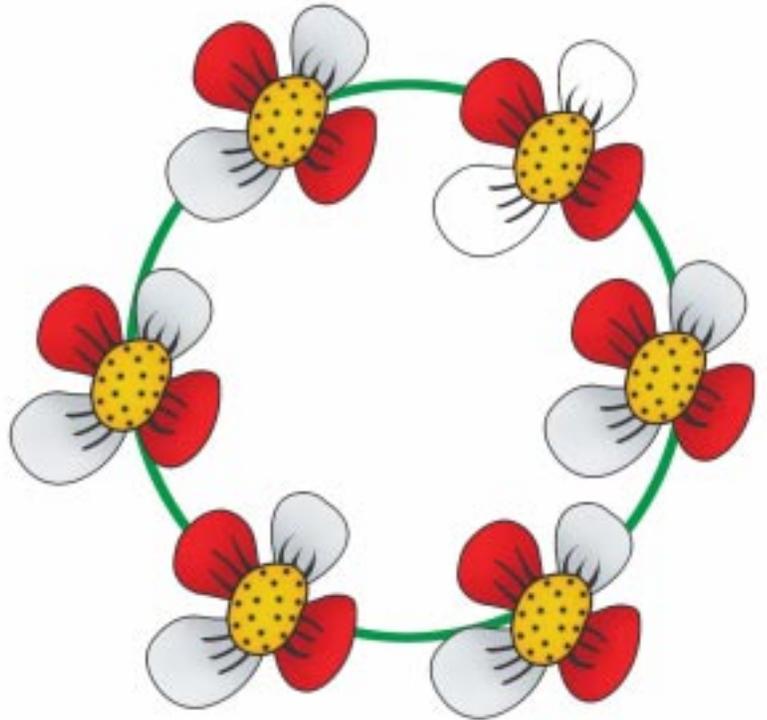


EXAMPLES OF INCLUSIVE EDUCATION

NEPAL



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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

BPEP	Basic and Primary Education Programme
CBRO	Community Based Rehabilitation Organization
CBS	Central Bureau of Statistics
CBCDC	community-based child development centre
DANIDA	Danish International Development Agency
INGO	international non-governmental organization
NGO	non-governmental organization
SCN	Save the Children Norway
SEC	Special Education Council
UN	United Nations
UNDP	United Nations Development Programme
VDC	Village Development Committee

EXECUTIVE SUMMARY

This study focuses on the education of children with disabilities in Nepal. Its purpose is to increase the knowledge base and strengthen the capacity of educators and programmers to develop or improve the existing programmes focusing on inclusive education for children with disabilities. It is also expected to serve as an advocacy tool for promoting inclusive education in Nepal.

The Situation Analysis of Disability in Nepal 2001 by NPC/UNICEF/New Era estimates the national prevalence of disability at 1.63 per cent of the population. However, various pocket studies have indicated a higher prevalence. Educational development is much lower among people with disabilities than the general population. While the national literacy rate of the country in 2001 was 52 per cent, only about 31.8 per cent of people with disabilities had received any form of education.

The Government of Nepal has shown commitment to 'education for all children', including those with disabilities and other special educational needs. The government is a signatory of the international declaration on Education for All and the Salamanca Declaration, which call for providing public education to all children, regardless of their physical, intellectual, emotional, social, linguistic, or other conditions.

The government has promulgated legislation and policies for rendering certain facilities and benefits to people with disabilities. Besides recognition of their human rights, some important policies such as the Disabled Persons Protection and Welfare Act 1982, the Child Act 1992, the Disabled Persons Protection and Welfare Rules 1994, and the Local Self-Governance Act 1999 create provision for rehabilitation in the areas of health, education, child development and social welfare.

Several initiatives have been undertaken to provide integrated and inclusive education for children with disabilities by the Department of Education, charity organizations, religious institutions, local NGOs and international organizations. However, there is little documentation of such initiatives.

This study attempts to give an overview of the current status of education for children with disabilities in Nepal in terms of magnitude, policies, resources and practices; and assembles a series of good practice models of special needs and inclusive education initiatives. The concept of 'inclusive education' being relatively new in the country, the schools practising inclusive education are few in number. There is little documentation available. The information in the study is, therefore, mainly based on visits to project sites, interviews with stakeholders, observation and review of scarce documents.

The good practice models for this study included two inclusive schools (Daleki School, and Tribhuvan Madhyamik Vidhyalaya), a community-based programme (Community Based Rehabilitation Organization, Bhaktapur), an early intervention programme (Adarsha Child Development Centre) and a teachers' development initiative (Shree Bindeshwori Primary School, Bidhuwa).

The Daleki School is run by an NGO and is supported by individual sponsors. All children from marginalized families, including those with disabilities, have access to the school. The school provides a holistic service including free school meals, books, stationery, uniforms and medical care. The school principal, all teachers including the special education teachers, and parents work collaboratively to decide how best to meet the diverse needs of their students.

The Tribhuvan Madhyamik Vidhyalaya has taken a major initiative in modifying the physical structure of the school, and has committed and dedicated teachers practicing child-centred teaching–learning methods. The construction of the building has been adapted to provide easy mobility for children with disabilities. Teachers/facilitators assess the work of each child, and adapt the required pace and techniques for teaching as required.

The Community Based Rehabilitation Organization, Bhaktapur, runs many activities suited to the needs of disabled and other disadvantaged people. It has focused on rehabilitation, prevention of disability, early childhood development activities, and education programmes. It has made concerted efforts to place children with disabilities either in special or regular schools. The programme provides medical intervention, referral services, assistive devices, and counselling facilities. Opportunities for vocational training, self-employment loans, and job placement are also provided.

The Adarsha Child Development Centre focuses on early detection and prevention of disability among young children. The centre provides home-based education to children with mental retardation, and physical therapy to children with difficulties in movement. The teacher identifies the disability, and makes an assessment of the learning pace and preferences of the child. The focus is on an informal teaching–learning process. Children are taught to identify various items that can be used in daily life, and helped to learn to take care of themselves. Records are maintained for each child. Teachers are also trained on how to handle children with multiple disabilities, manage a class, arrange seating, etc. Parent education is provided through home visits to children who are mentally retarded; parents in the community are often persuaded to send their children to the Adarsha Child Development Centre. There are regular meetings with parents that promote their involvement in their child's education.

The teaching practices for inclusive education are still at a formative stage; this makes identifying good practice models of teacher development somewhat difficult. The teacher development initiative used in this study presents the training imparted to the resource teacher working in the Shree Bindeshwori Primary School, Bidhuwa.

Based on analysis of the state of special needs and inclusive education in Nepal in terms of policies, resources, and practices, and the documentation of 'potential good practices' in inclusive education, the following key observations were made.

- There is a lack of awareness among the general public regarding the causes, early detection, and prevention of disabilities.
- Children with disabilities are often marginalized within the general education system and within society in general. The education of children is considered a matter of general charity and welfare rather than a right that every child should demand.

- There are two main types of provision (special education and integrated education) for the education of children with disabilities. The government, with assistance from DANIDA under BPEP II, recently initiated a pilot programme on inclusive education.
- There is a debate over the issue of special, integrated and inclusive education in the country. Some professionals advocate special schooling, whereas others favour integrated education in mainstream schools. Some argue that the implementation of inclusive education is unrealistic in the absence of awareness and infrastructure, and a lack of professional training.
- In Nepal, the division between special and general education policy clouds the development of an inclusion policy. The government's education policy categorizes three types of education, namely, education for children in general, education for children with disabilities (mainly in the form of special education and integrated education), and education for other vulnerable children, such as ethnic groups, out-of-school children, women, poor and low-caste children.
- Most special education programmes are donor-funded. Donors have a great influence over programme design.
- There are few examples of good practice models for inclusive education. They are relatively new, and need to be strengthened to make programmes more child- and disability-friendly.
- The educational system does not adequately meet the learning needs of diverse learners, including children with disabilities. The existing school physical infrastructure, the teaching–learning practices, the shortage of trained and motivated human resources, and the lack of assistive devices and learning materials do not support the learning of children with disabilities.
- Implementation of the policy, plans and provisions requires greater involvement and commitment from the various stakeholders.

Based on these key observations, the following recommendations are made for the promotion of inclusive education.

- There must be recognition and acceptance that people with disabilities have a right to participate, as equal citizens, to the same extent as the rest of the community.
- There needs to be a move away from simply providing special education programmes for children with disabilities to ensuring that they are included in general mainstream schools. This prepares normal children to accept a world of diversity. They will be more sensitive and are less likely to cause discrimination.
- Adequate policy and legislative provisions must ensure children with disabilities access to schools. However, policy formulation and implementation cannot not be effective unless the government gives attention to the quality of education, physical infrastructure, teacher training, support staff in the classroom and, most importantly, to the misconceptions and attitudinal barriers hindering the acceptance of inclusive education.

