

Dissertation Title

Assessment of Inclusion of Intellectually Disabled Children in NDMC Primary Schools

**A dissertation submitted in partial fulfilment of the requirements
for the award of**

Post-Graduate Diploma in Health and Hospital Management

by

Ms. Apurva Rastogi



International Institute of Health Management Research

New Delhi -110075

April, 2012

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The Research Group • Amaltas Consulting • The Exchange at Amaltas

Certificate of Internship Completion

Date: 01 May 2012

TO WHOM IT MAY CONCERN

This is to certify that Ms. Apurva Rastogi has successfully completed her 3 months internship in our organization from January 02, 2012 to April 02, 2012. During this internship she has worked on Assessment of inclusion of intellectually disabled children in NDMC Primary Schools under the guidance of me and my team at Amaltas Consulting Pvt Ltd.

Any positive/negative comment

Apurva is a diligent worker and was persistent in her efforts to complete her work despite an otherwise gruelling schedule.

We wish her good luck for her future assignments.

Name: Dr. Suneeta Singh
Designation : CEO

Certificate of Approval

The following dissertation titled "Assessment of Inclusion of Intellectually Disabled Children in NDMC Primary Schools" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of Post-Graduate Diploma in Health and Hospital Management for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name

Signature

Certificate from Dissertation Advisory Committee

This is to certify that **Ms. Apurva Rastogi**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. She is submitting this dissertation titled **“Assessment of Inclusion of Intellectually Disabled Children in NDMC Primary Schools”** in partial fulfilment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

| | | | |
|-----------------------|----------------------------|---------------------------|--|
| Faculty Mentor | <u>Dr. Preetha G. S.</u> | Organizational Advisor | <u>Dr. Suneeta Singh</u> |
| Designation | <u>Assistant Professor</u> | Designation | <u>Chief executive officer</u> |
| | <u>IHMR, New Delhi</u> | Organization | <u>Amaltas Consulting Pvt. Ltd.</u> |
| | | Address | <u>C-20 Hauz Khas, New Delhi- 110016</u> |
| Date | 1 st May 2012 | Date | 1 st May 2012 |

Executive Summary

Inclusive education is essential not only for the future of children who are differently abled, but in order to build a healthy, humane and democratic society. A potential workforce of 60 million is being prevented from contributing to the nation; and the simple reason for this is that the percentage of physically differently abled students actually receiving education continues to be abysmally low.

The UN Declaration on the Rights of Disabled Persons 1975 has defined differently abled person as “any person unable to ensure by him-self or her-self, wholly or partly, the necessities of a normal individual and/or social life, as a result of a deficiency, either congenital or not, in his or her physical or mental capabilities”.

There are two major official sources of data on disability in India – the Census of 2001 and the National Sample Survey (NSS) Organization 58th Round, 2002. The two are not consonant with respect to the estimation of people with disabilities (PWD), with Census estimates about 18% higher than NSS estimates. Census 2001 reported 21.91 million PWD (~2.19%) while the NSS 2002 provided an estimate of 18.5 million (~1.8%). About 10.63% of the differently abled persons suffered from more than one type of disability and 8.4% and 6.1% of the total households in rural and urban India respectively have at least one differently abled person. (ICMR Bulletin, Prevention of disability in children, Vol.37, No. 4-6, June 2007) The difference in aggregate estimates is partly explainable on the basis of different definition for disabilities used in the NSS and Census. In contrast, disability rates were very low in Delhi as compared to the national average. Based on the sample data collected by the NSS 58th round, an estimated 77,046 persons were differently abled with one impairment in respect of mental, vision, speech, hearing and loco motor disability. The gender distribution of differently abled persons was 52,239 males and 24,102 females constituting 68% and 32% males and females respectively. The prevalence rate for males was 0.55% and 0.69% for females. The majority of differently abled persons (70.43%) were loco motor impaired followed by mentally retarded (7.70%), speech impaired (7.69%), hearing impaired (7.0%), mentally ill (6.24%), blind (5.26%) and low vision (2.14%).

As expected, fewer differently abled persons in Delhi were illiterate in comparison with the national average, with only about 24.0% differently abled persons being illiterate. About 30.0% of differently abled have studied only up to the primary level while 18.0% and 27.0%

differently abled persons were educated up to middle and secondary and above secondary level respectively. Thus, in spite of the support for inclusive education for differently abled in the normal schools and availability of a large number of institutional services through NGOs and other governmental organizations for education of differently abled persons, the educational levels for differently abled persons in Delhi are still poor and need support and strengthening.

According to the ICMR Bulletin 2007, a major risk factor for childhood disability includes a positive history of drug intake by the mother during antenatal period, complications/illness during pregnancy or delivery, complications in child after birth, delayed cry at birth, delayed milestones, illiteracy of parents and birth order of more than five. Other possible risk factors include consanguineous marriages, continuing pregnancy after attempted abortions, single mothers and low age at child bearing.

Inclusive Education

In a country like India where social exclusion of the differently abled individuals is significant, the inclusion of children with disabilities plays a very important role. The initiation began with the National Policy on Education in 1986. According to the Policy, inclusive education has been conceptualized with an objective of integrating the mentally and physically handicapped with the general community as equal partners to prepare them for the normal growth and enable them to be a part of the mainstreaming education system. There has been a paradigm shift from concept of integration to the concept of inclusion. Inclusion can be seen as a process of addressing and responding to the diversity of the needs of all learners by increasing the participation through a common platform.

Inclusive education is more than just including the differently abled children into the mainstream educational system. It also includes the process of examining other related exclusionary practices in society. Thus inclusive education is not only concerned with how relatively a small group of children can be helped to move along with others in protected environments such as schools; but it also helps to lay down the foundation for an approach which could lead to the transformation of the societal perceptions.

The basic concept of inclusive education hinges on understanding the diverse needs of these excluded children in the regular education system. The education of all children, including

children with disabilities, assists in breaking down barriers and negative attitudes and facilitates social integration and cohesion in communities. The involvement of parents and the local community further strengthens this process. Inclusive education, with access to education in the regular local or community school, provides the best opportunity for the majority of children and youth with disabilities to receive an education. However, in some instances, special education may be the most appropriate form of education for some children with disabilities. Classrooms are turning away children with disabilities in numbers so large, that both activists and parents are seriously worried. Never mind what the law says, it is very difficult, if not impossible, for a child with a disability to get into a regular school. The few times that does happen, it's usually because of a sympathetic teacher or a principal. Unfortunately, should that teacher leave, the differently-abled child is left to fend for himself again.

In our Indian Constitution several Articles and Clauses provide ample opportunities for the development of legal instruments to protect the rights of the differently abled people. The first major legal advancement for the protection of the rights of the differently abled people after the constitutional guarantee took its shape as the Rehabilitation Council of India Act, 1992 which came into force on 31st July 1993. The Persons with Disabilities (Equal Opportunities, Protection of Rights & Full Participation) Act, 1995, came into force after a decade old lobbying by the activists working for the rights of the differently abled. This Act classifies the categories of the differently abled and further identifies the duties of the Government of India, State Governments and local administration towards the welfare of the differently abled people.

Education of children with special needs within the context of general educational setting needs effective implementation through a clear, definite and strict policy with adequate financial support. An extensive programme of orientation and staff training with necessary support services are necessary to achieve the success of inclusive education. Still many of us, do not have a clear concept on inclusive education. At national level as well as state level, there is no inclusive education component under elementary education. There are inadequate special schools and special teachers. Activities/interventions are not yet modified according to the needs of special needs children. There is no training component on curriculum transaction under inclusive education for trainers, master trainers but the system and the special needs children himself has to get adapted to the existing regular curriculum. This, perhaps reflect lack of vision for quality elementary education. Considering the above aspects, there is a need to assess the whole system, identify the loopholes and then providing

the solutions to the foresaid problems so that the objective of mainstreaming of the education for the children with special needs can be accomplished.

Objectives

To assess the status of Inclusive Education among Differently abled children suffering from intellectual disabilities in NDMC schools of Delhi with a perspective of public health.

Different sections had been constructed on the basis of different parameters and attributes which determines the inclusion in the services. This analysis had been categorized under following sections namely - *Profile of the respondents, Identification and screening of differently abled students in a school, Pre-integration training to differently abled students in a school, Availability of Human resources to differently abled students in a school, Availability of Non-human resources differently abled students in a school, Other essential support for differently abled students in a school, Enrolment and retention picture of differently abled students in a school*

Conclusions

In Indian context, the system of education has been compromised at each and every level. The child is no longer seemed to be as a priority to our education system. Education is largely seen as the route to white collar jobs which has moulded generations to the think. Inclusive education in India, needs must contend with the present system of education, which is provided under the Integrated Education Program for children with mild disabilities in a regular school and the special school for the more severely disabled child under the Ministry of Social Justice and Empowerment implemented through state governments and NGO's.

The inclusion of children with disabilities is a process inspired by the promotion of human rights that benefits the entire population of a country. It gives a clear picture of all the government commitments to its countrymen with a connotation of good governance. The international and national commitments like Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities provide critical policy imperatives, frameworks and guidance for the development of inclusive practices.

- A more focussed discussion is needed on problems associated with its implementation. There has been lack of statistics on the prevalence of intellectual disability. Two

institutions in India, the Census of India and National Sample Survey Organizations collect information on nature and magnitude of disability in India. The results are not comparable because of the differences in the definitions used by them. Surveys conducted by the NSSO (National Sample Survey) in 2002 and the Census in 2001 show varying figures with the NSSO quoting 1.8% (1.85 crore of the country's population) and the census quoting 2.19% of the population (2.19 crore).

- Profile of the different NDMC Schools illustrates that there exist a lack of resource teachers. Only few schools have resource teachers who can assist the differently abled students in the school. In some cases, the regular teachers of a school are appointed as resource teachers so as to fulfil the requirements associated legislations and norms. Also the availability of resource teachers is not adequate and is far below the normal standards. The teachers are also not well qualified.
- NDMC Schools lack a facility of identification of differently abled students. They are not involved with identification of the differently abled students. They only admit the differently abled students who come to their door. They pointed out that they have no right to deny admission to any children on the basis of any criteria like age, gender, disability, etc. They assured that their school follows zero rejection policy.
- All the NDMC Schools follow the Zero Rejection Policy as stated in the norms of SSA. They have no rights to deny the admission of a child on the basis of any grounds. This can be shown by the fact that all the NDMC schools admit the students even out of the usual admission cycle.
- Most of the NDMC Schools are not prepared for the mainstreaming as it has been found out that only few schools are being equipped with aids and appliances. Few number of schools have satisfactory infrastructure for supporting the differently abled students in their schools.
- The infrastructure of the NDMC Schools does not have barrier free access. Either they do not have ramps in their schools or if the ramps are available then they are without handrails. The teachers reported that they bring this problem on the board but no sincere actions have been taken yet. Also the toilets are not modified as per demanded by the differently abled students which makes it difficult for them to come to the schools and access the services.
- It has also been reported that parents of the differently abled students are not much concerned about their child's behaviour and performance in the school. They usually do not contact the teachers. The reason is that each child in NDMC Schools is coming from

the poorer family background and the awareness level among the poor parents is very less. No counselling services are being imparted to the parents by the school authority. This is the biggest loophole which prevents a differently abled child to access the educational facilities. It is important to undertake wide spread awareness among the parents about the need and importance of educating the differently abled children.

- Lastly, it is also observed that no separate database has been maintained by the schools for the differently abled students of their schools. No year-wise, class-wise or disability-wise data has been obtained from the school so as to know the current trends. Also the principals of the schools are not aware about the number of differently abled students in their schools. In most of the cases they do not have direct interaction with the resource teachers.

Recommendations

Creating a more inclusive society for all and for differently abled children in particular, requires a number of preconditions that combine to provide a supportive environment for inclusion. These critical components for key recommendations on disability and inclusion

Participatory: There is a need for making all the schools as inclusive focussed by involving parents, family and the community as well at all the stages of education. The entire curriculum related policies and programmes should be made inclusive in nature in order to effectively address the issues related to the education of the differently abled students.

Planning: The teacher's education and trainings should be restructured for effective delivery of education in the inclusive models. Responsibility for specific programs for the differently abled should be brought clearly under relevant line Ministries in some cases, e.g. bringing all education policies under MHRD as noted above.

Service delivery: Removal of physical barriers for barrier free access. While being flexible in the timetable and delivery of the curriculum, the school should also provide the differently abled children with the needed resource support which embraces resource teachers, assistive devices and teacher-learning material.

Capacity development: Make all early education and care programmes (0-6 years) sensitive and responsive to the special needs of the differently abled children , including training of Anganwadi workers and other health workers in identification of the needs of the differently abled children, use of age appropriate play and learning materials and counselling of the parents.

Children with disabilities and their families constantly experience barriers to the enjoyment of their basic human rights and to their inclusion in society. Their abilities are overlooked, their capacities are underestimated and their needs are given low priority. Yet, the barriers they face are more frequently as a result of the environment in which they live than as a result of their impairment.

While the situation for these children is changing for the better, there are still severe gaps. On the positive side, there has been a gathering global momentum over the past two decades, originating with persons with disabilities and increasingly supported by civil society and governments. In many countries, small, local groups have joined forces to create regional or national organizations that have lobbied for reform and changes to legislation. As a result, one by one the barriers to the participation of persons with disabilities as full members of their communities are starting to fall.

Progress has varied, however, both between and within countries. Many countries have not enacted protective legislation at all, resulting in a continued violation of the rights of persons with disabilities.

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Thank You.

Ms. Apurva Rastogi
IIHMR
PGDHHM

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ABBREVIATIONS

| | |
|--------|--|
| CP | Cerebral Palsy |
| GBD | Global Burden Of Diseases |
| ICMR | Indian Council Of Medical Research |
| ID | Intellectual Disability |
| IEDC | Integrated Education For Disabled Children |
| IEDSS | Inclusive Education Of The Disabled At Secondary Stage |
| IEP | Integrated Education Plan |
| IGNOU | Indira Gandhi National Open University |
| ILO | International Labour Organization |
| LD | Learning Disability |
| MHRD | Ministry Of Human Resource And Development |
| MR | Mental Retardation |
| MSJE | Ministry Of Social Justice And Empowerment |
| NDMC | New Delhi Municipal Corporation |
| NIOS | National Institute Of Open School |
| NSS | National Sample Survey |
| PWD | Person With Disability |
| RCI | Rehabilitation Council Of India |
| RTE | Right To Education |
| SMC | School Management Committee |
| SSA | Sarva Shiksha Abhiyan |
| UN | United Nations |
| UNESCO | United Nations Educational, Scientific And Cultural Organization |
| UNICEF | United Nations Children's Fund |
| VEC | Village Education Committee |
| WHO | World Health Organization |

Part 1

Internship Report

ORGANIZATIONAL PROFILE

Amaltas Consulting Pvt. Ltd.

Introduction to the Organization

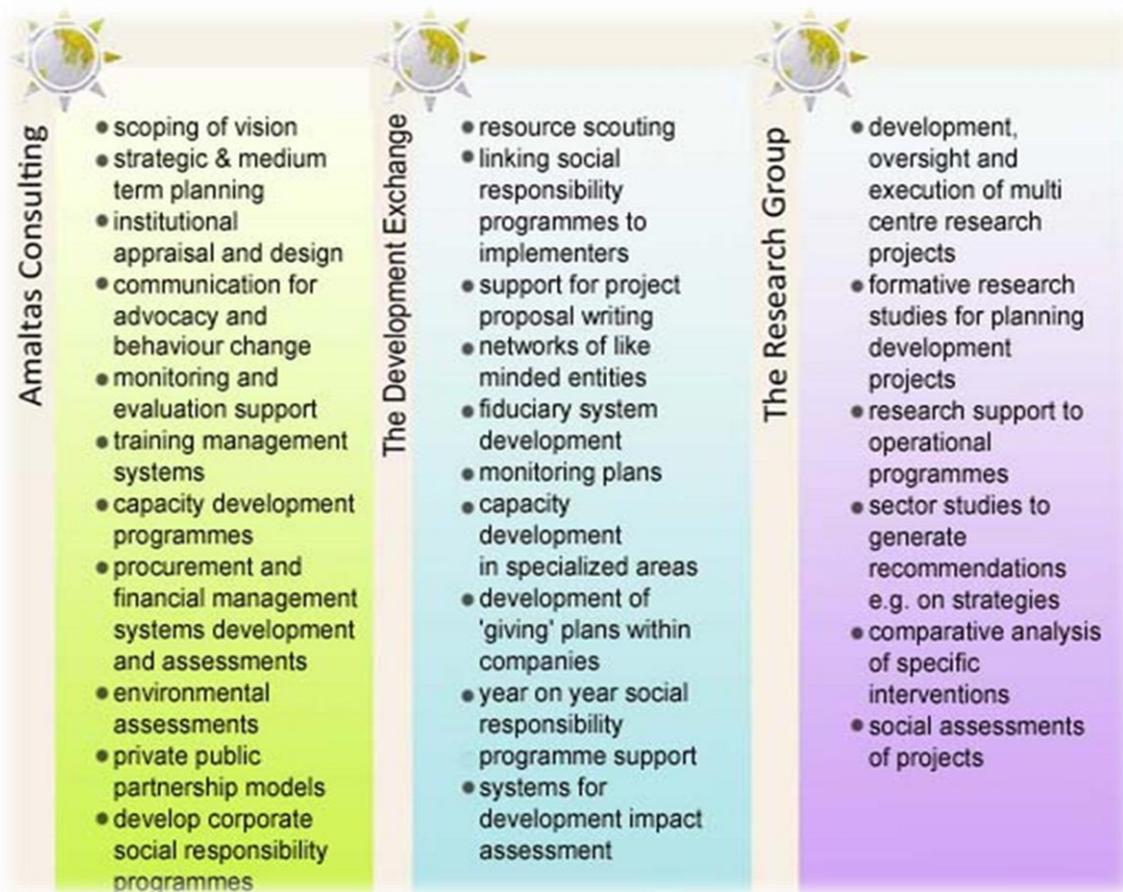
Amaltas is named after the glorious Indian laburnum, ubiquitous in this region of the world. Amaltas works in the development sector to provide high quality research and consulting services directed to accelerate improvements in the lives of people in South and East Asia.

Amaltas has substantial experience in executing consulting assignments for governments, international funding agencies, technical agencies and non-governmental organizations, particularly in the health sector in the region.

The organization has three divisions

- **Amaltas Consulting** provides consultancy for development to the public and private sectors
- **The Development Exchange** connects funders with implementers of development action
- **The Research Group** develops, oversees and executes research projects.

Figure 1 Divisions of Amaltas



Amaltas Consulting Private Limited was registered in India in 2006 under the Companies Act, 1956. It brings together top-notch professionals who are interested in furthering development through active participation in the development dialogue of the region. We believe that partnerships with like-minded organizations and individuals will help in establishing a strong network of development professionals who will move this agenda forward. We have established associations with several individuals and organizations which extends our skills profile.

The firm brings a fresh approach and innovative ideas to bear upon developmental issues, while leveraging the many years of operational experience of its senior personnel to lead and frame solutions.

Projects

Amaltas is presently dealing with International as well as National assignments.

Some of the on-going assignments include:

- *Johns Hopkins University Bloomberg School of Public Health, USA / Evaluative Assessment of phase II of the Gates funded AVAHAN Program* - The Research Group, Amaltas has been commissioned with the Johns Hopkins University Bloomberg School of Public Health, to undertake an evaluative assessment of Phase II of AVAHAN - the India AIDS Initiative of the Bill and Melinda Gates Foundation. The assessment seeks to inform the transition and the influence processes in India, and generate global learning that can inform similar processes elsewhere.
- *International Development Research Centre Canada/ Strategic Evaluation of Research Excellence* - The International Development Research Centre (IDRC) is undertaking a two-part strategic evaluation on the denotation of research excellence. IDRC has asked Amaltas, in consortium with Western Michigan University, to complete the first phase of this evaluation which seeks to determine what defines 'excellence' in development research. The decision to fund a strategic evaluation on research excellence is in keeping with IDRC's desire to direct its available funds towards research that will deliver the highest quality ideas, understandings and solutions.
- *The World Bank / Developing a Legal Roadmap for the Empowerment of LGBT groups in India* - The discourse on alternate sexualities in India's public space has grown in scope and volume. An important rallying point

has been the demand to amend of Section 377 of the IPC. Other laws and policies which have limited the communities' ability to access and exercise their rights have also come into the spotlight. A better understanding of laws and their provisions; and their discussion within a policy framework will create an environment in which LGBT groups can demand and access services due to them. The assignment supported by Regional funds, will provide insights and inputs to policies and will develop a programmatic framework that encourages and supports the fullest expression of the rights of the LGBT people as citizens of India.

- *Wellcome Trust Grant to the PHFI-UK Consortium* - Amaltas has been asked to undertake an evaluative assessment of the Wellcome Trust Capacity Building Grant to the PHFI-UK Consortium for a Future Faculty Program initiated in 2009. The Wellcome Trust has provided a capacity building Grant to a Consortium of Public Health Foundation of India (PHFI) and 14 schools of Public Health in the UK in support of this vision.
- *Ministry of Rural Development Cambodia / Monitoring and Evaluation of the Asian Development Bank funded Second Rural Water Supply and Sanitation project, Cambodia* - The Asian Development Bank has provided the Royal Government of Cambodia a grant to assist rural development and poverty reduction through improved rural water supply and sanitation systems. Amaltas has been commissioned to support the Second Rural Water Supply and Sanitation Sector Project with monitoring & evaluation services from January 2011 to July 2015.
- *UN Women / Final Evaluation of UN Women Support to PWN+ on HIV-AIDS Projects in India* - UN Women has supported the initiatives of the Positive Women's Network (PWN+) for a decade, helping to improve its organizational capabilities and its work to address issues of women living with HIV and AIDS. The Regional Office of UN Women has asked Amaltas to undertake a final evaluation of its support to the PWN+ on HIV and AIDS projects in India.

- *UNAIDS / Country Progress Report India 2010, Report to UNGASS* - Amaltas was entrusted with the task of drafting India's 2010 Country Progress Report to UNGASS based on the output obtained from a consultative meeting, data review workshop and data from other sources, and arrive at agreement on indicators and vetting of data collected through electronic consultation. Data mining and verification with stakeholders was critical for a sound review of the HIV and AIDS situation in the country.

Amaltas Clients

International Assignments

JHSPH USA

IDRC Canada

PHFI UK Consortium

MRD Cambodia

World Bank

WHO

Jhpiego

UN WOMEN

Save the Children UK

IFPRI USA

UNFPA Nepal

National Assignments

UNDP

UNAIDS

TCI Foundation

Govt of Uttar Pradesh

UNICEF

WHO

Plan International

DFID

World Bank

US Government

I L & FS

Publications

From its inception, Amaltas has produced an occasional Working Paper series highlighting some of the most topical issues of the day. These pieces are researched by the staff at Amaltas. This research has also fed into the various activities of the organization. The Working Papers are designed to provide their comments on the

issue and therefore fall into the area of policy briefs for the most part. Amaltas also produces a vast amount of information through its research and consulting projects. However, much of this information is confidential or is not ‘owned’ by the organization since it is work carried out for its clients.

Working Papers produced by Amaltas include:

- *Working Paper 1: Public Private Partnerships in Health – Threat or Opportunity?*
- *Working Paper 2: Immunization in India – Where does it stand?*
- *Working Paper 3: Unwanted and Unwelcomed – Undernourishment in the Girl Child in India*
- *Working Paper 4: Recognizing and Tackling Vulnerabilities – Responding to HIV-AIDS in India*
- *Working Paper 5: Human Resources for Health – Pragmatic Solutions for a new India*
- *Working Paper 6: Necessary and Sufficient Conditions – Evaluation, Evidence and Knowledge Translation*
- *Working Paper 7: An Unequal Gender – Gender, Society and Movements*
- *Working Paper 8: More than Equal – Equity, Inclusion and Social Justice*

Events

Amaltas takes several routes to the generation of intellectual capital and the gathering of development thinking. In this regard, it hosts two types of regular events.

- The first called The Bash @ Amaltas is a yearly gathering of Amaltas’ partners, encouraging them to forge new acquaintanceships and partnerships. At The Bash, we also showcase one organization that works on a subject that Amaltas supports. In the past we have showcased Tatsat, a privately-run shop that sources goods from NGO to sell in the retail market; Sahara, an NGO working with marginalized populations; and

Asmita, a theatre group that focuses on social issues in its works. This year we feature the artist couple Darshana and Ratilal Kansodaria who celebrate nature and its conservation through their embroidery and bronze artwork.

- The second is a new initiative called The Delhi Dialogues. The Delhi Dialogues is born out recognition that to progress the knowledge on development in India, we need many people discussing, dissecting and debating the current gyaan that's available. And more often than not, there is not the people, not the space, and not the time to do so. Amaltas is attempting to provide one such space and hopes that many other such events come into being.

Part 2

Dissertation Report

**Assessment of Inclusion of
Intellectually Disabled Children in
NDMC Primary Schools**

CHAPTER 1

Introduction and Background

“A dominant problem in the disability field is the lack of access to education for both children and adults with disabilities. As education is a fundamental right for all, enshrined in the Universal Declaration of Human Rights, and protected through various international conventions, this is a very serious problem. In a majority of countries, there is a dramatic difference in the educational opportunities provided for disabled children and those provided for non-disabled children. It will simply not be possible to realize the goal of Education for All if we do not achieve a complete change in the situation.”

Inclusive education is essential not only for the future of children who are differently abled, but in order to build a healthy, humane and democratic society. A potential workforce of 60 million is being prevented from contributing to the nation; and the simple reason for this is that the percentage of physically differently abled students actually receiving education continues to be abysmally low.

Inclusion removes barriers to education for those for whom physical or intellectual hurdles exist. Inclusion to education involves placing children with special needs into the mainstream education system and encouraging everyone to participate as members of a diverse community. According to a statement made by Shri Arjun Singh, Union Minister for Human Resource Development on 21st March 2005, the need for inclusive education arises precisely because it is now well understood that most children with disabilities can, with motivation and effort on the part of teaching institutions, become an integral part of those institutions.

Efforts are being taken by organizations and related authorities in order to desirable inclusion. Several schools and institutions of higher learning are now recognising that the inclusion of differently abled students is a step towards the holistic development of other students as well. Vasant Valley School Delhi, for instance, not only welcomes such students in mainstream education but also nurtures and encourages them to participate in co-curricular activities. An educator and therapist at Sparsh, a special school, emphasises that differently abled students do not need sympathy but support. She says, “the feeling of being special has to be taken away from these students and they need to be integrated into the mainstream by making regular institutions more differently abled friendly”.