- People with disabilities and disabled peoples' organizations (such as the National Federation of the Disabled) must be involved in the policy and planning process.
- Resources and efforts must be re-organized and reallocated to accelerate the progress of educating children with disabilities in mainstream schools. Resources must be used to make schools more accessible, and to provide assistive devices, and teaching and learning aids.
- A positive impact on the attitude of the general public and policy-makers can be made by intense advocacy, through organizing awareness-raising seminars and workshops, and by utilizing the media.
- Forming partnerships between schools, parent groups, community leaders, NGOs, and government and professional groups is essential in the promotion of inclusion in schools and the community.
- Early intervention programmes should be expanded to reduce the incidence of disabled children.

INTRODUCTION

UNICEF's Medium-Term Strategic Plan for 2002–05, in line with the Convention on the Rights of the Child, spells out that a long-term goal of UNICEF is that 'all children have access to and complete an education of good quality'. While the human rights principle of universality means that the well-being of all children is important, applying a rights-based approach to programming must also prioritize the needs of the most disadvantaged children. These may include the girl child, those belonging to low castes, children in remote areas, those found with disabilities, those who are refugees/internally displaced persons or returnees, children affected by armed conflict, and those who are subjected to abuse and exploitation.

There is a growing consensus among professionals and disability rights organizations that inclusion in mainstream schooling is the appropriate way to provide for education for all children. Promoting inclusive education means support services will be brought to the child, rather than moving the child to the support services; teachers and classrooms will have to adapt rather than forcing the child to change. This study focuses on policies and practices in education for children with disabilities in Nepal. The work also documents initiatives that are practicing inclusive education in Nepal.

The Government of Nepal has ratified the Convention of the Rights of the Child (1989), and is a signatory of the declaration Education for All (1990) and the Salamanca Declaration (1994). These documents call for the provision of public education to all children, regardless of their physical, intellectual, emotional, social, linguistic, or other conditions. The Department of Education had taken up the challenge of initiating inclusive education in Nepal. Governmental agencies such as the National Planning Commission Secretariat, the Ministry of Women, Children and Social Welfare, the Ministry of Education, the Ministry of Health, the Ministry of Finance, the Ministry of Local Development and the Social Welfare Council are working for disability in various ways. Several initiatives to provide integrated and inclusive education for children with disabilities have also been taken by charity organizations, religious institutions, local NGOs and international organizations.

However, a comprehensive review and analysis of these initiatives have not yet been undertaken. Hence, it was considered pertinent to undertake a study that describes the state of special needs and inclusive education in Nepal in terms of policies, resources, and practices. This study also draws on a series of good practice models of special needs and inclusive education initiatives for the purposes of increasing the knowledge base and strengthening capacity to develop or improve existing programmes. It is also expected to serve as an advocacy tool for promoting inclusive education.

OBJECTIVES OF THE STUDY

The specific objectives of the study are as follows:

- To assess the state of special needs and inclusive education in Nepal in terms of policies, resources and practices, and emphasize the main implications of the lessons learnt with respect to policy reform.
- To identify and document model practices in the area of inclusive education, and to highlight the mechanisms and strategies that have proved effective, the areas of concern and the constraints in successfully mainstreaming children with disabilities.
- To provide recommendations based on the lessons learnt in order to strengthen the capacity of the government and other partners in the country to bring about policy reforms, ensure adequate resource allocation, and promote programming that supports inclusive education.

METHODOLOGY

The study adopted different approaches to collecting the information on children with disabilities and good practices in inclusive education, community-based programmes, early intervention, and teacher development initiatives. Preliminary interviews with key persons constituting government officials and professionals were conducted to gain insights and obtain comprehensive information on existing services.

Five districts were identified as the focus regions for inclusive education activities based on the feedback received from officials and professionals working in the sector. Pilot projects for inclusive schooling had started in only two (Banke and Kavre) of the five districts. The study team visited four schools in Banke and eight schools in Kavre, and a school in Kathmandu valley. Two inclusive schools, the Daleki School and the Tribhuvan Madhyamik Vidyalaya, were selected as good practice models for detailed study. The Community Based Rehabilitation Organization, Bhaktapur, was visited for understanding and documenting of good practices in community-based rehabilitation, and the Adarsha Child Development Centre, Banepa, was identified as an example of good practices in an early intervention programme. For documenting the teacher development initiative in special needs education, the Bageshwori Primary School in Chitwan district was selected and studied in depth.

In order to assess the state of special and inclusive education in terms of policies and practices, secondary sources of data such as government documents, study reports and literature were used. Primary data was collected from various stakeholders including children with and without disabilities studying in inclusive schools, their parents, teachers, community members and implementing partners. Information was collected using techniques such as checklists, semi-structured questionnaires, in-depth interviews and observation.

LIMITATIONS

One of the main limitations faced by the study was the scarcity of secondary data and information on disability in Nepal. Furthermore, the concept of 'inclusive education' is relatively new in the country and, hence, the number of schools practicing the concept is small. It was hard to identify the few examples of inclusive education; finding good practices was even more difficult. The models selected are examples of good practice but there is room for improvement. These models need to be strengthened and made more child- and disability-friendly to ensure equity and participation by all children.

EDUCATION OF CHILDREN WITH DISABILITY IN NEPAL

Situational analysis of children with disabilities

In 1976, the World Health Organization estimated that more than 10 per cent of the world's population was suffering from some kind of disability. Since 1971, a number of studies have been conducted by government institutions, NGOs and INGOs to estimate the number of disabled people in Nepal.

- The 1971 census estimated 1.5 per cent of the population over 10 years of age had disabilities.
- The Disability Sample Survey of 1980 reported a prevalence rate of disability of three per cent of the population.
- The 1981 census estimated that five per cent of the population had disabilities.
- The survey, Mental Retardation in Nepal (1989), estimated 4.9 per cent of the population had mental retardation.
- The Survey of the Prevalence of Deafness and Ear Diseases in Nepal (1991) put the figure of deaf children aged five years and above at 16.6 per cent in five districts.
- The study on Disabled People in Nepal (1995) conducted in eight districts, estimated 4.55 per cent of the population to be disabled.
- The Disability Survey of Kanchanpur District (1995) estimated that five per cent of people in the district were disabled.
- A five-district Disabled Situation Analysis of Nepal conducted by APROSC in 1998 estimated that 3.4 per cent of the population in the study area had disabilities.

The Situation Analysis of Disability in Nepal (NPC/UNICEF/New Era, 2001) estimates the national prevalence of disability at 1.63 per cent of the population. In this study, a person is considered disabled if he/she cannot perform the daily activities of life considered normal for a human being within the specified age group and where the person needs special care, support and some kind of rehabilitation service. Some types of disabilities (mild mental retardation, single-eye blindness, single-ear impairment, ear disease, infections, night blindness and other mild difficulties in seeing, hearing and moving, and disabled people over the age of 70) were not considered.

Table 1 shows the proportion of disabled people in Nepal according to age, sex, location, ecological belt and development region. It reveals that the prevalence of disability and age are positively related. Highest percentage of persons with disabilities is found within the age group of 20–59 years, perhaps due to greater mobility and exposure to the wide range of risk factors. Low prevalence of disability is noticed among the children in the age group of 0–4 years, perhaps due to difficulty in detection of disability at this age and high death rates of children with disabilities.

Table 1: Estimates of Disabled Persons by Age, Sex, Location, Ecological Belt and Development Region in Nepal				
Background characteristics	Total population	Persons with disabilities	Prevalence	Percentage of disabled persons
Age Group				
0-4	10,772	97	0.90	7.8
5-9	10,908	103	0.94	8.3
10-14	9,644	117	1.21	9.4
15-19	8,251	111	1.35	8.9
20-59	31,673	687	2.17	55.4
60-70	4,745	125	2.63	10.1
Sex				
Male	38,052	665	1.75	53.6
Female	37,942	575	1.52	46.4
Location				
Urban	6,986	100	1.43	8.1
Rural	69,008	1140	1.65	91.9
Ecological Belt				
Terai	30,153	438	1.45	35.3
Hills	24,703	404	1.64	32.6
Mountains	21,138	398	1.88	32.1
Development Regions				
Eastern	15,228	239	1.57	19.3
Central	15,201	224	1.47	18.1
Western	13,841	250	1.81	20.2
Mid western	15,709	280	1.78	22.5
Far western	16,015	247	1.54	19.9
National	75,994	1240	1.63	100.0

Source: Situation Analysis of Disability in Nepal (NPC/UNICEF/New Era, 2001).