“The need of the hour is to enhance links between special and mainstream education and a push in the right direction by policy-makers”

Anupriya Chadha, a senior consultant on inclusive education with the Sarva Shiksha Abhiyan and an expert on learning disabilities

On 19th April 2012, the Times of India (Gurgaon Ed) reported the ban that the Haryana government has placed on the use of expression “Handicapped”. An official spokesperson stated that the expression “handicapped” violates and undermines the dignity of persons with disability and is against the spirit of Indian Constitution and the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act of 1995. Some even say that the use of expressions such as ‘Differently Abled’ should be discouraged. This is because such expressions harp

more on the ‘differentiality dimension’ whereas there is urgency to promote the ‘equality dimension’ in the country¹.

¹ Times of India – Gurgaon, 19 April 2012

1.1

Introduction

The term ‘disability’ has many different meanings. The Global Burden of Disease² (GBD) however, uses the term disability to refer to loss of health, where health is conceptualized in terms of functioning capacity in a set of health domains such as mobility, cognition, hearing and vision (WHO 2004).

Disability is a common term, which is derived from the Latin prefix ‘dis’ meaning negation, separation, each of or opposite of and the Latin words ‘habilitas’ meaning fitness; and ‘habere’ indicating to have or to be easily handled. Therefore, disability indicates the lack of power or ability to do something. Disability refers to any limitations experienced by the differently abled in comparisons to able persons of similar age, sex and culture.

The UN Declaration on the Rights of Disabled Persons 1975 has defined differently abled person as “any person unable to ensure by him-self or her-self, wholly or partly, the necessities of a normal individual and/or social life, as a result of a deficiency, either congenital or not, in his or her physical or mental capabilities”.

WHO defines the relationship between impairment, disability and handicap as ‘impairment’ refers to organ level functions or structures, ‘disability’ refers to person-level limitation in physical and psycho-cognitive activities, and ‘handicap’ to social abilities or relation between the individual and society.

Source: World Health Organization, 1976

² World Health Organization. Global Burden of Disease Report. Geneva: World Health Organization, 2004. Available at http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_part3.pdf.

The World Health Organization (WHO 1976) draws on a three-fold distinction between impairment, disability and handicap:

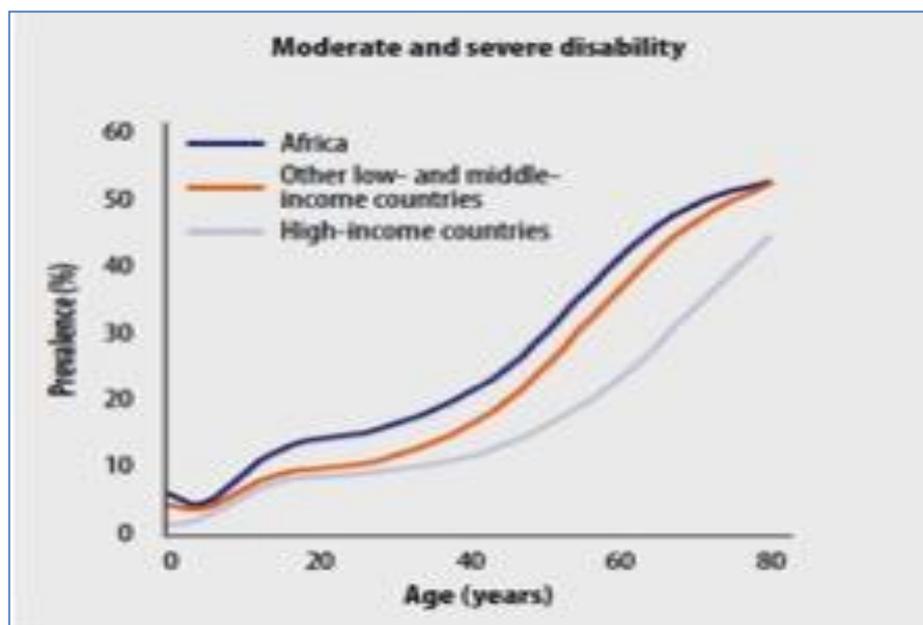
Impairment is any loss or abnormality of psychological, physiological or anatomical structure or function.

Disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Handicap is a disadvantage, for a given individual, resulting from impairment or a disability, which prevents the fulfilment of a role that is considered normal (depending on age, sex and social and cultural factors) for that individual.

WHO estimates of global prevalence of moderate and severe disability, as defined by the Global Burden of Disease, is expected to increase as depicted in Figure 2 below.

Figure 2 Estimated prevalence of moderate and severe disability in the world, 2004



Source: WHO 2004

The purpose of economies is not only to grow and develop but also to keep balance between the two. Education is a pillar which is essential to maintain this balance and thus occupies special position in our past, present and future. It is without question

that everyone should have an equal opportunity of being educated. Millennium Development Goal (MDG) 2 – Universal Primary Education puts a spotlight on education to all. “Education to all” means equal opportunity of education irrespective of socio-economic or health status. It is here that the concept of inclusive education comes into its own. The term “inclusion” address the need of education among population of all ages with special focus on marginalised deprived and excluded ones.

Although there is no specific or legal definition of the term, inclusive education is taken to mean the approach of integrating differently abled children into the general education system. The UN Convention on the Rights of the Child (1989) – Article 23, was the first document to raise the concern and need for education of differently abled populations although the document did not explicitly emphasise inclusive education. The document focused on the special needs of differently abled children and the need to provide assistance in education through finance, training, improved access, health care services and rehabilitation services. Discriminatory behaviour limits the opportunity for employment and self-development of the differently abled population leading to poverty and other related consequences such as poor health and hygiene. The Salamanca World Conference on Special Needs Education 1994 was a signpost meeting which advocated the concept of inclusive education. The Conference yielded widespread consensus on the need for inclusion of all differently abled children and reaffirmed a commitment to Education for All.

In India, the first stirring of specifically for the children with disabilities in the age group of 15-18 years was a scheme called the Integrated Education for Disabled Children (IEDC, 1974). This was re-emphasized by the National Policy of Education (1986) which spoke of the need for the removal of disparities and focused attention on actions to equalise educational opportunity, especially for women, Scheduled Tribes and the Scheduled Caste communities. IEDC was meant to cover all classes in the school education stage, however on recognising that differently abled children under secondary stage were not properly covered, it was discontinued and replaced by the Inclusive Education of the Disabled at Secondary Stage (IEDSS, 2009).

The IEDSS was launched by the Ministry of Human Resource Development in collaboration with Sarva Shiksha Abhiyan³ (SSA) to cover differently abled children at the secondary stage (classes IX to XII) of education. The objective of IEDSS is to enable the differently abled children with one or more disabilities as defined under the Persons with Disabilities Act (1995) and the National Trust Act (1999)⁴ such as Blindness, Low vision, Leprosy cured, Hearing impairment, Locomotor disabilities, Mental retardation, Mental Illness, Autism and Cerebral Palsy, and who have completed eight years of elementary education to continue their education at the secondary stage in an inclusive environment in regular Government, local body and Government-aided schools.

The Persons with Disability Act (1995) paved the legislative provision of free and compulsory education to all children with disability up to the minimum age of 18 years. This was made urgent by the Sarva Shiksha Abhiyan (2001) which promises eight years of elementary schooling for all children, including children with disabilities, by 2010.

The enactment of the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 (referred to as the National Trust Act) aims to fulfil a common demand of families seeking reliable arrangement for their severely differently abled wards. The specific objectives of the Act is to enable and empower persons with disabilities to live as independently and as fully as possible within and as close to the community to which they belong.

³ Attached as Appendix 4

⁴ Attached as Appendix 8

1.2

Review of Literature

Magnitude of disability

There are two major official sources of data on disability in India – the Census of 2001 and the National Sample Survey (NSS) Organization 58th Round, 2002. The two are not consonant with respect to the estimation of people with disabilities (PWD), with Census estimates about 18% higher than NSS estimates. This can be depicted as in Table 1 below. Census 2001 reported 21.91 million PWD (~2.19%) while the NSS 2002 provided an estimate of 18.5 million (~1.8%). About 10.63% of the differently abled persons suffered from more than one type of disability and 8.4% and 6.1% of the total households in rural and urban India respectively have at least one differently abled person⁵. The difference in aggregate estimates is partly explainable on the basis of different definition for disabilities used in the NSS and Census.

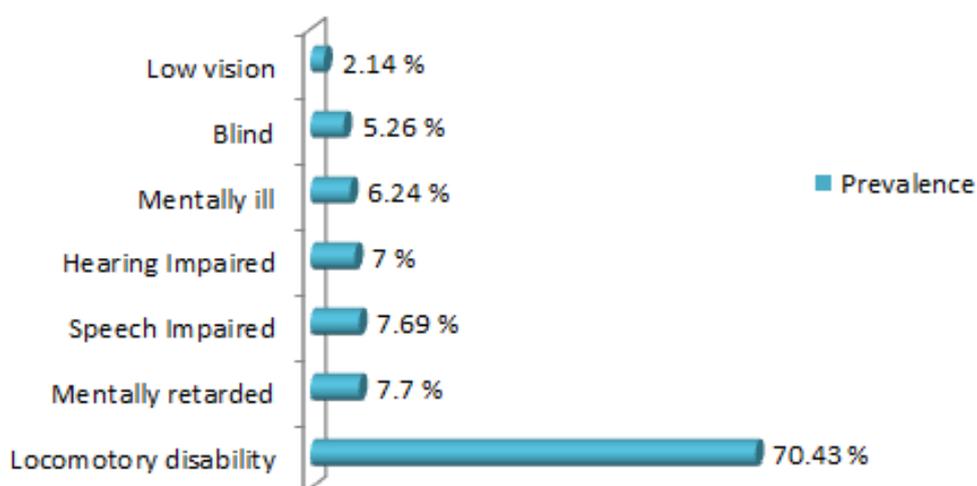
Table 1 Developmental Disabilities in India – Census 2001 and NSS 2002 estimates

| Source | Age groups covered | Findings: Prevalence and Spectrum of Disabilities | |
|--|----------------------------|---|--------|
| Census of India, 2001 | All age groups are covered | Differently abled persons = 2.19% (21.91 million) | |
| | | Vision | 1.03% |
| | | Speech | 0.16% |
| | | Hearing | 0.12% |
| | | Movement | 0.59% |
| | | Mental | 0.22% |
| National Sample Survey (58 th round) 2002 | All age groups are covered | Prevalence rate: 1.77% (18.49 million) | |
| | | Loco-motor disability | 57.5% |
| | | Blindness | 10.88% |
| | | Low vision | 4.39% |
| | | Hearing impairment | 16.55% |
| | | Speech disability | 11.65% |
| | | Mentally retarded | 5.37% |
| | | Mentally ill | 5.95% |

⁵ ICMR Bulletin, Prevention of disability in children, Vol.37, No. 4-6, June 2007

The education level of differently abled persons tells a gloomy story with about 59% in rural areas and 40% in urban areas being illiterate. Even among differently abled literates, a significant proportion was educated only up to primary or middle level both in rural and urban areas. Provision of vocational training to the differently abled person has yet to gain momentum with only 1.5% and 3.6% differently abled population in rural and urban areas respectively having received vocational training in 2002. The majority of differently abled persons are not provided equal opportunities for education and even the few who are enrolled in schools are not provided equal opportunity for middle, secondary and higher education.

Figure 3 Prevalence of different disabilities in Delhi



Source: NSSO 58th Round, 2002

In contrast, disability rates were very low in Delhi as compared to the national average. Based on the sample data collected by the NSS 58th round, an estimated 77,046 persons were differently abled with at least one impairments in respect of mental, vision, speech, hearing and loco motor disability. The gender distribution of differently abled persons was 52,239 males and 24,102 females constituting 68% and 32% males and females respectively. The prevalence rate for males was 0.55% and 0.69% for females. The majority of differently abled persons (70.43%) were loco motor impaired followed by mentally retarded (7.70%), speech impaired (7.69%), hearing impaired (7.0%), mentally ill (6.24%), blind (5.26%) and low vision (2.14%).

Table 2 Share of PWD in Census 2001 and NSS 2002

| PWD as share of... | Census | NSS 58th |
|---------------------------|---------------|-----------------|
| All individuals | 2.13 | 1.8 |
| All urban individuals | NA | 1.50 |
| All urban households | NA | 6.1 |
| All rural individuals | NA | 1.85 |
| All rural households | NA | 8.4 |
| All males | 2.37 | 2.12 |
| All females | 1.87 | 1.67 |

Source: Census 2001 and NSS 58th round on Disability

About 51.5% of the differently abled can function without aids/appliances; 20.9% cannot function even with aids and appliance; and another 21.3% can undertake self-care with the help of aids and appliance. Significantly 6.3% of the differently abled have neither tried nor have access to aids and appliance in urban areas. Thus as compared to the national average, a majority of the differently abled person have access to aids and appliances in Delhi.

As expected, fewer differently abled persons in Delhi were illiterate in comparison with the national average, with only about 24.0% differently abled persons being illiterate. But surprisingly, illiteracy rate among the differently abled was lower in rural areas (14.8%) than in urban areas (27.8%), attributed perhaps to differently abled person in slum colonies, who may have migrated from rural areas. However 30.0% of differently abled have studied only up to the primary level while 18.0% and 27.0% differently abled persons were educated up to middle and secondary and above secondary level respectively. Thus, in spite of the support for inclusive education for differently abled in the normal schools and availability of a large number of institutional services through NGOs and other governmental organizations for education of differently abled persons, the educational levels for differently abled persons in Delhi are still poor and need support and strengthening.