The prevalence of disability in urban areas is found to be marginally lower than that in rural areas—1.43 per cent and 1.65 per cent, respectively. People in rural areas do not have access to adequate health facilities and lack basic health awareness; it is likely that improper management of disease could have resulted in many children and adults having impairments and disabilities.

Across different ecological belts, it was observed that prevalence is highest in the mountain region, and lowest in the *terai* region. It is argued that hilly districts, such as Dolpa, Manang,

Mustang and Rasuwa, are so sparsely populated and the terrain so difficult that it is not economically viable to provide electricity, schools and hospitals. Disabled children, especially girls from certain social groups, such as Dalits, Tamangs and Sunuwars in the hills, and Musahars and Chamara in the *terai*, are more discriminated against, marginalized and excluded than others.

Various studies indicate a marginally higher prevalence of disability among men than women (Table 2). Males account for 53.6 per cent of the disabled population while females account for 46.4 per cent. However, it is seen that over the years the gender gap for disability is reducing.

Table 2: Comparative assessment of disability by sex				
Studies conducted	Male (%)	Female (%)	Difference	Total
Report on Sample Survey of Disabled Persons in Nepal 1980	62.6	37.4	25.2	1362
Disabled Situation Analysis of Nepal 1998	60.0	40.0	20.0	40605
Situation Analysis of Disability in Nepal 2001	53.6	46.4	7.2	1240

A plausible explanation for gender difference is probably the higher mortality rate of the female child than the male child. This is a consequence of deep-rooted gender discrimination that often results in a lack of care and medical treatment for the girl child. Disabled boys will receive better and more food, and have greater access to health facilities than disabled girls. Another reason is that males are more mobile and more exposed to risk factors, such as accidents and injuries at both the household level and in the workplace, than females.

The most common type of disability in Nepal is multiple disabilities; it accounts for 31 per cent of disabled people. Among those with multiple disabilities, 48 per cent have hearing and speech disability. Loco-motor disability accounts for 28 per cent of people with disabilities. Mental retardation and epilepsy account for 13 per cent (NPC/UNICEF/New Era, 2001).

Disease—typhoid, small pox, scabies, meningitis, encephalitis, epilepsy, paralysis, jaundice, pneumonia, measles—is the main cause of all types of disabilities. Hearing impairment is sometimes a hereditary problem. Speech impairment is normally related to the hearing power of the person. Accidents are a predominant cause of loco-motor disability (NPC/UNICEF/New Era, 2001).

People with disabilities have limited access to facilities related to health and education. Many households seek medical treatment from faith healers or use household remedies rather than using medical practitioners.

Attitudes and social beliefs

Mostly, non-disabled people in society consider people with disabilities as weak, feeble and a burden to society. Disabled children, especially girls with disabilities from low-caste communities, are further discriminated against and marginalized.

A significant percentage of parents who had children with disabilities felt that it was their bad fate. Most people are not aware of the disease and lack of nutrition that caused the disabilities or impairment. Some people believe that disability is the result of sins committed by the parents. Some have superstitious beliefs regarding the causes of disabilities.

Factors, such as illiteracy and lack of knowledge about people with disabilities, often lead to the disabled being treated with low priority in respect to fulfilment of their rights as members of society.

Services for people with disabilities

The government has long been involved in providing for the disabled, but the level of assistance has not met the needs of the disabled. In Nepal, the Ministry of Women and Social Welfare is the focal point of efforts in disability affairs, but other ministries also have programmes for disabled persons. Governmental agencies working for disability include the National Planning Commission Secretariat, the Ministry of Education, the Ministry of Health, the Ministry of Finance, the Ministry of Local Development, and the Social Welfare Council. Various charity organizations, religious institutions, local NGOs and INGOs have also played an important role in the field of disability. The British INGO, Voluntary Service Overseas, initiated its support for the disabled in Nepal in 1964.

LEGISLATION AND POLICY

National legislation and policies

Nepal has only recently started to define a policy with specific reference to disability. International instruments that are binding (human rights treaties) and non-binding (declarations, resolutions, principles, and guidelines) have guided domestic provisions. Nepal is party to many international conventions that directly or indirectly relate to the issue of disability. The government has ratified the Convention on the Rights of the Child (1989), and is a signatory of Education for All and the Salamanca Declaration (1994). SAARC declared 1993–2002 as the SAARC Decade for the Disabled.

The government has adopted a policy of increasing the participation rate in education of children with disabilities. The national policy on education for children with disabilities is to provide educational opportunities to children with special needs in an integrated manner in mainstream schools, and establish separate special schools, wherever necessary (CERID, 1998).

The Ministry of Women and Social Welfare plays the greatest role in protecting the welfare of disabled people. It plans policies, enacts legislation, and implements and coordinates programmes to provide equal opportunities for people with disabilities. It has developed landmark policies and laws related to the welfare of people with disabilities. Some of these are specifically targeted at people with disabilities and some are applicable to all people, including those with disabilities.

The National Education Plan (1971) formed the National Education Council in 1973 under the chairmanship of the Minister of Education. The Special Education Council (SEC) was also established to coordinate special education programmes in the country. Its main task was to make policy on special education, provide funds, curriculum, and textbooks, and run various programmes for people with disabilities.

Nepal recognized the human rights of people with disability in 1981 and celebrated the International Year of Disabled Persons with the world community. Accordingly, it enacted the Disabled Persons Protection and Welfare Act 1982. This act and other laws endow certain rights and privileges to people with disabilities, and have created provisions for the following.

- Identification of a person with disability on the basis of an identity card.
- Protection of equal interests and rights.
- Free education and teacher training.
- Prevention and treatment.

EXAMPLES OF INCLUSIVE EDUCATION

- Vocational training, priority in employment and tax-free pricing for equipment and devices providing assistance to people with disabilities.
- Structure and policy towards disability.
- Rehabilitation.

The Constitution of Nepal (1990) guarantees the education, health, and welfare of people with disabilities. Article 11(3) mentions the 'right to equality but special provision can be made by law for the protection and advancement of the interests of women, children, the aged or those who are physically and mentally handicapped.' Article 26(9) indicates that the 'state shall pursue such policies in matters of education, health and social security of orphans, disabled and incapacitated persons as well ensure their protection and welfare.'

The Child Act 1992 recognizes the rights of the child to survival, protection and development. It provides legal protection to all children, including children with disabilities in the workplace and in criminal proceedings. Although it calls for the establishment of child welfare committees and orphanages, the government has established few such institutions. The Labour Act 1992 prohibits employment of minors less than 14 years of age; however, employers, particularly in the informal sector or agriculture, widely ignore the law.

The Basic and Primary Education Plan (1991–2001) resulted in the initiation of the National Special Education Programme in 1992. The programme integrates disabled children into mainstream schools. The concepts of a resource room and resource teachers were introduced for the first time in this plan.

The Disabled Person Protection and Welfare Rule 1994 mandates accessibility to buildings, transportation, employment, education, and other state services. However, despite government funding for special education programmes, the government does not actively implement or enforce laws regarding the disabled. A number of NGOs working with the disabled receive significant funding from the government, but people who are physically or mentally disabled rely almost exclusively on family members to assist them.

The Ninth Five-Year Plan (1997–2002) included disability and rehabilitation issues in programmes of the Ministries of Health, Education, Child Development and Social Welfare.

The Local Self Government Act 1999 has created provisions for maintaining data on people with disabilities, and ensures their protection and livelihoods according to national policy.