A number of voluntary organizations, NGOs and government organizations provide technical training to develop the capacity to attend the needs and requirements of the differently abled persons. These organizations also provide educational, referral, healthcare, vocational and rehabilitation support in Delhi. Thirty-six NGOs in Delhi were provided financial assistance during 2001-02 and a total of Rupees 52.7million

accounting for 8.67% of the country's monetary outlay under this scheme was disbursed for voluntary action support to differently abled persons in Delhi. Eleven Government Organizations and NGOs were supported and Rupees 24.21 million were provided to support the purchase of aids and appliance and other fitments for physically and mentally impaired persons in Delhi. Several concessions have also been provided by the Delhi government in respect of educational reservation, job reservation in C and D groups, preference for land allotment etc.

“Disabled people are not only the most deprived human beings in the developing world, they also the most neglected”

Amartya Sen

A variety of reliable source suggest that the real prevalence of disability in India is ~40 million. It is also suggested that these figures could be as high as about 80 million if more inclusive definitions of mental retardation and mental illness were used. A World Bank study⁶ on People with Disabilities reports some categories that are functionally differently abled, but will not be identified as such by their families and may contribute to under-estimation of the problem. Further, the social stigma attached to disability is also very likely to contribute to such under-estimation.

The same study also revealed that parents prefer to send their mentally challenged children to special schools as compared to regular schools. There appears an existence a major difference in parent's readiness to send their child to regular schools; with there being a higher readiness to send children with loco-motor, vision and hearing disability as compared to children with mental illness or retardation. Alarmingly, parents of differently abled children with mental impairments think that their children cannot get any kind of education, and thus they do not consider sending their children to attend either a regular or special school. Attitudinal issues thus play a serious role with respect to children with disabilities.

⁶ World Bank Report. *People with disabilities in India: from commitments to outcomes*. Washington DC: Human Development Unit, South Asia Region, World Bank, 2007.

A large number of surveys on childhood disabilities have been carried out across the globe. According to an ICMR Task Force study⁷ carried out at three centres (Delhi, Jaipur, Lucknow), the prevalence of disability among children below six years of age was found to be 8.8 per thousand in Delhi, 6.5 per thousand in Jaipur and 12.6 per thousand in Lucknow. However, the prevalence of disability among children aged 0-6 years in China⁸ is 1.36% according to one study. Another study on differently abled children in a rural community of southern Thailand⁹ has reported a prevalence of 1.2%. A large scale prevalence study¹⁰ of child disability among those below 15 years has been conducted in a Saudi population which infer the prevalence rate of major impairment as 3.76 per thousand. Prevalence of disability in children in a cross sectional survey¹¹ in Central Region, Ghana was found to be 1.8%. Similarly a study¹² carried out in children over 5 years of age in Northern Ethiopia reported prevalence of disability as 4.9%.

Risk Factors associated with disability

According to the ICMR Bulletin¹³ 2007, a major risk factor for childhood disability includes a positive history of drug intake by the mother during antenatal period, complications/illness during pregnancy or delivery, complications in child after birth, delayed cry at birth, delayed milestones, illiteracy of parents and birth order of more than five.

⁷ ICMR Bulletin. *Prevention of disability in children*. Vol.37, No. 4-6, June 2007

⁸ Hui Zhang et al. *Sampling survey of disability in 0-6 year-old children in China*. Institute of Basic Medical Sciences, China.

⁹ Pongprapai S. et al. *A study on disabled children in rural community in southern Thailand*. 1996.

¹⁰ Ansari, S.A. and Akhdar, F. *Prevalence of child disability in Saudi Arabia*. 1998.

¹¹ R.B Biritwum et al. *Prevalence of children with disabilities in central region, Ghana*. 2001.

¹² Tamrat, G., Kebede, Y., Alemu, S. and Moore, J. *The prevalence and characteristics of physical and sensory disabilities in Northern Ethiopia*. 2001.

¹³ ICMR Bulletin. *Prevention of disability in children*. Vol.37. June 2007

Table 3 Major Risk Factors Associated with Disability

| S. No. | Causes of Mental Disability | Percent contribution |
|--------|------------------------------|----------------------|
| 1. | Pregnancy / birth related | 3.0 |
| 2. | Heredity | 3.2 |
| 3. | Head injury in childhood | 3.9 |
| 4. | Serious illness in childhood | 12.0 |
| 5. | Others | 41.7 |
| 6. | Not known | 36.3 |

Source: Das (2006), NSS 58th Round

Factors associated with an increased risk of psychopathology among intellectually differently abled children included age, gender, social deprivation, family composition, number of potentially stressful life events, mental health of the child's primary carer, family functioning and child management practices. It has been concluded that such children are at significantly increased risk of certain forms of psychiatric disorder and a careful consideration of the social and economic adversity facing such families will be necessary to ensure that support services are receptive to both the needs of child as well as the needs of the family in which they are living. Several research studies across the globe reveal that different levels of Intellectual Disability (ID) among the differently abled children affect the prevalence differently.

Other possible risk factors include consanguineous marriages, continuing pregnancy after attempted abortions, single mothers and low age at child bearing. It has been observed that apart from obvious risk factors; poverty, lower birth weight and not receiving early stimulation have been identified as determinants of poor developmental outcome of babies at-risk for developmental delay. Maternal predictors include maternal age more than 29 years; inadequate maternal nutrition and mothers who had partially immunized children.

Cost, inaccessibility and strong cultural beliefs explain the failure of the children's families to bring them to the service¹⁴.

It has been observed that there are several other factors which lead to a strong impact on the quality of life of intellectually differently abled children. A longitudinal study¹⁵ was conducted to investigate the perspective of the parents on the different domains that determines the quality of life of the children. The results revealed that physical well-being of children, social well-being and the related changes among the children as well as their parents and emotional well-being of both the players are the strong predictors for determining the quality living of an intellectually differently abled child.

Table 4 Risk Factors for developmental disabilities in developing versus developed countries

| Developing countries | Developed countries |
|--|--|
| <ul style="list-style-type: none"> ▪ Infection* ▪ Malnutrition* ▪ Developmental problems of organic pathology** ▪ Sanitation, water supply, food hygiene, housing & education* ▪ Environmental toxins* ▪ Poverty/ unemployment* ▪ Health care* - High birth rate*, consanguinity*, single mother*, attempted abortions*, younger age at marriage*; perinatal / neonatal factors*; genetic factors | <ul style="list-style-type: none"> ▪ Severe, often previously fatal chronic disorders** ▪ Behavioural/ emotional disorders** ▪ Socioeconomic disadvantage among the 'have-nots'* ▪ Drug abuse, smoking, teenage pregnancies*; ▪ Genetic factors |
| * Modifiable risk factors | |
| ** Some modification possible | |

The impact of health policies aimed at correcting the causes of intellectual disability, e.g. nutritional support, immunization and proper maternal and child care could be enormous. For example, folic acid fortification in the diet of pregnant women can

¹⁴ S Pongprapai et al. *A study on disabled children in a rural community in southern Thailand*. (1991)

¹⁵ Cramm JM, Nieboer AP. *A Longitudinal study of parents' impact on quality of life of children and young adults with intellectual disabilities*. Institute of Health Policy & Management, Netherlands.

reduce the occurrence of neural tube defects by half. Salt iodization is the most cost-effective way of delivering iodine and of substantially improving cognitive development.¹⁶

Children and disability

A large number of studies have been conducted at the global level for estimating the prevalence of disability. These studies provide scientific evidences for policy makers for effective implementation. The prevalence of disability among 0-6 year old children in China is 0.101%¹⁷ . It has also been reported at the same time that prevalence of disability in children was higher in rural areas and in families with two or more children. The report also provides scientific evidence for making relevant policies for differently abled children. They suggested that disability can be reduced by economic development, improvement of health care and quality of population, as well as harmonious familial relationship, early prevention of disability and preschool education for differently abled children. Similarly, another study on differently abled children in a rural community of southern Thailand showed that the overall prevalence rate of child disability was 1.2% and most differently abled children were suffering from limb impairment, followed by muteness, deafness, and mental retardation. The study also revealed that nearly half of the children had never been treated or assessed by a modern rehabilitation services.

It has believed that early identification of possible ID among the children can increase the quick and quality access to appropriate services and support available. A review has been conducted by the World Bank and World Health Organisation on identification of the children with disabilities or significant risk of disabilities in low and middle income This review¹⁸ summarizes the literature on identifying children with ID in low- and middle-income countries concluding that there is interest in early identification of ID. However, few studies on such screening tools were available in

¹⁶ World Health Organization. *ECOSOC Meeting on Addressing noncommunicable diseases and mental health: major challenges to sustainable development in the 21st century*. July 2009.

¹⁷ Zhang H et al. *Sampling survey of disability in 0-6 year-old children in China*. Institute of Basic Medical Sciences, China

¹⁸ World Bank, World Health Organization. *World report on disability*. 2011

the literature from 1990 – 2009. Thus there is an urgent need for further research in these areas.

Children with ID are at heightened risk for behaviour problems and diagnosed mental disorder. A study¹⁹ among the preschool intellectually differently abled children demonstrated that at the age of 3 years, the children suffering from autism and cerebral palsy showed highest levels of behaviour problems as compared to the children with the undifferentiated developmental delays. It is also revealed that child syndrome also contributes to maternal stress. Another study²⁰ showed the positive impact of intellectually differently abled children on the family. The study explored nine domains that are responsible for the positivity among the family of an intellectually differently abled child including source of joy and happiness, increased sense of purpose and priorities, expanded social networks and community involvement, increased spirituality, family unity and closeness, increased tolerance and understanding, personal growth and strength, positive impacts on community.

According to the some researchers²¹, India is still under the process of refining the procedures by which children with special needs can be identified. The first attempt in this regard was made during the National Policy on Education of 1986 and Plan of Action 1992.

Extent of Mental Retardation

A large number of research studies have been carried out to ascertain the extent of mental retardation and related risk factors. It was reported from one of the study²² that no systematic survey is known to have been conducted in India in respect of the

¹⁹ A. S. Eisenhower et al. *Preschool children with intellectual disability: syndrome specificity, behaviour problems, and maternal well-being*. Journal of Intellectual Disability Research (JIDR), Volume 49, September 2005

²⁰ Tim Stainton, Hilde Besser. *The positive impact of children with an intellectual disability on the family*

²¹ Sudesh Mukhopadhyay and M.N.G Mani. *Year 2000 Assessment, Education for All, New Delhi*. Ministry of Human Resource Development and National Institute of Educational Planning and Administration. 2000

²² R.S Pandey and Lal Advani. *Perspectives in Disability and Rehabilitation, New Delhi*. 1995

mental retardation specifically. However, some limited surveys had been conducted in certain areas with respect to the statistics on mental retardation. In a study conducted at Nagpur²³, out of a total sample of 30,326 individuals, 1001 individuals with mental handicap were identified with overall prevalence rate of 30 per thousand. The prevalence was 42 per thousand in the age-range of 8 to 15 years while it was 16 per thousand in the age-range 16-22 years. Another study²⁴ from Lucknow reported that of a sample of 8,583 individuals, 2330 individuals were mentally handicapped and most of these belong to rural areas.

Disability and education

In a country like India where social exclusion of the differently abled individuals is significant, the inclusion of children with disabilities plays a very important role. The initiation began with the National Policy on Education in 1986. According to the Policy, inclusive education has been conceptualized with an objective of integrating the mentally and physically handicapped with the general community as equal partners to prepare them for the normal growth and enable them to be a part of the mainstreaming education system. There has been a paradigm shift from concept of integration to the concept of inclusion. Inclusion can be seen as a process of addressing and responding to the diversity of the needs of all learners by increasing the participation through a common platform.

Inclusive education is more than just including the differently abled children into the mainstream educational system. It also includes the process of examining other related exclusionary practices in society. Thus inclusive education is not only concerned with how relatively a small group of children can be helped to move along with others in protected environments such as schools; but it also helps to lay down the foundation for an approach which could lead to the transformation of the societal perceptions.

²³ CBR Manual. Concept and Extent of disability in India.

²⁴ S.G Gupta and B.B Sethi. *Prevalence Of Mental Retardation In Uttar Pradesh*.1970

The basic concept of inclusive education hinges on understanding the diverse needs of these excluded children in the regular education system. The education of all children, including children with disabilities, assists in breaking down barriers and negative attitudes and facilitates social integration and cohesion in communities. The involvement of parents and the local community further strengthens this process. Inclusive education, with access to education in the regular local or community school, provides the best opportunity for the majority of children and youth with disabilities to receive an education. However, in some instances, special education may be the most appropriate form of education for some children with disabilities.

Available evidences presented an alarming fact that less than 10% of children and youth with disabilities have access to any form of education. However, in the case of Asian and Pacific regions other than India, this figure is seven times higher at 70%.

Meaning of the Inclusion clearly states that it is not the children who ought to change; we have to change; it is the education that needs to respond to the learning styles of all the children.

International evidence suggests that inclusion not only benefits the differently abled but it also improved the educational outcomes of non-differently abled students in general. Evidence from Canada and USA indicates that there is an improved outcome for non-differently abled students from inclusion both at pre-school as well as at primary level.^{25,26} A study²⁷ in Mumbai found that following the inclusion of the differently abled children, there had been a significant improvement in the developmental indicators for regular school children, acknowledging the lack of data as only a small number of studies have been carried out in this field.

²⁵ B.G. Cook. *Are recent reforms effective for all students?* Department of Education, Washington. 1995.

²⁶ M Freund & P. J Wald. *An early education program for children with disabilities.* Department of Teacher Preparation and Special Education, Washington. 1995.

²⁷ M. Alur, M.H. Rioux. *Inclusive Education Practice in Early Childhood in Mumbai, India.* 2004

Current educational status of children with disabilities

The lives of the differently abled children are most often marked by poverty and marginalization rather than mainstreaming. There are large and variable combinations of structural factors such as caste, religion, gender and poverty which intersect with disability resulting in varied individual experiences. However, the broad commonalities between the lives of differently abled individuals transcend these combinations. A study²⁸ analyses the educational provisions for various disadvantaged groups across different states. This study sums up the scenario for differently abled children by stating that “Apparently, nothing is available other than a few government scholarships, facilities in the form of a couple of institutions for boys and girls and institutes for training teachers for the differently abled. For the mentally differently abled, no conscious developmental scheme is focused on by any of the states”.

In spite of governmental efforts, the rates of educational participation and other educational outcomes among the differently abled children have been very poor. Illiteracy for these groups remains much higher than the general people. Not only this, also the school attendance continuously lagged behind that of differently abled children. A World Bank report²⁹ analyses the NSS data and concludes that the educational attainment of the differently abled children are very poor and stands far below the national averages. It reported that people with disabilities have 52% illiteracy while the general population has an illiteracy rate of 32%. High illiteracy rates had been observed across the country. States such as Kerala and Tamil Nadu which possesses good educational indicators have a significant share of out-of-school differently abled children with 27% in Kerala and over 33% in Tamil Nadu. It also varies across different categories of the disabilities.

²⁸ S. Majumdar. *Educational programmes for the disadvantaged groups*. 2001.

²⁹ World Bank. *People with Disabilities in India: From Commitments to Outcomes*. New Delhi: Human Development Unit, South Asia Region. 2007.

Problems encountered

Access: Accessibility is fundamental to realization and enjoyment of any right. The modern concept of accessibility encompasses within itself the accessibility to quality education, information and communication, entertainment and technology. In spite of several international conventions and domestic legislations, accessibility related issues continue to plague this segment. A child has to face many barriers in his trying to access basic educational facilities which are his basic rights. Although several interventions have been instituted in an effort to dilute barriers to access, efforts have yielded results only with respect to physical access so far. Even these have not made an impact on access to public transport, toilets, hospitals, and the public spaces like parks, educational institutions, and places of worship which remain inaccessible.

Education: Education is crucial for the persons with disability. In India, education to the differently abled is not provided as part of the mainstream but through isolated institutions which operate on a service or charity mode. There are only ~3000 special schools in India today. Of them 900 are schools for the hearing impaired, 400 for children with visual impairment, 700 for those with locomotor disability and 1000 for the intellectually differently abled. More than 50,000 children with disability are enrolled in the Integrated Education for Children, a government-sponsored programme. Only a few schools have special provisions like resource rooms, special aids and special teachers.

Employment: Education is directly related to the employment opportunities. According to the Census 2001, differently abled people constitute at least 6 per cent of our population; yet their basic needs for social security, individual dignity and meaning full employment are yet unmet.

Discrimination: Persons with disability suffer from both social and material disability. Society, which tends to the norm, cannot see people with differences with benevolent eyes. Stigma is attached to disability which hinders children's normal social interaction. The other discrimination they face is in terms of access to places. Public buildings, public transport system and other places of importance are not accessible to

them. The employment opportunities available to them are also very low. They suffer the triple jeopardy of being differently abled, poor and stigmatized.

Challenges

Classrooms are turning away children with disabilities in numbers so large, that both activists and parents are seriously worried. Never mind what the law says, it is very difficult, if not impossible, for a child with a disability to get into a regular school. The few times that does happen, it's usually because of a sympathetic teacher or a principal. Unfortunately, should that teacher leave, the differently-abled child is left to fend for himself again. This happened with Raju, a boy from the Mumbai slums who suffers from muscular dystrophy, a debilitating disease which eventually results in death. Raju went to a regular private school because the principal was sensitive to his needs and made certain Raju's classes were conducted on the ground floor. But then a new principal took over, and Raju was asked to leave. One child who was unable to walk and so would crawl on his knees was told by a Delhi principal that she "would not be able to justify his presence to the parents of the other children".

Parents think the inclusion of a differently abled child in the classroom will result in their children taking on the differently abled child's characteristics. But disability is not contagious. Children do, initially, copy each other but they also outgrow that. They learn to accept each other. In other words, the closer a differently abled child comes to being "regular", the better his chances of admission to a regular school. Merry Barua, director, Action for Autism, says that even today, schools fail to understand autism. They think of it as "unusual behaviour" and expect autistic children to behave in a non-autistic manner.

"The differently abled children who are able to get admission are the ones who can cope with the current system, which focuses on rote learning," says Syamala Gidugu, director of Action for Ability Development and Inclusion. "Schools will not entertain children who are not toilet trained, those who do not speak and children who have not kept up with the rest of the class."

International and National Commitments

In our Indian Constitution several Articles and Clauses provide ample opportunities for the development of legal instruments to protect the rights of the differently abled people. The first major legal advancement for the protection of the rights of the differently abled people after the constitutional guarantee took its shape as the Rehabilitation Council of India Act, 1992 which came into force on 31st July 1993. The Persons with Disabilities (Equal Opportunities, Protection of Rights & Full Participation) Act, 1995, came into force after a decade old lobbying by the activists working for the rights of the differently abled. This Act classifies the categories of the differently abled and further identifies the duties of the Government of India, State Governments and local administration towards the welfare of the differently abled people.

The major acts for PWD are:

- ***The Mental Health Act, 1987***

This was an Act to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision with respect to their property and affairs and for matters connected therewith or incidental thereto.

- ***The Rehabilitation Council of India Act, 1992***

The Act was created to provide for the constitution of the Rehabilitation Council of India for regulating training of the Rehabilitation Professional and maintaining of a Central Rehabilitation Register and for matters related to these issues.

- ***Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995***

The enactment of the Persons with Disabilities (Equal opportunities, Protection of Rights and Full Participation) Act 1995 (referred to as persons with Disability Act) is guided by the philosophy of A4 empowering persons with disabilities and their associates. The endeavour of the Act has been to

Box 1. Big laws, Small effect

The Persons with Disabilities (PWD) Act says ‘Every disabled child has the right to free education till the age of 18’.

On the other hand The Right of Children to Free and Compulsory Education (RTE) Act says ‘Every child between six and 14 has the right to free and compulsory education in a neighbourhood school till the completion of his or her elementary education’.

But because the two laws say slightly different things — the PWD Act says a child has to be educated to 18, while the RTE Act says he has to be educated to 14 — it allows schools to exploit the loophole left open.

Syed Umer Farooq, an 18-year-old with muscular dystrophy, has been denied admission in 30 schools. Syed can now be told he is older than 14, so the law does not make it mandatory for him to be given free and compulsory education.

introduce an instrument for promoting equality and participation of persons with disability on the one hand, and eliminating discriminations of all kinds, on the other. The Act aims to protect and promote economic and social rights of differently abled people.

The Act covers seven disabilities. The criteria for classification of each disability are embodied in a biomedical model. Section 2(t) of the Act proclaims that a person with disability means ‘a person suffering from not less than forty percent of any disability as certified by a medical authority.’ The disabilities that have been listed in Section 2 include blindness, low vision, hearing impairment, loco motor disability or cerebral palsy, mental retardation, mental illness and persons cured of leprosy. In addition, autism and multiple disabilities have been covered under the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999.

The Act spells out responsibilities of the Government at all levels including establishments under its control. It lays down specific measures for the development of services and programmes for equalising opportunities for the

enjoyment of right to education, work, housing, mobility and public assistance in case of severe disability and unemployment. To execute the mandated responsibilities, a Central Co-ordination Committee and State Co-ordination Committees representing major development ministries, Members of Parliament and disability NGOs and having a woman with disability as a member have been envisaged in a multi-sector model. Furthermore, the institution of Chief Commissioner in the Centre and Commissioner for Persons with Disabilities in States has been proposed.

▪ ***The National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999***

The Government has also introduced a National Trust for the Welfare of Persons with Mental Retardation and Cerebral Palsy Bill, 1995. The trust aims to provide total care to persons with mental retardation and cerebral palsy and also manage the properties bequeathed to the Trust. As certain groups among the differently abled are more vulnerable than others, a special enactment for the protection of such persons, their property and well-being was felt necessary.

“In the history of India, there has been no special law for the disabled. The first and the only law for the disabled is the Disability Act of 1995, which caters to only a few disabilities and is more about services for the disabled and creating quotas for them. Post the United Nations Convention on the Rights of People with Disabilities in 2007, we are asking for a comprehensive law, which is ‘All Right of All People with Disability.’ Through this law we want to guarantee all rights of the disabled, which gives them a status of equality. Vis-à-vis education, when compared globally, India stands not even at one on a scale of 10. Today, there is not a single university that has a barrier-free environment for disabled students.”

PRATIBHA JAIN, Education Counselor

The enactment of the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999

(referred to as the National Trust Act) aims to fulfil a common demand of families seeking reliable arrangement for their severely differently abled wards. The specific objectives of the Act is to enable and empower persons with disabilities to live as independently and as fully as possible within and as close to the community to which they belong. It also strives to promote measures for the care and protection of persons with disabilities in the event of death of their parent or guardian. The other major objective of the act is to extend support to registered organisations to provide need based services during the period of crisis in the family of differently abled covered under this Act.

Sarva Shiksha Abhiyan

Sarva Shiksha Abhiyan is an endeavour to provide eight years of quality education to all children in the 6-14 age groups by 2010. The objectives of SSA mainly focus on increasing access, enrolment and retention of all children as well as improving the quality of education. The objectives of SSA can only be realized, if differently abled CWSN are also included under the ambit of elementary education. Realizing the importance of integrating special children in regular schools, SSA framework³⁰ (Norms for interventions for Differently abled children) has made adequate provisions for educating CWSN.

³⁰ Attached as Appendix 4 and 5

Box 2 OBJECTIVES OF SSA

- a. *All children in school, Education Guarantee Centre, Alternate School, 'Back-to-School' camp by 2003*
- b. *All children complete five years of primary schooling by 2007*
- c. *All children complete eight years of elementary schooling by 2010*
- d. *Focus on elementary education of satisfactory quality with emphasis on education for life*
- e. *Bridge all gender and social category gaps at primary stage by 2007 and at elementary education level by 2010*
- f. *Universal retention by 2010*

Approach and Options for CWSN in SSA

SSA ensures that every child with special needs, irrespective of the kind, category and degree of disability, is provided meaningful and quality education. Hence, SSA has adopted a zero rejection policy. This means that no child having special needs should be deprived of the right to education. This has also been strengthened by the 86th Amendment to the Constitution, which makes Elementary Education a fundamental right of every child. The SSA framework, in line with the Persons with Disabilities (Equal Opportunities, Protection of Rights & Full Participation) Act, 1995 mentions that a child with special needs should be taught in an environment, which is best, suited to his/her, learning needs.

Components of Education of CWSN under SSA

The interventions suggested under SSA for inclusive education of disabled children are as follows:

- Planning and management of inclusive education
- Identification of CWSN
- Functional and formal assessment

- Educational placement
- Preparation of Individualized Educational Plan
- Aids and appliances
- Teacher training
- Resource support
- Using special schools as a resource centres
- Removal of architectural barriers
- Research on inclusive education
- Special focus on girls with special needs
- Monitoring and evaluation

1.3

Rationale of the Study

Education of children with special needs within the context of general educational setting needs effective implementation through a clear, definite and strict policy with adequate financial support. An extensive programme of orientation and staff training with necessary support services are necessary to achieve the success of inclusive education. Still many of us, do not have a clear concept on inclusive education. At national level as well as state level, there is no inclusive education component under elementary education. There are inadequate special schools and special teachers. Activities/interventions are not yet modified according to the needs of special needs children. There is no training component on curriculum transaction under inclusive education for trainers, master trainers but the system and the special needs children himself has to get adapted to the existing regular curriculum. This, perhaps reflect lack of vision for quality elementary education. Considering the above aspects, there is a need to assess the whole system, identify the loopholes and then providing the solutions to the foresaid problems so that the objective of mainstreaming of the education for the children with special needs can be accomplished.

1.4

Objectives of the study

General objectives

- To assess the status of Inclusive Education among Differently abled children suffering from intellectual disabilities in NDMC schools of Delhi with a perspective of public health.

Specific objectives

- To assess the state of inclusive education in the terms of policies, resources and practices
- To determine and analyse the different attributes being considered by the schools for mainstreaming the education for Differently abled children.
- To provide recommendations in order to bring about policy reforms and provide the support for inclusive education which further benefits the lives of differently abled children.

CHAPTER 2

Methodology

2.1

Study design

A descriptive study has been employed in carrying out the assessment of the Inclusion in different NDMC schools. The study focuses on the inclusion activities being undertaken for the intellectually disabled students. Four kinds of disabilities have been focussed upon for the assessment by taking into account the National Trust Act as a standard for this study. Thus, the study focuses on Mental Retardation, Cerebral Palsy, Learning Disability and Autism. Only the facilities for the students suffering from these disabilities have been taken into consideration during the whole study.

Legal definitions of the disability are as follows:

Autism: A condition of uneven skill development primarily affecting the communication and social abilities of a person, marked by repetitive and ritualistic behaviour.

Cerebral Palsy: A group of non-progressive conditions of a person characterised by abnormal motor control and posture resulting from brain insult or injuries occurring in the pre- natal, peri-natal or infant period of development.

Mental Retardation: A condition of arrested or incomplete development of mind of person which is specially characterised by sub normality of intelligence.

Learning Disability: A condition with a significantly reduced ability to understand new or complex information, to learn new skills, with a reduced ability to cope independently, which started before adulthood, with a lasting effect on development.