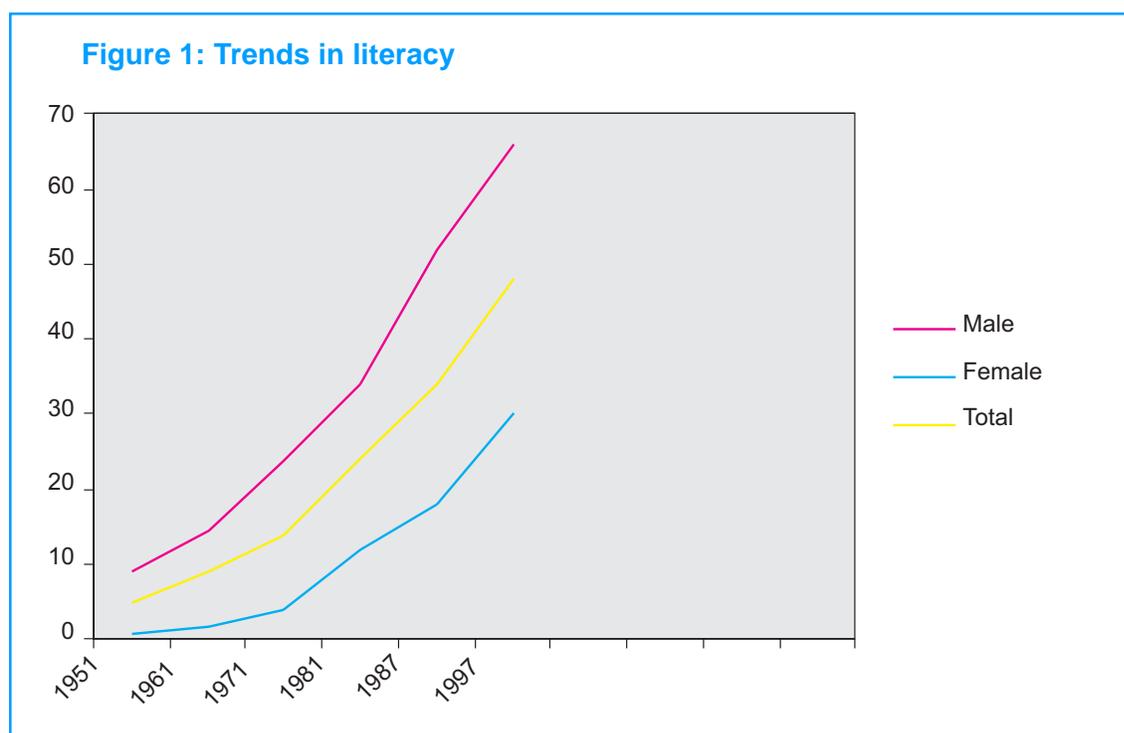
The Tenth Five-Year Plan (2002–07) aims to provide equal rights and a barrier-free environment; empower and involve people with disabilities in sports activities; provide prevention and rehabilitation centres; and give educational opportunities from primary to post-graduation level. As a result of lobbying by the National Federation of the Disabled, the government has announced a separate budget for disability in its national budget. This is regarded as formal recognition of the government's intentions for its developmental plans.

EDUCATION OF CHILDREN IN NEPAL

The development of the education system is relatively recent in Nepal. The first National Education System Plan was implemented in 1971 in which all educational institutions were nationalized. Although a late starter in South Asia in the field of education, Nepal has made substantial progress in enrolment over the last few decades.

Literacy

The national literacy rate in Nepal has increased from 5.0 per cent in 1951 to 52 per cent in 2001. Over the decades, the literacy rate has increased for both males and females. While the annual population growth rate stands at 2.6 per cent, the annual literacy growth rate stands at 0.86 per cent. In order to bridge this gap, Nepal needs to attain six per cent growth for female education and five per cent growth in total literacy. Figure 1 shows the trend in literacy between males and females from 1951 to 1997 (CBS, 2000).



Primary education

There has been considerable progress in the quantitative expansion of primary education in the number of children enrolled, the number of people involved in teaching, and the number of primary schools. In 1951, 9000 pupils were enrolled in primary schools. By 2000, the enrolment of pupils had increased to about 3.62 million. Table 3 presents the trend in basic education indicators in Nepal for 1997–2000.

Description	1997	1998	1999	2000
School	23,284	23,885	25,522	25,927
Enrolment	3,460,756	3,587,665	3,780,314	3,623,150
Boys	2,021,093	2,083,951	2,168,981	2,025,580
Girls	1,439,663	1,503,714	1,611,333	1,597,570
Teachers	91,464	91,878	99,382	97,879
Trained	42,039	42,683	44,221	50,697
Untrained	49,425	49,195	55,161	47,182
Pupil-to-teacher ratio	38.0	39.0	38.0	37.0

Source: CBS, 2000

Nepal still has a large number of out-of-school children and drop-outs. The level of learning achievement of children, who complete primary school, is also low. Poverty and the low quality of teaching are major barriers to the development of education.

The net enrolment rates are approximately 71 per cent for boys and 60 per cent for girls in primary schools (CBS, 2001). About 36 per cent of children never enrol in primary schools (EFA Report 2000). Approximately, 28 per cent of out-of-school children are currently working an average of 22.4 hours a week (MPO, UNICEF). Those children who are not enrolled or have dropped out are most likely to be girls, children with disabilities, and children from economically and socially disadvantaged families (e.g., low caste, ethnic groups and minorities).

Improper school management, absenteeism of teachers, a poor teaching and learning environment with limited developmentally appropriate teaching and learning materials, and gender- and disability-insensitive classrooms lead to high drop-out rates, repetition of school years and poor learning achievement.

EDUCATION OF CHILDREN WITH DISABILITIES

The *Situation Analysis of Disability in Nepal* (NPC/UNICEF/New Era, 2001) has revealed that 68.2 per cent of all disabled people have no education. This may be compared with a national estimate for those having no education of about 43.9 per cent. Among disabled people who are literate, 3.7 per cent have attained their basic education from non-formal facilities. The study estimated that about 60 per cent of males with disabilities and 78 per cent of females with disabilities had no education. It is important to note that among children with disabilities aged 6–9 years, about 57 per cent had no education compared to 26.8 per cent of children in this age group in the general population. Attainment of higher education is also less common among people with disabilities than in the general population.

Children with disabilities are among the groups most often excluded from access to school and education. According to the UNDP, only 2–3 per cent of children with disability in developing countries were receiving an education (Anon, 2001). About 4.5–5 per cent of school-aged children have disabilities, but only two per cent, who are severely disabled, are expected to need special education support (WB Disability Project Directory 1999). At present, disabled children who do go to school are either in special schools run by NGOs and the private sector or in special classes established by the government. In most cases, children have to live in hostels far from home to have access to basic education.

The main obstacles in the education of people with disabilities are poverty and false beliefs prevalent in society. These are further aggravated by the inaccessible location of school, its inconvenient physical infrastructure, and the lack of effective and required education resources. In addition, parents will often send their disabled sons to school but not their disabled daughters.

The school curriculum is not flexible and does not meet the learning needs of children with different abilities. All children are expected to follow the same lessons, disregarding differences in learning abilities and needs of the children. Teachers are not aware of how to manage and teach children with disabilities. There is a lack of motivation, awareness, knowledge, and skills on inclusion and quality education among teachers and administrators at educational institutes. In most schools, teachers are accustomed to the lecture method of teaching. There is a need for training of teachers on inclusive practices and quality education. Teachers also lack support to work effectively. They are under pressure to follow and complete a structured curriculum and syllabus.

History of education for children with disability

Nepal's first attempt towards inclusion dates back to the early 1960s, with the inclusion of some students with visual impairment in the regular classroom at a school in Jawalakhel, Lalitpur

EXAMPLES OF INCLUSIVE EDUCATION

District. An integrated education programme for blind students was initiated in 1964 at the Laboratory School in Kirtipur, Lalitpur District. In 1967, schooling for the deaf was initiated at Balmandir, Naxal, Kathmandu. The establishment of several segregated schools for hearing- and speech-impaired and mentally retarded children followed this.

The Special Education Council (SEC), established in 1973, dealt with policy issues on special education, and coordinated special education programmes in the country. It also provided funds and materials for people with disabilities. It supported educational programmes for children with disabilities by providing annual grants on an *ad hoc* basis to NGOs for running special schools. The SEC provided the salaries of teachers and staff, and scholarships for students at special schools run by NGOs. Various schools under the jurisdiction of the SEC were established in various parts of the country for children who were deaf, blind, and mentally retarded. The SEC also conducted awareness activities and campaigns related to disability. The SEC launched primary education programmes in about 35 districts. Twelve hundred children benefited from its awareness activities and campaigns.

The Social Services National Coordination Committee (now the Social Welfare Council) was established in 1977 under which a Disabled Coordinating Committee looked after special education programmes. The National Federation of the Disabled was formed to voice the rights of all disabled people in national plans for the first time.

Special education programme

The overall principle of the Special Education Programme is to keep children with families and offer support at school. The programme aims to provide primary education to four groups of children with disabilities (blind and low vision, deaf and low hearing, mentally retarded, and physically disabled children). Depending on the specific disability, the special education services are differentiated according to the needs of the child. The programme supports both government schools and NGO-driven special education initiatives.

Services run by the Special Education Programme include the following (CHIRAG, 1998).

- Individual support in neighbourhood schools (schools located near to the homes of disabled children) is provided by trained special education teachers and supervision from a specialist at the district level. Specific materials are supplied, if necessary.
- Education in special classes or groups in ordinary schools near the home.
- Education in special classes with residential facilities in areas where the topography does not permit daily commuting from home to school.
- Specialized education in school.
- Remedial training for students who require individual support.
- District centres for assessment, remedial training and courses in special education for students and teachers.
- Counselling and supervision at the district level.
- Partnership with NGO-driven activities related to primary education, such as early childhood programmes/centres, vocational training/skills-based training, activation and cultural arrangements for children with disabilities, and specific training on particular topic areas.
- Awareness and information activities/advocacy programmes.
- Procurement of special education teaching materials and teaching aids in schools.
- Development of training programmes and specific materials.

BPEP 1 (1992–99)

To achieve its education for all goals, the government launched a five-year Basic and Primary Education Programme (BPEP) in 1992. With joint funding from the government, the World Bank, DANIDA, JICA and UNICEF, this programme focused on increasing access to primary schooling in 40 districts. As part of the programme, the governments of Nepal and Denmark made an agreement to implement a national special education programme in 1993. The special education programme covered 23 of the 40 districts, and included children with visual, hearing, speech, mental, and physical impairments. The Special Education Unit under the BPEP was established to plan and implement the programme. The strategies adopted by the Special Education Unit for implementing the programme were as follows:

- Establishment of integration structure.
- Teacher training.
- Human resource development at the national and district level.

EXAMPLES OF INCLUSIVE EDUCATION

- Involvement of community through orientation and awareness programmes.
- Provision of residential facilities for children with disabilities.

BPEP I marked a shift to an integrated education system under the Special Education Programme. The government supports about 180 special education resource classrooms and residential facilities for disabled children in 23 districts. The concept of resource classes and resource teachers was introduced to prepare children with disabilities to participate in the regular classroom with their non-disabled peers. Resource classes are established within the ordinary primary school system. They are categorized according to impairment categories, such as a resource class for blind children or for deaf children or for children with learning difficulties. Schools with resource classes also provide residential facilities to children with disabilities. So if the resource class caters only to blind children, then only blind children will be eligible to attend the regular primary school with their non-disabled peers and live in the hostel.

Within this programme, there is a provision for teaching 10 children with special needs in one resource class. These 10 students are also provided with a one-off stipend of NRs 800. Disabled children remain within the resource class for 3–6 months depending on the time needed for each child to gain the standard qualification required to be integrated into the mainstream class. Depending on the child's level of performance, he/she will be eligible to be placed in any standard from Class 1 to Class 5. In some case, children with disabilities, after attending the resource class for 3–6 months, return to neighbourhood schools located in their own community.

There is generally one teacher for each special class, known as the resource teacher. The resource teacher is trained for a particular type of disability. Even after children are placed in mainstream classes, the resource teacher checks their homework, and sets examination papers, etc. For this reason, the resource teacher has to be knowledgeable in all subjects. The resource teacher assesses the performance of individual children, and places them in appropriate grades.

Limitation of BPEP's special education programme

The main limitation of this programme was that disabled children were not, in reality, placed in the classes to which they were eligible. They remained segregated in the same school premises by keeping them in the resource class. All disabled children eligible for Class 1 to Class 5 were, in fact, placed in a single room and taught as a common class. In more than 60 per cent of cases, students with disabilities were not integrated with regular classes (CHIRAG, 1998).

Full integration from resource class to mainstream class was most common for blind children. Blind children are the easiest to integrate as they can hear and talk. They were taught the Braille script in special classes, after which they were eligible to be placed in mainstream classes. Blind students had problems when the teacher wanted them to write since teachers in regular classrooms are not trained in Braille. Hearing- and speech-impaired children and the mentally retarded were usually kept in the resource classes as teachers felt that they were not adequately prepared to study at the same standard as non-disabled children.

Schools with resource classes and residential facilities caused even greater exclusion by moving children away from their families and communities. This often alienated them from family life and weakened family bonds. Disabled children, especially girls, were more vulnerable to physical and sexual abuse, and their vulnerability was increased if they were educated in residential institutions. Some parents or guardians of children with disabilities did not want to take them back once they were admitted to these centres. Some families treated these residential facilities as dumping grounds for their disabled children.

In this scheme, there were provisions for only 10 disabled children; sometimes there were more than 10 claimants. The first 10 students who joined the school were awarded the stipend; others were not entitled to such benefits.

The number of teachers trained in managing children with disabilities in the regular classroom was much lower than required. Resource teachers were often overburdened as there were no assistant teachers to help them (CHIRAG, 1998).

This approach of integrating children into mainstream classes demanded that children adjust to the education system rather than the educational system and teachers adjusting to the students' needs. This created pressure on the disabled child to keep up with the rest of the class or learn to understand the teacher and prepare himself/herself to be accepted in the regular class system.

BPEP II (1999–2004)

Under the current phase, BPEP II (1999–2004), primary schools identify and assess children with disabilities, train special education teachers, and provide appropriate teaching–learning materials designed to ensure effective mainstreaming of disabled children in primary schools. The resources for implementing this come from the common BPEP II fund. The number of districts covered has increased from 23 to 45. The cost is estimated to be about US\$ 5.6 million over the life of the project. The project will fund the following activities.

- Resource classes that prepare children with disabilities to enter normal classes.
- Basic teacher training.
- Salaries for teachers' aides.
- Scholarships for children for residential expenses.
- Educational materials, aids and appliances.
- Communities providing support and temporary residential care to persons with disabilities.
- Specialized NGOs providing education services to children with disabilities (with a particular focus on deaf children) including counselling, special classes in regular schools with residential facilities, and small centres for remedial training of children with visual disabilities.

MODEL PRACTICES FOR INCLUSIVE EDUCATION

The study attempts to assemble a series of good practice models of special needs and inclusive education initiatives. These initiatives were selected because they have created special opportunities and a congenial atmosphere for children with disabilities in mainstream schools. However, it is too early to label them good practice models as there is still room for improvement. They need to be strengthened and made more child- and disability-friendly to ensure equity and participation by all children.

9.1 Daleki School

The Daleki School is run by Vicki Educational and Development Foundation Nepal (VEDFON), an NGO operating in Nepal since 1993. This organization works for underprivileged communities by providing education and income-generating programmes. The Foundation and Daleki School are supported by individual sponsors through EduQual, a Spanish NGO, and local resources. EduQual provides financial and technical support to Daleki School through the following:

- Individual donations to a foster programme; this is the main income for the school.
- Individual donations towards specific projects.
- Donations from private organizations or institutions.
- Donations from public institutions targeted at specific projects.
- Income created by VEDFON as a consequence of its own financial initiatives.

The Daleki School was established in 1993 to fulfil the formal educational needs of children of marginal communities in Kathmandu. The building is located at Ranibari, Samahusi, Kathmandu. The school started with kindergarten and primary levels. As a consequence of increasing number of applications and to accommodate graduates of the primary school, it established a secondary school up to Class 9. There are plans to add a class each year up to Class 12. Over time, the school administrators and educators decided to include children with disability. It was the first school in Nepal to include physically and mentally disabled children within the regular classroom.

The school had 320 students (167 boys and 153 girls) in the 2002–03 school year as well as 12 children and 35 adults in the non-formal education project in the evenings. Physically and mentally handicapped children are integrated within the mainstream classes with the help of special education teachers and a qualified psychotherapist, who helps in the process of rehabilitation of disabled children through counselling.

EXAMPLES OF INCLUSIVE EDUCATION

The founder of the school, Ms Vicki Sherpa, has instilled principles of quality and inclusive education in the school principal, teachers, school administrators, students, and parents. They share values, beliefs and understanding about diversity. The principal, teachers, special education teacher and parents work collaboratively to decide how best to meet the diverse needs of their students.

The school strives to ensure holistic development of the child by providing free tuition, lunch, books, uniform, stationery, and medical care, hostel accommodation for orphan children, and special facilities and materials for children with disabilities. The school has its own medical room with professional medical staff, and is equipped with up-to-date medical supplies donated by contributors to the project. The psychological sense of security is provided by the positive and caring attitude of the administrators and teachers; this is essential for achieving holistic development of children with disabilities.

The school applies a child-centred teaching and learning approach. It follows an active pedagogy using methods that consider the child to be at the central axis of the learning process. It has taken measures to support disabled children, slow learners and non-disabled children to learn at their own pace within the same classroom.

Vision statement of Daleki School

We, at Daleki School of VEDFON, envision a future where there is social equality, justice and peaceful co-existence; where there is no discrimination in terms of gender, caste, colour, ethnicity, disability, religion or wealth; where our children shall enjoy equal rights, and will grow up to be humane and caring people; where they will help those less fortunate than themselves in order to help bring about social, intellectual, economic and educational equilibrium; where our children shall be law-abiding citizens of our country and will work towards the protection of her honour and integrity.

Accessibility

All children, including children with disabilities, from marginalized families have access to this school. Both children with and without disabilities travel by school bus and are assisted by staff. The school is in a rented building and does not have ramps. This does not act as barrier since fellow students and staff help children with disabilities to have access to their classrooms and in using services such as toilets and libraries. There are special toilets and washrooms for disabled children. Teachers and non-disabled children have a welcoming attitude towards disabled children; this is valued more than the provision of physical infrastructure. There are plans for ramps in the Catalonia School, which is being constructed on the foundation's own land on the outskirts of Kathmandu with the help of the Generalitat De Catalunya, Spain.