2.2

Study area

The data had been collected in NDMC Primary schools. NDMC basically covers southern part of Delhi.

2.3

Sampling frame

A total of 12 NDMC schools have been interviewed for assessing the services being provided to the differently abled children in the school. A list of NDMC schools³¹ had been referred for selecting the sampled schools. The list consists of different categories of NDMC schools which embrace NDMC Primary School and Navyug Schools. In each school, a principal, a regular teacher and a resource teacher (if available) had been interviewed. The disability of the children has been confirmed by the checklist³² that is recommended by SSA. School practices were documented and discussions were carried out with teachers, parents, children with disabilities and their peer groups.

³¹ Attached as Appendix 1

³² Attached as Appendix 3

2.4

Sampling method

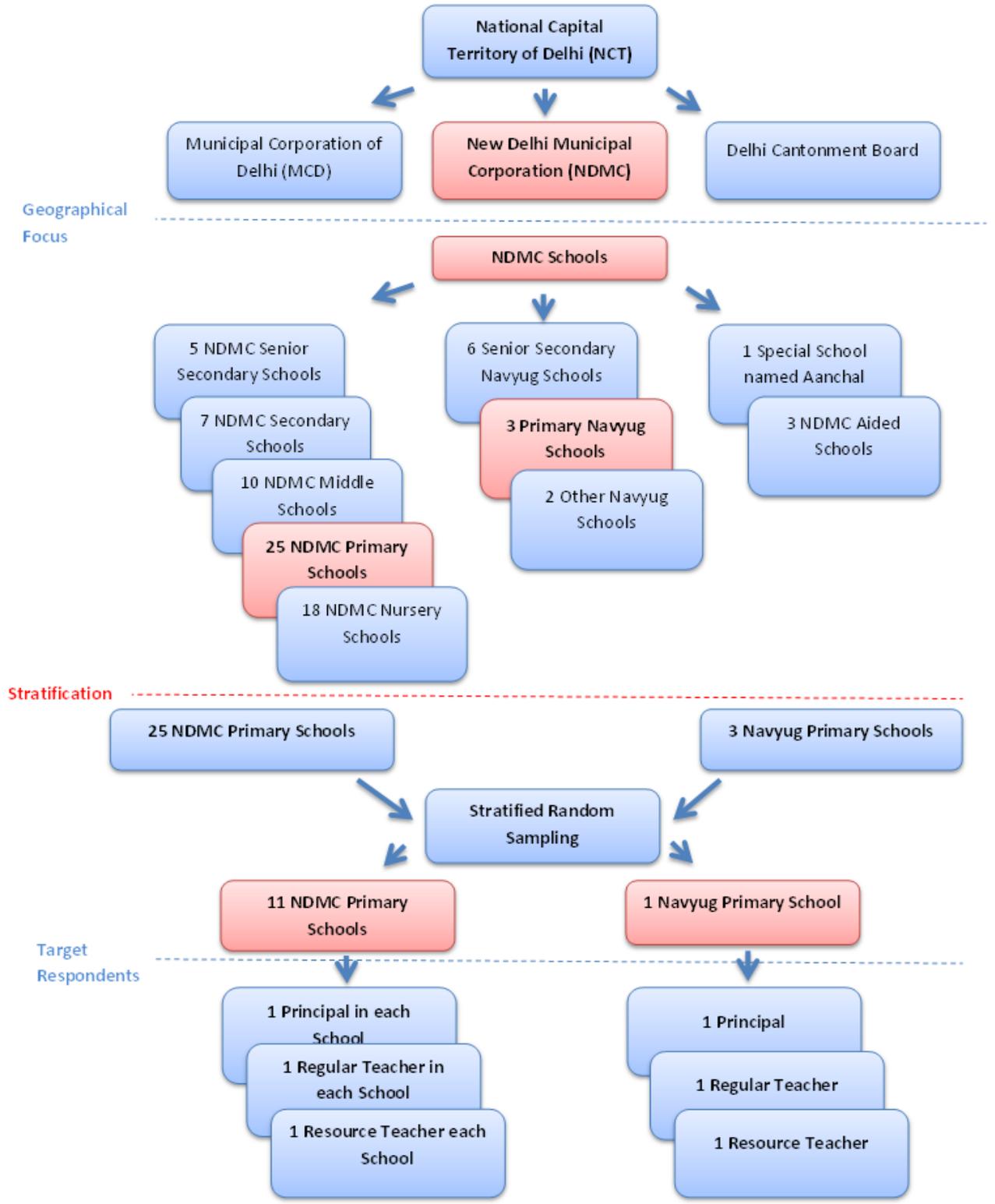
Stratified Random sampling has been applied to the all the NDMC government schools. Different strata have been designed before carrying out the sampling.

It is evidenced from the statistics that in spite of being the capital of the country and one of the largest metropolitan city, Delhi lags behind in including and mainstreaming of the differently abled children. It has also been assumed that the facilities in the private schools are up to the mark. Thus the government schools have been considered for carrying out the study further.

The state of Delhi is divided into three statutory urban regions - the Municipal Corporation of Delhi (MCD), the New Delhi Municipal Council (NDMC) and the Delhi Cantonment Board with respective areas of 1397.3 sq.km, 42.7 sq.km, and 43 km. As per the constraints, NDMC has been selected for carrying out the assessment of the services. New Delhi Municipal Council (NDMC) is the municipal corporation of the city of New Delhi, India, and the area under its administration is referred to as the NDMC area. NDMC, covering an area of 43.7 km², is governed by a council with a chairperson appointed by the central government and includes the chief minister of Delhi. There are 79 schools in total under the NDMC statutory body. Out of these 79 schools, 65 schools are NDMC schools, 11 are Navyug schools and remaining schools are NDMC aided schools. Out of the total of 65 NDMC schools, 5 schools falls under senior secondary level, 7 schools falls under secondary level, 10 schools are being categorized under Middle level, 25 being categorized as Primary Schools and remaining 18 schools are of Nursery level. Out of the total of 11 Navyug schools, only three schools are up to primary sections. The other three aided schools are also primary schools.

The study has been conducted in co-ed Primary schools of NDMC. Out of the list of 25 primary co-ed schools, 12 schools had been selected randomly. For the selection of the school another strata was built upon, which is organized under two categories – NDMC Primary co-ed school and Navyug primary school. Based on the stratified random sampling, 1 Navyug school from the total of three and 11 NDMC Primary Co-ed schools out of the total of 25. The whole methodology can be pictured as represented in Figure 4 below.

Figure 4 Flowchart Depicting Methodology used for the Study



2.5

Data collection tools and techniques

Checklists and semi-structured interview³³ were used to collect primary information about inclusive practices. A semi-structured questionnaire was used. Majority of the questions are being centralized to the closed ended type. A small number of questions were open-ended and some of them constitute multiple choices as well. The nature of the investigation was quantitative and qualitative.

Keeping in mind the overall aim and objectives of the evaluation, as also the framework described above, it was decided to carry out the evaluation following a qualitative methodology, combining both secondary and primary research methods as described below:

Secondary Research

Secondary information on the status of special needs and inclusive education was obtained from government documents, reports and available literature. Systematic review of literature / documentation includes publications relevant to the issues under consideration – such as reports on the estimates of the disability in India, other disability and Inclusive Education related topics.

Primary Research

Primary research conducted through the use of the following techniques for research will constitute the major source of data:

- i. Interview with the Principal of the school
- ii. Interview with one regular teacher in each school
- iii. Interview with one resource teacher in each school
- iv. Ethnographic observation during all primary interactions – to complement responses during the interviews

³³ Attached as Appendix 2

2.6

Data analysis

For the analysis of the questionnaire and respondent's views, SPSS Statistical Package 16.0 was used. There were several types of questions in the interview schedule, i.e. open ended questions, multiple choice questions and close ended questions. Open ended questions have been codified to compress the data. Researchers took brief notes in the field after taking their consent. Different sections were developed and analysed separately. Census 2001 and NSSO 2002 data was also referred for estimating the current scenario and practices regarding the topic of concern.

Different sections had been constructed on the basis of different parameters and attributes which determines the inclusion in the services. This analysis had been categorized under following sections namely:

- *Section 1: Profile of the respondents*
- *Section 2: Identification and screening of differently abled students in a school*
- *Section 3: Pre-integration training to differently abled students in a school*
- *Section 4: Availability of Human resources to differently abled students in a school*
- *Section 5: Availability of Non-human resources differently abled students in a school*
- *Section 6: Other essential support for differently abled students in a school*
- *Section 7: Enrolment and retention picture of differently abled students in a school*

2.7

Limitations of the study

The following limitations were faced during the study:

- Due to the time constraint of three months, the study cannot be conducted on the larger sample size. Even then, enough of the parameters had been taken into account during the study.
- The availability of teachers and the students in few schools has been affected to an extent due to internal exams.
- As the resource teachers are not permanent and they come on weekly basis, thus un-availability of resource teachers was faced during the data collection period.

CHAPTER 3

Results and Findings

This chapter illustrates the results of the study undertaken. It discusses the statistical analysis according to the objectives formulated for the study. The data is presented according to the study objectives and the findings are described with the help of tables and graphs. It embraces the results in form of Tabulated descriptions, Text descriptions and Graphical descriptions as well.

The findings are interpreted and their implications are discussed in detail under the different sections namely –

Section 1: Profile of the respondent

The profile of the respondent had been assessed on the basis of his/her position in the school and the type of the school in which he/she had been working. This section illustrates the following points:

- Category of the school, Designation of the respondents

Section 2: Identification and screening of differently abled students in a school

This section comprises of the methods or procedures which is being implied by the school for detecting the differently abled children from that of the regular students. The several parameters being assessed using this section embraces the following:

- Authority responsible for identifying and screening of the differently abled students in a school, Usual time for identification and screening of differently abled students in a school, Tools used for screening the differently abled students in a school, Admission procedure of differently abled students in a school, Usual limit of

disability on basis of which a child had been admitted to the school and the evaluation details of differently abled students in a school.

Section 3: Pre-integration training to differently abled students in a school

This section comprises of the information about the kind of pre- integration training being imparted to a differently abled students in a school before or after the admission. It embraces following parameters:

- Authority responsible for imparting the training to differently abled students in a school, Place of imparting the training, Time of the training, Qualification of the teacher involved, curriculum modifications.

Section 4: Availability of Human resources to differently abled students in a school

This section comprises of the particulars about the availability of human resources in a school and the additional requirements needed for a school to be categorized under the Inclusion criteria. The following parameters are being considered for evaluating the services:

- Availability of regular teachers trained on the issues of disability management, availability of resource teachers, Number of Regular trained teachers and resource teachers in a school, Kind of training being given to the teachers, Number of teachers given long term and short term trainings on the disability issues.

Section 5: Availability of Non-human resources differently abled students in a school

This section includes the details regarding infrastructural facilities in a school and the modifications needed in a school for being categorized under the Inclusion criteria. The different parameters for evaluating the infrastructural facilities in a NDMC schools include:

- Availability of Aids and Appliances to differently abled students in a school, source of receiving the aids and appliances, different aids and appliances being used by differently abled students in a school, Provision of essential incentives to differently abled students in a school, Linkages of a school with NGO/Voluntary Organizations and medical colleges/ hospitals/dispensaries, Ways in which an they assist the school, Criteria for a school to be in the category of disabled friendly.

Section 6: Other essential support for differently abled students in a school

This section evaluates the availability of other essential support being demanded by the differently abled students in a school. The different attributes that determines the availability of support system to differently abled students in a school embraces the following:

- Availability of volunteers for assisting the differently abled students in a school, Parents' concern about their differently abled students, Provision of regular meetings in a school.

Section 7: Enrolment and retention picture of differently abled students in a school

This section gives the detailed picture of retention and dropouts of differently abled students from a school with the following specifics:

- Number of children in primary section, Number of differently abled students in primary section, number of differently abled students who retained for more than one year in a school, Number of differently abled students who have completed 5 years of education in a school, year wise percentage of enrolment of differently abled students in a school, Class wise and Disability wise percentage of differently abled students in a school, Learning achievements of differently abled students in a school.

3.1

Profile of the respondents

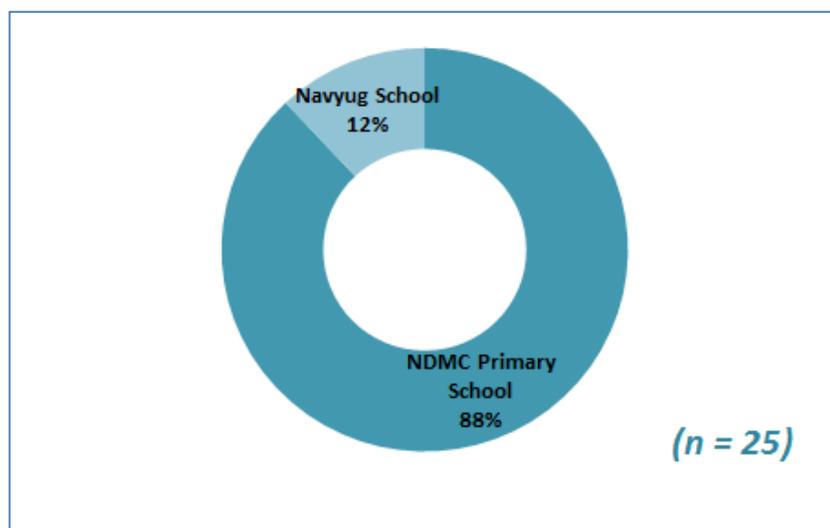
This section focuses on the profile of the respondents. It illustrates the position of the respondent in the school and the category of school in which respondent works. This gives a picture of background of the NDMC schools.

Categories of the school

In the study being undertaken, three categories of schools are being evaluated for assessing the Inclusion and mainstreaming of differently abled students. These two categories are named as NDMC Primary School and Navyug Schools.

Figure 5 below illustrates the distribution of different schools which are being undertaken for the study purpose. 11 NDMC Primary Schools of the study sample accounts for 88 percent of sample size. Remaining sample consists of 1 Navyug which accounts for 12 percent of the sample size.

Figure 5 Different Categories of the sampled NDMC Schools

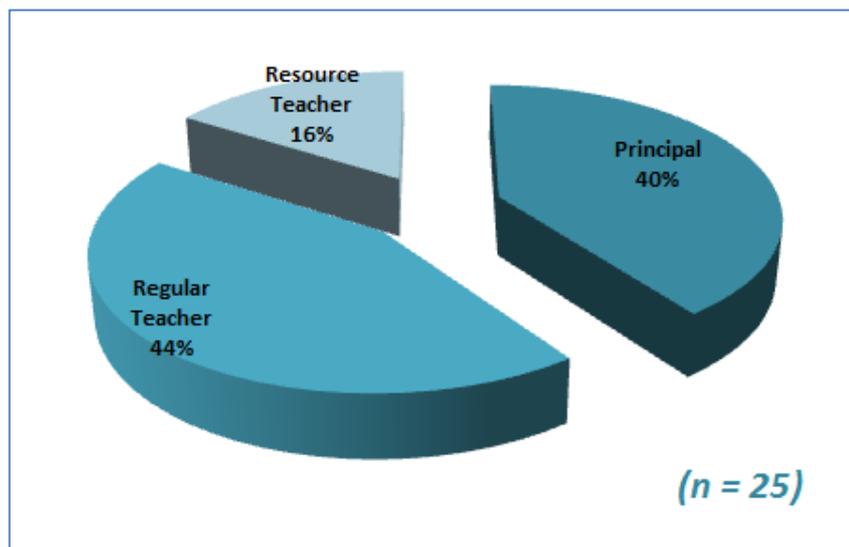


Designation of the respondents

The study was conducted among the school principals, regular teachers and resource teachers. In each school, one principal of the school, one regular teacher from primary section of the school and one resource teacher had been interviewed.

Figure 6 below, represents the distribution of respondents according to their respective designations. There are 25 respondents in total, out of which 10 principals, 11 regular teachers and only 4 resource teachers had been interviewed. According to the SSA norms, each school should have at least one resource teacher. But from the below given table, it can be concluded that there is lack of resource teachers.

Figure 6 Designations of the respondents interviewed in NDMC Schools



3.2

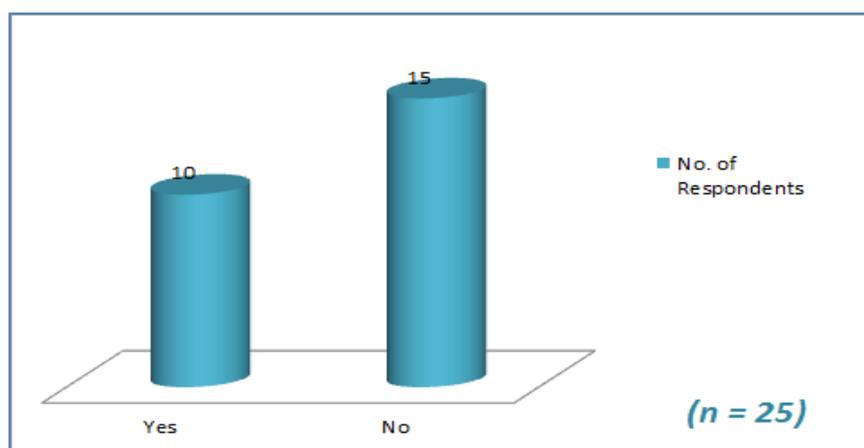
Identification and screening of differently abled students in a school

This section depicts the clear picture of the procedures undertaken by the school for identifying and screening of the differently abled children in to the school. Various specific parameters have been analysed to understand the whole procedure of admitting the differently abled children in the regular school.

Identification and screening in the NDMC Primary Schools

Identification of the differently abled children in NDMC Schools plays a vital role in estimating the current prevalence rates among the children who comes from poor background. Also the screenings of such children are obligatory for their admission into the regular schools. This helps the schools to assess their capacity of mainstreaming such differently abled children. Screening helps a school in deciding on the admission of the differently abled child in regular schools.

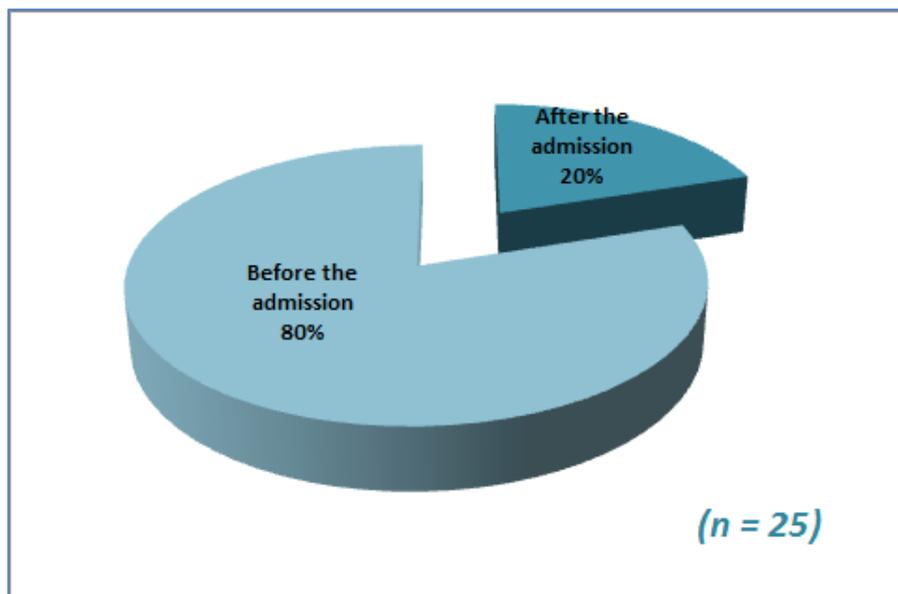
Figure 7 Percentage of sampled NDMC Schools which preforms the Identification and screening of differently abled children



According to the SSA norms, each differently abled child should be assessed and screened before his/her admission to the school. But, on its contrary, it has been reported that majority of the NDMC schools does not have any such procedure. Among the total of 25 respondents, only 10 respondents reported that they have this facility of identifying and screening of the differently abled students in their school, while majority of them reported that their schools do not perform any such screening tests before admitting the differently abled children into the school.

Screening of the differently abled children should be usually done before the admission. Figure 8 depicts that out of the total schools that opt for identification and screening of the differently-abled children, most of the schools carries out the screening process just before admitting the children in the school. Around 80 percent of the schools carry out the screening procedure before the admission cycle of the children and only 20 percent of the school performs the screening tests after the admission of the children into the school.

Figure 8 Usual time for Identification and screening of differently abled students in sampled NDMC Schools



Responsibility for screening the differently abled child before admitting to the schools has been undertaken by different authorities. Figure 6 depicts the clear picture of responsibilities of different authorities in screening of the differently abled children.

Figure 9 Responsibility for Identification and Screening of differently abled students in sampled NDMC Schools

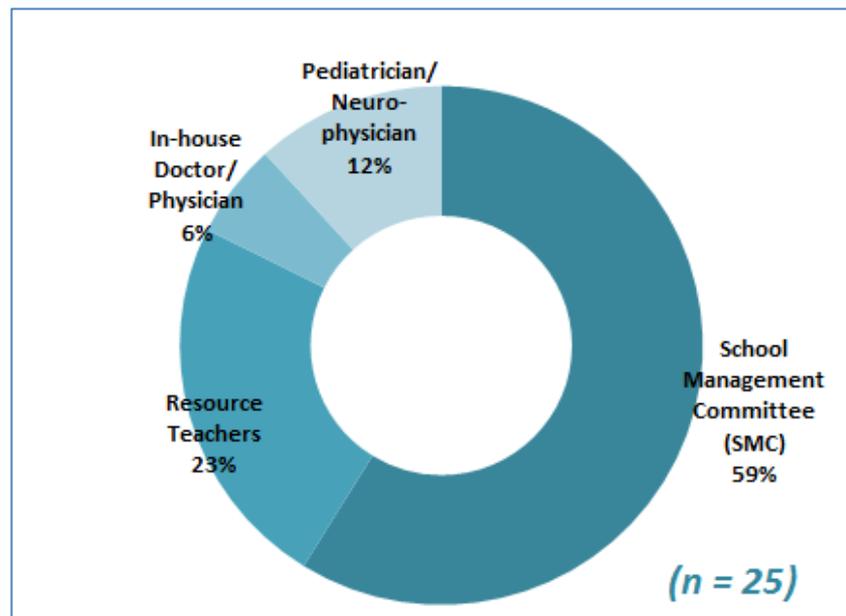
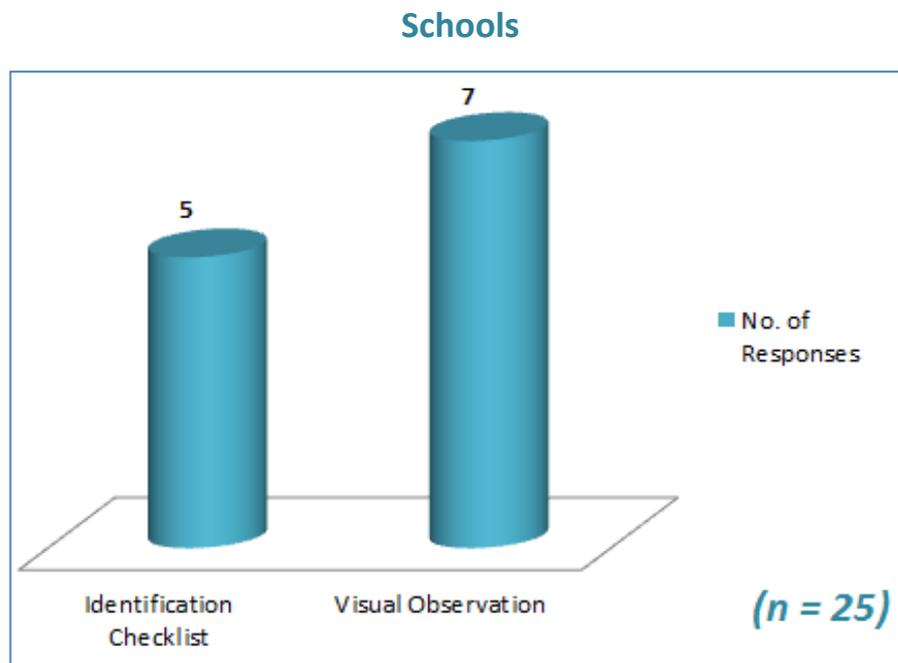


Figure 9 exemplifies the distribution of different authorities that are responsible for screening the differently abled children. Majority of the respondents said that the screening of differently-abled children in their school has been carried out by the school management committee. As stated in the RTE Act, the school management committee entails a total of 12 members, 9 representatives will be parents whose children study in the school. Of the nine representatives one compulsorily needs to be the parent of a student who was given admission to the school under the 25% reservation rule. The rest three members in the committee will consist of any of these -an educationist, a local body member, a mason, and a teacher. The role of the SMC will be to run the school, monitor and control the school activities, work on development of the school, decide on proper use of grants and to check whether RTE rules are being implemented. Twenty three percent of respondents reported that

resource teachers are also being involved in the screening process so as to examine the child.

Talking about the tools used for screening the differently abled children, SSA has released an identification checklist³⁴ for the schools and parents separately. Various other tools are available for screening of the differently abled children includes IQ Tests administered by psychologists, disability certificate approved by recognised body or visual observations. Figure 10 given below, illustrates the use of various tools by the schools for screening of the differently abled children. Majority of the respondents with 58 percent of the cases reported that their school usually identifies the differently abled child through visual observation. Around 42 percent of the cases opted for the identification checklist as a tool to screen a differently abled child in their school while other procedures are usually not practiced like disability certificate; operational definitions of different disabilities and IQ test Scores.

Figure 10 Identification and screening tools used by the sampled NDMC



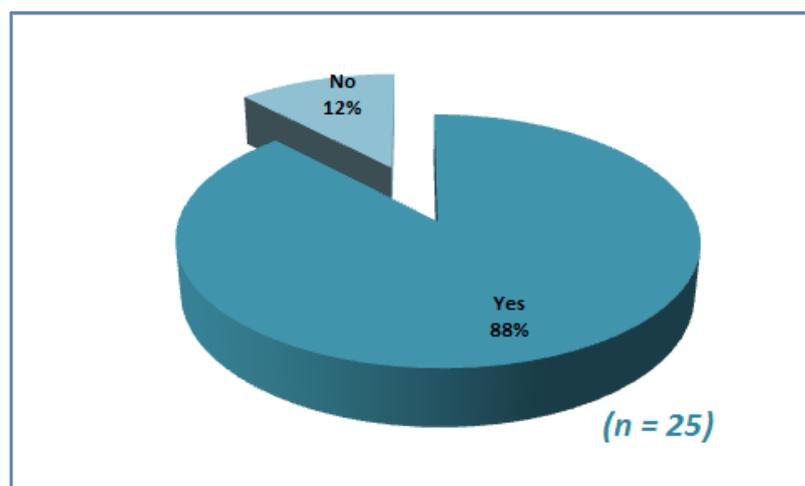
³⁴ Attached as Appendix 3

Admission of differently abled children in the school

According to the SSA norms, a child should not be denied admission under any circumstances. Thus, the schools can admit the child at any point of the time in a year, even if he/she wants admission out of the usual cycle.