Classroom

For most of the school schedule, children with disabilities and others study in the regular classroom. Classrooms are spacious. The low teacher-to-learner ratio is strictly maintained so that teachers are not overloaded and can pay attention to individuals. The school has abandoned

the conventional row-by-row seating arrangement; children sit face to face and in groups. The classroom has learning corners for reading, mathematics, project work, etc. In addition, individualized teaching for one to two hours a day is available for children with disabilities in a resource class.

A special education coordinator works with disabled children in the resource class, and provides professional assistance in planning and teaching strategies to the class teacher. She teaches Braille writing to blind students, and works closely with the mentally retarded. The class teacher and the special education coordinator prepare individual lesson plans. There are also classroom assistants to help the class teacher.

Learners

At present, there are nine children with disabilities in the primary section. There are five girls and four boys. Two are physically disabled, four are mentally retarded, and three are blind. Children without disabilities are taught to respect children with disabilities, and to focus on their abilities. All children play together. They are no problems in group or project work with children with visual and physical disabilities.

Teachers

All teachers are given orientation training on inclusive education principles and the management of children with disabilities. The school principal and the special education coordinator support the teachers. Teachers have a positive and welcoming attitude towards children with diverse learning needs. The special education coordinator provides professional assistance in planning and teaching strategies to the classroom teacher.

The support teacher and the principal also work with parents and other children. Teachers are encouraged to meet on a regular basis to discuss their problems, and develop confidence in their own abilities. They are trained to accept that there will be different levels of learning ability among students, and they need to respond in multiple ways to assist their learning. Teachers encourage both children with and without disabilities to participate in class. The teacher encourages mentally disabled children to participate in group activities. The teacher also allows them to engage in learning activities that they enjoy. When a child with special needs has physical or behavioural problems the role of the teacher's assistant becomes critical.

Curriculum

The curriculum goes beyond textbooks and teachers' guidelines. The primary classes follow the curriculum of the Government of Nepal but it is modified and taught with modern teaching methods. Teachers are trained to follow a flexible school curriculum, use multiple ways of teaching and supplementary reading materials. Art, computer, dance, music and sports are essential parts of the curriculum. Several volunteers provide the school with developmentally appropriate teaching and learning materials. Although enough materials are provided by EduQual and expatriate volunteers living in Nepal, teachers also develop new materials.

Teaching–learning process

Activity-based learning is practised at the school. Children are involved in group work as well as individual work. Teachers give less emphasis to finishing the syllabus, and pay more attention to the learning ability of each child. They are also involved in project work and field trips. Mentally handicapped students have continuous assessment rather than one examination at the end of the year. Other students also have continuous assessment, and until Class 3 there is no final examination at the end of the year. Parents and teachers discuss the assessment of each child periodically and during parent–teacher meetings.

Learner outcomes

The academic results are satisfactory, especially for children with physical and visual disabilities. In some cases, they perform better than their non-disabled peers. Mentally retarded children follow different lesson plans, and are assessed according to their achievement in those lessons only. Both children with and without disabilities participate in cultural functions.

Community

Parents of both children with and without disabilities welcome the idea of inclusive education. They are mainly from the poorest section of the community and are happy that their children are receiving a quality education. The school holds parent–teacher meetings every term to discuss the progress of each child.

Constraints

The main problem that the school faces is that there are hundreds of applicants for admission. Most have to be denied because there are not enough places.

The Daleki School is in rented premises so the school authorities cannot do much to make the school and classrooms more accessible to disabled children. The school administration understand the need to build ramps, make classrooms larger, and build more parallel bars for disabled children to move freely. They are looking forward to making the school environment more accessible once they have moved to their own premises.

Many parents expect the school authorities to solve their economic, social and psychological problems. The special needs education teacher counsels parents when she can; teachers feel sad when they cannot solve all the parents' problems.

9.2 Tribhuvan Madhyamik Vidhyalaya

Tribhuvan Madhyamik Vidhyalaya of Kohalpur, Banke District is a government school. This school offers both special needs education and inclusive education at primary level. There is also a secondary section. There are six teachers including a resource teacher in the primary section.

There is a resource class with eight children with disabilities and one resource teacher. There are no residential facilities. The money allocated for providing accommodation is given to children for local transportation.

Accessibility

Tribhuvan Madhyamik Vidhyalaya is well equipped in terms of accessibility and physical infrastructure. The school is adjacent to the highway; this makes it easy for children with wheelchairs to access the school area. Within the building, children using wheelchairs do not face difficulties. There is a special toilet with a ramp.

Classrooms

There are 16 classrooms and one resource room. Classrooms are easily accessible by all children with special needs. Children with special needs are allowed to sit in the most suitable place for their disability. The school and classrooms are clean and hygienic. However, classrooms are not spacious.

Learner

Three types of children with disabilities (blind, physically impaired and mentally retarded) are studying at the school. There are 300 children in the primary section, of which eight (five boys and three girls) have special needs.

All children follow the same schedule. Children with disabilities receive support from their friends in their studies, homework and play activities. Observation of the daily schedule of children with disabilities revealed that they had well-developed self-help skills. Children with disabilities were found to be fond of playing, were disciplined and hard-working, and did their home assignments regularly. They were creative and curious, and acquired grade-level competencies.

Teaching methods

Teachers/facilitators are found to be hard-working and dedicated. They maintain records of each child separately, and adopt a child-centred teaching–learning process. Sometimes group learning is used. Teachers try their best to provide the required amount of attention not only in the classroom but also outside the class.

Community

In the past, parents of disabled children were not well informed of the importance of education. They believe that their children were disabled due to fate. However, following awareness-raising by community leaders and teachers, they admitted their children to school. They are now happy with the performance of their children, and the attitude of teachers and the other children at school.

Parents of children with visual and physical disabilities are in favour of inclusive schools, as they recognise a positive change in their children's development after joining the school. However, parents of mentally retarded children, although satisfied with the performance of their children and the attitude of teachers and friends, feel that special schooling would be better for their children. They feel that their children's pace of learning is not similar to that of other children.

According to the president of the School Management Committee, there is still a lot to do to help the implementation of inclusive education. Laws and regulations should ensure that school facilities address the needs of children with disabilities. Teachers have to be given training on the identification of disabilities among children. They also need training in the use of appropriate language and teaching methods for communicating with and evaluating these children.

9.3 Community Based Rehabilitation Organization (CBRO), Bhaktapur

There are around 35 community-based programmes throughout Nepal working on rehabilitation, health, education and capacity-building activities. Those that work with children with disabilities are engaged in early childhood development interventions and the training of children with disabilities. The Community Based Rehabilitation Organization (CBRO) in Bhaktapur is an example of a successful community-based rehabilitation organization.

The CBRO Bhaktapur was established in 1985 as an initiative of the Bhaktapur Jaycees¹. The work was initially carried out by a small group of committed members from the local community who believed in the rights of children with disabilities to live full and useful lives. They were volunteers who took on the responsibility of providing home-based services for a few children each. Initially, all members of the group donated NRs 150 as a base fund for children with disabilities. The group started with 11 children, and today it has grown into an organization providing a variety of needs-based services for over 1000 children.

A comprehensive survey on the incidence of disabilities in the Bhaktapur area has not been carried out, but the situation is not expected to be different from other parts of the country. Informal data collection carried out by CBRO Bhaktapur shows that around two per cent of the child population of Bhaktapur are moderately disabled (SCN-CBR, 2000).

CBRO Bhaktapur was initially supported by UNICEF. Since 1990, Save the Children Norway (SCN) has been the principal donor. The private sector and some individuals also support the programme by providing funds to teach two or three children from marginalized families. The target population is children aged 0–18 years with all types of disabilities. There are 18 permanent staff and 22 volunteers.

When the programme started, children with disabilities were perceived as a burden by parents. In some cases, they were abandoned by their family. Children with disabilities had no access to any form of education, be it formal or informal; they remained at home the whole day. However, it seemed that some parents strongly desired to educate or train their children and make them self-

¹ The Jaycees is a worldwide leadership organization for youth, and has a constitutional provision to work for the rights of children.

reliant. In view of this situation, Bhaktapur Jaycees identified children with disabilities and tried to help them through providing rehabilitation and prevention services, and early intervention and education programmes.

The main objectives of CBRO Bhaktapur include the following:

- Awareness and prevention of disability.
- Early identification and intervention of disability.
- Inclusion of people with all kind of disabilities in mainstream society by providing rehabilitation services.
- Maintenance and updating of information on disability in Bhaktapur District, the mobilizing of resources, and advocacy for community-based rehabilitation and the rights of people with disabilities.

CBRO Bhaktapur recognizes the fundamental principles of the Convention on the Rights of the Child—survival, participation, protection and development—and has put them into practice in all of its programme activities.

To achieve rights to survival, CBRO Bhaktapur provides services for rehabilitation and prevention. Services include training on prevention and rehabilitation, referrals, counselling, and the provision of assistive aids. The organization provides training for government officials, NGOs, individuals and the community. It also disseminates communication materials. It has established a resource centre for rehabilitation and development, where training is given. Prevention services include an ear clinic run in collaboration with the Teaching Hospital, immunization and family planning programmes with the District Health Office, and an early intervention programme and antenatal care with the Teaching Hospital.

As part of the right to participate, all planning for rehabilitation activities is done in close consultation with children and their families. Parents said their opinions and views were considered when programmes were being planned for their children. Most children said that community-based workers encouraged them to understand their problems, and share their views (SCN–CBR, 2002).

The organization has worked to ensure that children with disabilities are not marginalized, exploited or abused; that they have a right to protection. CBRO Bhaktapur organizes awareness-raising programmes, and strives to ensure that disabled children have access to education and health facilities, and that they participate in social activities.

The right to development, through the right to education, is seen as the core of all services being provided by CBRO Bhaktapur. All programme activities concentrate on rehabilitation, creating opportunities for children to be included in mainstream or special schools. CBRO Bhaktapur also runs a school for the deaf, and a day-care centre for children with multiple disabilities.

EXAMPLES OF INCLUSIVE EDUCATION

Initially, CBRO Bhaktapur found it difficult to gain access to education for children with disabilities in special and mainstream schools. A variety of strategies were used to create awareness: meetings with teachers and students to sensitize them about disabilities; child-to-child interactions were encouraged through games in the class and playground, etc. The situation gradually changed; eventually a child with polio paralysis was admitted to a local school. From this point onwards, there have been many stories of success. There has been a combined effort by disabled people themselves, their families and communities, Bhaktapur Jaycees and schools to enable disabled children to participate in some form of education—special, formal mainstream or non-formal. They have encouraged both disabled and non-disabled children to welcome diversity and respect each other's strengths rather than their weaknesses. The Resource Centre for Rehabilitation and Development also arranges training for teachers and administrators of mainstream schools.

The organization is constantly working to develop inclusive education. Today, the main focus is on sending disabled children to mainstream schools. Currently, there are 100 schools in Bhaktapur where there is a suitable environment for inclusive education. Around 250 children with disabilities are studying in these 100 schools. There are 94 children with severe disability placed in special schools.

CBRO Bhaktapur provides financial support for the education of underprivileged children with disabilities, or arranges waivers of fees for disabled children from marginalized families. It also organizes scholarships. A few local government bodies have also been encouraged to take on some financial responsibility.

Outcomes of the education programme

Access to education has given children with disabilities opportunities to test their talents, and develop acceptance and self-respect. There has been a gradual increase in the confidence of children with disabilities. This has led to more children and families participating in mainstream education programmes and community activities, and has helped to dispel some of the myths surrounding disability. The majority of parents interviewed said they realized the value of education for their children, and were paying fees for their children to attend school.

Constraints

- CBRO Bhaktapur has not been able to mobilize government resources.
- There is a great need for children with severe multiple disabilities to be given a more concentrated service. CBRO Bhaktapur feels that the services being provided presently for these children are inadequate.
- Teaching–learning practices in the classrooms of both special and mainstream schools need to improve to attract both disabled and non-disabled children.
- The system of record-keeping and documentation has to be systematized.

- Rehabilitation services are concentrated in Bhaktapur District; they need to be expanded to the rest of the country.
- There is not enough use of mass media and information technology to disseminate information about disability issues and programme activities.

The main problems faced by CBRO Bhaktapur are a lack of government policy related to running such programmes, and programme sustainability. Emphasis needs to be given to sustainable development for which capacity-building and empowerment are the two main needs.

9. 4 Adarsha Child Development Centre

Nepal has implemented a successful community-based early childhood development programme for disadvantaged families. Any community can run a community-based child development centre (CBCDC) with support from the Department of Education and local NGOs. The CBCDC brings children aged 3–5 years together in an organized setting to provide development opportunities through play, songs, story sessions, individual interaction with developmentally appropriate materials, and social interaction. There is a trained facilitator at each centre. There are 4215 child development centres in 58 districts of Nepal. Focus is on development of children, and creating awareness among parents, caregivers and teachers.

The Adarsha Child Development Centre in Banepa was established in 1988. It covers three municipalities in Kavre District—Banepa, Panauti and Dhulikhel—and accessible VDCs. It started initially as a pre-primary school. However, there has been a significant shift from pre-primary education centres to community-based child development centres. The centre provides both centre-based (a pre-primary school) and home-based programmes. It provides counselling services to parents of disabled children on health, immunization and nutrition. All such activities are done in collaboration with the District Health Office. It is also supported by the Municipality and VDC offices, Lions Club, Jesuits, the community, and individual donors.

The objectives of the programme are as follows:

- To provide opportunities for children with disabilities to develop to their full potential and be integrated in the community.
- To meet the social, communication, physical, educational and vocational needs of children and young people with disabilities.

This study focuses on the pre-primary class provided by the centre, and the early detection and prevention, and parent education programmes. These are all interlinked. The target group is mainly children from low socio-economic backgrounds. In the pre-primary class, there are 36 children of which five are mentally retarded. The centre is oriented towards the cognitive development of the child through various exercises. Individual learning is practiced, and teachers develop lesson plans according to the needs of an individual. Children learn daily living skills, health and hygiene. They are also taught how to socialize and communicate.

Facilities

The school provides for children's lunches in the form of uncooked food materials that are prepared at home every day prior to school.

Classroom

The school and classroom are clean and hygienic. Young children learn by doing chores themselves in a playful manner. They are given opportunities to play with toys as well as other teaching–learning aids. There is provision for children to sleep when they need rest.

Teaching–learning process

A child is taught with the help of local teaching aids and other materials made exclusively for the learning process. The facilitator uses local examples, posters, photographs, stories, etc. to teach children. The focus is on an informal teaching–learning process. Records are kept for each child.

Early detection in the classroom

The first step is generally to identify and assess the disability of the child. The facilitator conducts various group exercises, through which he/she is able to identify the learning pace of each child and detect any deficiencies. After identification, the parents/caregivers are informed and the necessary interventions are planned. Children are taught to identify various items and objects that are used daily. They are also trained to take care of themselves in their daily activities. While teaching, care is taken to use teaching aids liked by the children.

Training of the facilitator

Facilitators are trained in identifying and assessing disability, teaching methodologies, selecting teaching–learning materials, evaluating progress, keeping records, speech therapy, recreational/extracurricular activities, etc. They are also trained on multiple disabilities, managing the class, seating arrangements, etc. Training on goal-setting and teaching methodologies for the mentally retarded is also given. Part of the training is provided in the institution itself and part elsewhere.

Early detection and early prevention

The Portage guide is used to assess the mental development of the child. The Portage guide is an early intervention 'package' comprising a checklist to develop mental skills from birth to six years, a curriculum and card file with many teaching suggestions, and a manual of instruction. The Portage guide, developed by UNESCO, was modified and adapted to suit the Nepali context. The programme provides periodic medical check-ups to children of households covered by the programme.

A facilitator visits all homes with children below six years of age in the programme area. Wherever there is an indication of disability, a formal assessment is made using the Portage guide. After identification of a child with disabilities, the facilitator makes a case history and provides counselling and training to the parents of the child. If required, the child is admitted to the child development centre.

Parenting education

Parent education is provided through home visits; parents are persuaded to send their children to the child development centre. There are regular meetings with parents. According to the Principal of Adarsha Child Development Centre, it was difficult initially to convince parents that children with disabilities could study together with others in the same class. Parents of non-disabled children used to think that their children might become disabled if they studied together. However, attitudes have now changed.

The Early Childhood Development Section of the Department of Education provides a three-day orientation programme for parents. Save the Children UK provides a three-month training programme in the centre for parents. Caregivers are expected to raise awareness about immunization, supplementary nutrition, health check-ups, early stimulation, childcare practices, importance of pre-school education, the inclusion of children with disabilities, and developmental delay.

Achievement

The Adarsha Child Development Centre has made remarkable progress in its geographic area in its efforts to reduce death and illness among young children and prevent childhood disability through increased immunization, improved nutrition, reduction of micronutrient deficiencies, and improved hygienic activities. The parenting education, teacher training and pre-school classes have created an environment of acceptance of disability among non-disabled peers.

Constraints

There is a need for greater resources in order to expand coverage of the programme, and to provide quality services.

9.5 Shree Bindeshwori Primary School, Bidhuwa

As inclusive education is a recent initiative, it was difficult to identify prevalent good practices in teacher development. The teacher development initiative used for this study is the training imparted to the resource teacher working at the Shree Bindeshwori Primary School, Bidhuwa, Chitwan District.

This school is an outcome of the BPEP. The District Education Office runs the school as part of the Special Education Section of the Department of Education. Special needs education for children with visual impairment was initiated in 1998. The school has 10 children with special needs with one resource teacher. Most of the disabled children are from poor families.

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The resource teacher has undergone thorough training. The types of training, duration, training source and utility are summarized below (Table 4)

Table 4: Types of training, duration, training source and utility of training taken by resource teacher			
Type of training	Duration	Training source	Utility
Awareness	12 days	Special Education Section	For children with all types of disabilities.
Braille	30 days	Special Education Section	For children who are blind.
Self-study	150 days	Special Education Section	For children with all types of disabilities.
Refresher (3 times)	30 days (each)	Special Education Section	For children with all types of disabilities.
United education	15 days	Special Education Section	For children with all types of disabilities.
Accounting technical team teachers	7 days	Danish Consultant	For children with all types of disabilities.

Specific areas of training included the identification of children with special needs, developing suitable curriculum, and using teaching processes related to various special needs (e.g. Braille script for children who are blind, sign language for children who are hearing impaired, etc). The resource teacher felt that all these training inputs were useful.

Constraints

The poor planning and management of deployment of resource teachers results in resource teachers being sent to a resource class for a short period on a temporary basis. This means that teachers are unable to make long-term plans on how to proceed with teaching goals. This was cited as a generic phenomenon for all schools with special needs education.

KEY OBSERVATIONS

Based on analysis of the state of special needs and inclusive education in Nepal in terms of policies, resources, and practices, and the documentation of 'potential good practices' in inclusive education, the following key observations were made.

- There is a lack of awareness among the general public regarding the causes, early detection, and prevention of disabilities.
- Children with disabilities are often marginalized within the general education system and within society in general. The education of children is considered a matter of general charity and welfare rather than a right that every child should demand.
- There are two main types of provision (special education and integrated education) for the education of children with disabilities. The government, with assistance from DANIDA under BPEP II, recently initiated a pilot programme on inclusive education.
- There is a debate over the issue of special, integrated and inclusive education in the country. Some professionals advocate special schooling, whereas others favour integrated education in mainstream schools. Some argue that the implementation of inclusive education is unrealistic in the absence of awareness and infrastructure, and a lack of professional training.
- In Nepal, the division between special and general education policy clouds the development of an inclusion policy. The government's education policy categorizes three types of education, namely, education for children in general, education for children with disabilities (mainly in the form of special education and integrated education), and education for other vulnerable children, such as ethnic groups, out-of-school children, women, poor and low-caste children.
- Most special education programmes are donor-funded. Donors have a great influence over programme design.
- There is a lack of physical facilities related to accessibility appropriate for children with disabilities.
- There is a shortage of developmentally appropriate teaching–learning materials for children with disabilities. Teachers have neither adequate training nor the experience to be flexible in the curriculum or in their handling of children with disabilities.

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- There are few examples of good practice models for inclusive education. They are relatively new, and need to be strengthened to make programmes more child- and disability-friendly.
- The current programme on inclusive education is *ad hoc* in nature. Planning needs to be carried out in such a way that the vast majority of children with disabilities obtain admission or have access to mainstream education, wherever they live.
- Implementation of policy, plans and provisions requires greater involvement and commitment from stakeholders in order for inclusive education realize its full potential.

RECOMMENDATIONS

Based on these key observations, the following recommendations are made for the promotion of inclusive education.

Mobilization of opinion

- Inclusive education is feasible only when there is a belief in society that the right to education is a basic human right. Initiating change in favour of inclusive education involves mobilizing opinion, and building consensus among the general public and policy-makers. At the national level, a debate on inclusive education can begin the process of consensus-building.
- A positive impact on the attitude of the general public and policy-makers can be made through community awareness programmes to promote support for education of children with disabilities. Being a relatively new concept in Nepal, most people are unaware of the needs and importance of integrated, special and inclusive education. Emphasis should be laid on raising awareness in the community through seminars, workshops and the media in an effort to make parents/caregivers literate on disability issues.
- Disability sensitization programmes to raise awareness should have the active participation of people with disabilities as role models. These people can propagate direct and positive messages to the general public. Moreover, issues of disability should be included in the school curriculum to promote positive attitudes towards people with disabilities from the early years of childhood.
- Orientation programmes for policy-makers and education officials in ministries and NGOs are required. The on-the-ground implementers, such as District Education Officers, teachers, School Management Committees, have to be more aware and knowledgeable about the concepts and utility of inclusive education.

Policy issues

- Instead of having separate education policies for children with disabilities and for non-disabled children, there should be one education policy for all children under the Education for All framework. A broad-based policy and programme for the inclusion of all children with disabilities in normal schools should be devised.
- Local government agencies should understand existing policies, and have the capacity to carry out these policies. They need to ensure that children with disabilities are included in general mainstream schools, and that the world of diversity is respected at school and in the community. In this respect, forming partnerships between schools, parent groups, community

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leaders, NGOs, and government and professional groups is essential in the promotion of inclusion in schools and the community. This endeavour needs to focus on parents' and the community's role in children's education. The approach needs to be guided more by education as a fundamental right of every child and less by the concept of charity and welfare.

- People with disabilities and disabled peoples' organizations (such as the National Federation of the Disabled) must be involved in policy and planning processes. While forming a high-level commission for the development of policy for people with disabilities, care should be taken to conform to the UN principle that the majority of members of such a commission should be people with disabilities. Disabled people should be involved at every stage of any development programme, from project design and implementation, to monitoring and evaluation. It is desirable to have at least one expert for each type of disability, from among people with disabilities, while formulating policy and designing programmes. This would motivate other people with disabilities to come forward to work with children with disabilities.
- A rehabilitation council or training centre involving people with disabilities, experts and technicians should be set up as a separate autonomous body to develop programmes and implementation strategies. This council could be responsible for implementing inclusive education on a pilot basis in selected areas and, based on insights, be responsible for developing mechanisms to promote inclusive education throughout the country. Alternatively, it could initiate non-formal education for people with disabilities to achieve the goal of education for all children with disabilities.
- Programmes and activities that benefit people with disabilities need to be included and developed in collaboration with the National Federation of the Disabled and other such organizations. Community-based rehabilitation programmes for people with disabilities need to be supported to strengthen implementation of such programmes.
- Each disability has unique aspects and requires specific strategies. A general policy may not address the needs of all types of disabilities. There needs to be flexibility in policy implementation so that special needs of different types can be addressed.
- Comprehensive and regular surveys must be undertaken to generate data on children with disabilities who are not in schools.
- Children should not be deprived of the right to education under any circumstances (e.g., not having a birth registration certificate, etc.).

School

- Accessibility to education can be improved by making minor modifications in the physical structure of schools. The school building, classrooms, libraries, toilets, taps and roadway need to be built or modified taking into consideration children with disabilities. It must be recognized that these basic facilities are just the beginning.
- The school environment should be conducive for children with disabilities, and the school staff supportive and understanding. Teachers should help children with disabilities to feel as

comfortable as other children in the school. Schools must be adequately equipped and staffed to be able to accommodate students with multiple and severe disabilities.

- There should be training of new teachers and reorientation of old teachers on inclusion and quality education. The government should coordinate NGOs to start teacher training programmes. Teachers should be trained in methods of teaching where both students and teachers participate in the learning process. Resources must be used to provide assistive devices in classrooms, and other teaching and learning aids.
- Although there must be support teachers to provide collaborative help to the classroom teachers, all teachers in schools have to be trained on multiple disabilities and should be equally competent to teach all types of children. This area needs special consideration because, at present, only resource teacher are trained and they have to look after all children with disabilities. There is often a communication gap between general teachers and disabled students; they usually need the help of a mediator to access each other.
- Children with mental retardation and children with multiple disabilities have to be given greater priority as they are among the most disadvantaged groups. Home-school programmes can be a good starting point for such children.
- The curriculum needs to be flexible and responsive to the diversity of learning needs. No uniform sign language has been developed in the country. There is no dictionary of sign language. This requires urgent attention.

Resource mobilization

- Prevention needs more programmes and more resources. The focus should be on advocating early identification and intervention for children with disabilities, and the provision of early childhood development services. This is area is of great concern as it is easier to cure disability if it is detected early.
- There should be greater coordination among donors, the government and NGOs to pool resources for education and allocate these resources to different components that lead to increases in access, quality and learning achievement of all children, including children with disability.

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