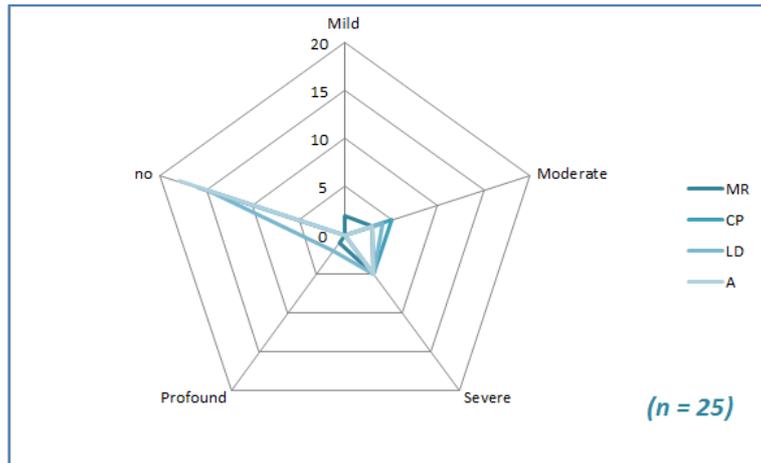
Figure 11 pictures that a child can be admitted at any point of time in a year. Majority of the respondent (around 88 percent) reported that a child can be admitted out of the usual admission cycle. Remaining 12 percent of the respondents reported that their school does not allow admission to any children out of the usual admission cycle. The whole scenario can be graphically represented as following:

Figure 11 Admission of differently abled child out of usual admission cycle



Also the limit of the disability for a differently abled child does not play any role in giving an admission of the differently abled children in the regular school. The Figure numbered 12 depicts the limits of different disabilities for the admission of differently abled children in a regular school.

Figure 12 Usual Limits of disabilities considered by the sampled NDMC Schools for admission of differently abled student

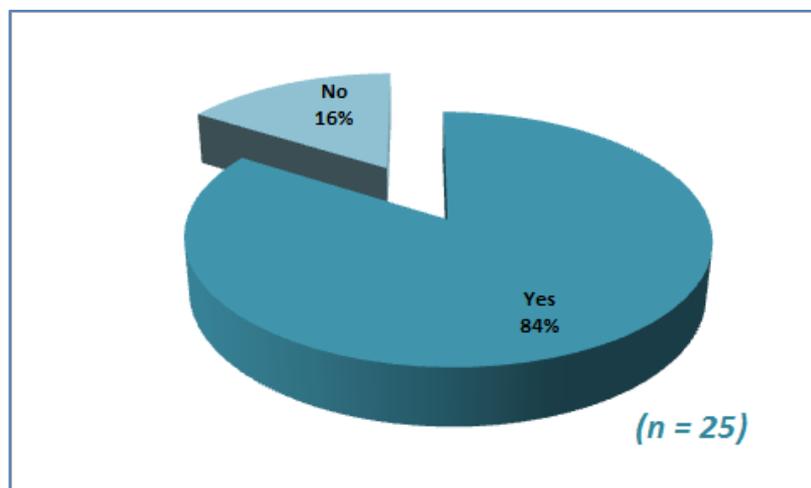


Evaluation of the differently abled student in a school

The differently abled students have been evaluated on the periodic basis so as to assess their improvement. It helps a school to evaluate the impact of their services on the differently-abled children, to be acquainted with the academic and mental progress of the differently abled individual.

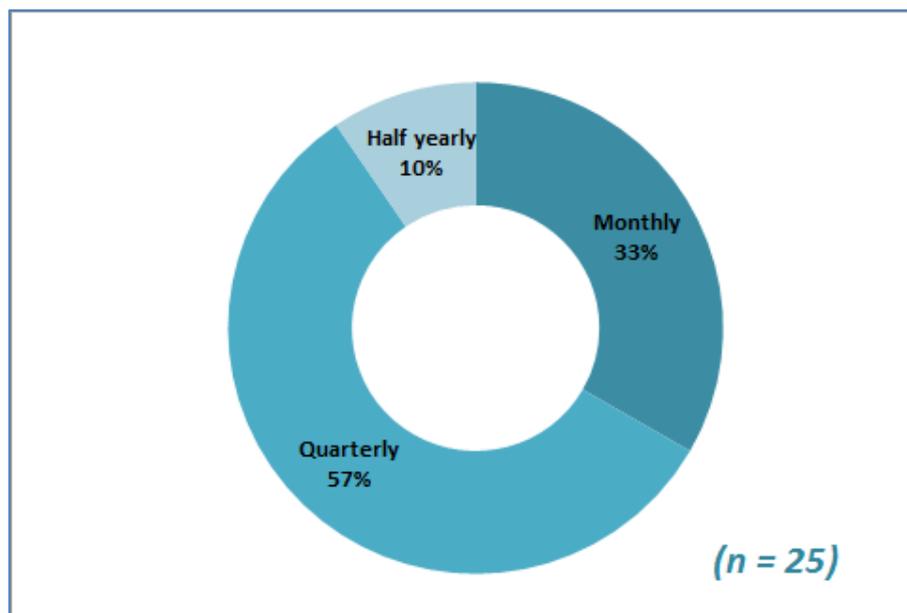
Figure 13 depicts the picture of the evaluation in the NDMC Schools. It brings out a positive picture of NDMC Schools as majority of the respondents reported that their school undertakes the regular evaluation of the differently abled students.

Figure13 Evaluation of differently abled students in sampled NDMC Schools



The usual time interval for the evaluation of the differently abled students is categorized under four intervals namely, Monthly (once in a month), Quarterly (once in 4 months), Half yearly (once in 6 months) and annually (once in a year). Figure 14 illustrates that most of the NDMC schools evaluates a differently abled child once in 4 months. However, 33 percent of the respondents said that the usual time for the evaluation of a differently abled child is once in a month and only in few schools the evaluation had been carried out half yearly.

Figure 14 Usual Interval of evaluation of differently abled students in sampled NDMC Schools



3.3

Pre-integration training to differently abled students in a school

Pre integration training involves the procedure of acquainting a differently abled child with some of the basic learning and behavioural skills so as to make him/her comfortable to the environment of the regular school. These training are generally imparted to a differently abled child before his/her admission to the regular school.

Figure 15 Pre- Integration Training given to differently abled students by the sampled NDMC Schools

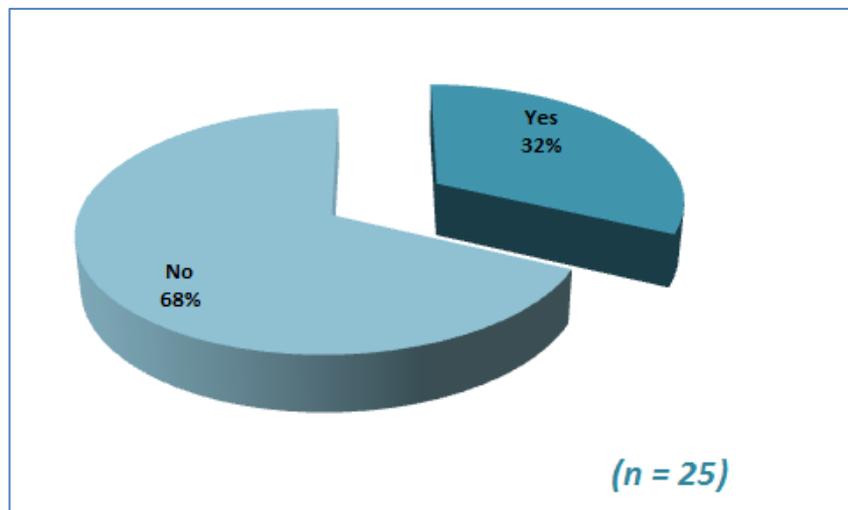


Figure 15 demonstrates the scenario of imparting pre – integration skills to differently abled students in NDMC Schools. Around 68 percent of the respondents responded negatively to this question. This reveals that majority of the NDMC Schools do not impart the pre integration skills to the differently abled students and they admit them

directly. However, 32 percent of the respondents responded affirmatively to the question and reported that their school hold such kind of facility.

Table 5 stated that out of the total schools in which pre – integration training had been carried out, the major responsibility of providing the training is under the authority of resource teacher. Sometimes the regular teachers are also involved in providing the training to the differently abled students.

Table 5. Responsible for providing the pre- integration training to differently abled children

| Responsible for providing the pre- integration training to differently abled children | Frequency | Percentage |
|--|------------------|-------------------|
| Resource Teacher | 3 | 60 |
| Regular Teacher | 2 | 40 |
| Total | 5 | 100 |

The usual places where these kinds of trainings are being imparted to the differently abled students of NDMC Schools are either in the regular schools or at the homes of the differently abled students. Majority of the schools impart trainings in their regular school premises itself. Only in 40 percent of the cases, the training is being given at the homes. This has been depicted in Table no. 6

Table 6. Place for imparting the pre-integration training to differently abled students

| Place for imparting the pre- integration training to differently abled students | Frequency | Percentage |
|--|------------------|-------------------|
| Home | 2 | 40 |
| Regular School | 3 | 60 |
| Total | 5 | 100 |

The teachers assigned for providing the training to the differently abled students are well trained in the issues of disability management. They have the specialization in handling the disability issues and thus can be helpful for the differently abled students. Also it has been reported in all the schools that, on the basis of each and individual cases, educational plans have been developed by these teachers by bringing in some modification in the regular course curriculum of the school.

3.4

Availability of Human resources to differently abled students in a school

Under this head of the availability of human resources to the differently abled students in the regular schools, the assessment was done on the basis of availability of the regular teacher who are trained on the disability issues and the resource teachers present in the school. Also the numbers of these teachers are being evaluated in each NDMC school.

Availability of regular teachers trained on the disability issues

Figure 16 demonstrated that 52 percent of the respondents (13 respondents) reported that there is the availability of at least one regular teacher in their schools who are trained on the disability issues. They are being given short term and long term training by the school or SSA on these issues.

Figure 16 Availability of Regular Teachers in sampled NDMC Schools who are trained on Disability Management

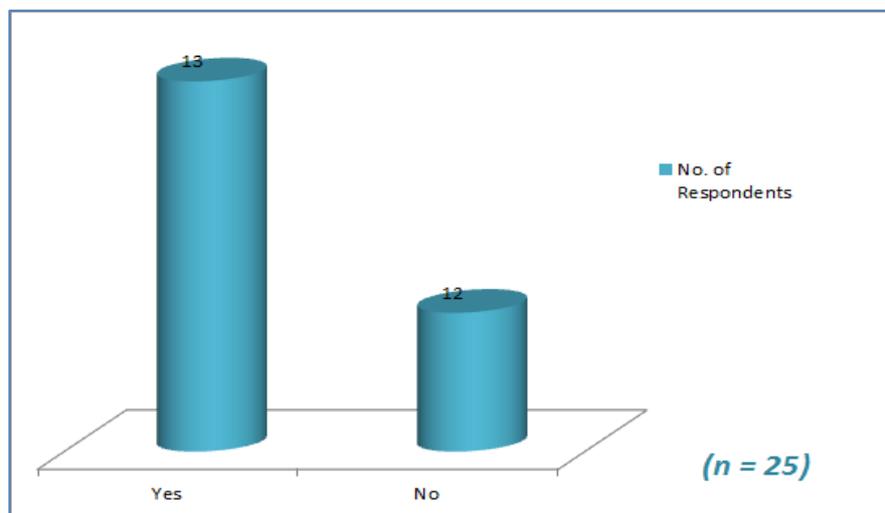


Table 7. Responsible for providing training to the regular teachers

| Responsible for providing training to the regular teachers | Frequency | Valid Percent |
|---|------------------|----------------------|
| Resource Center Coordinator | 3 | 23.1 |
| Government Body (NDMC, SSA, etc.) | 10 | 76.9 |
| Total | 13 | 100 |

Availability of Resource teachers in a regular school

Resource teachers are the teachers who are master trained in the disability related issues. They have a particular specialization with a degree or a diploma certificate in this field. According to the norms of SSA, each school should have at least one resource teacher in their school premises for differently abled students. It is observed that most of the NDMC Schools had reported that they have a resource teacher on their schools. However, 62 percent of the respondents responded negatively.

These resource teaches are generally trained from the government bodies like Jamia Milia University, SSA Board, NDMC Body, Navyug council, IGNOU, etc. Some of them are being trained under private bodies as being depicted by the Table 8

Table 8. Responsible for providing training to resource teachers

| Responsible for providing training to resource teachers | Frequency | Valid Percent |
|--|------------------|----------------------|
| NDMC/ Government body | 19 | 95 |
| Private Body | 1 | 5 |
| Total | 20 | 100 |

Basic Data on availability of the Human Resources in the regular schools

The data has been collected in order to govern the present availability of human resources in all the sampled NDMC Schools. The whole picture can be depicted in below given figures numbered from Figure 14 to Figure 19.

Figure 17 showed that about 50 percent of the schools have 4 – 9 teachers in their schools while only 8 percent of the schools have 20 and above teachers. Also 32 percent of the NDMC schools have 10 – 14 teachers in their primary section and only 8 percent of the NDMC schools have 15 – 19 teachers.

Figure 17 Number of Teachers in Primary section of sampled NDMC Schools

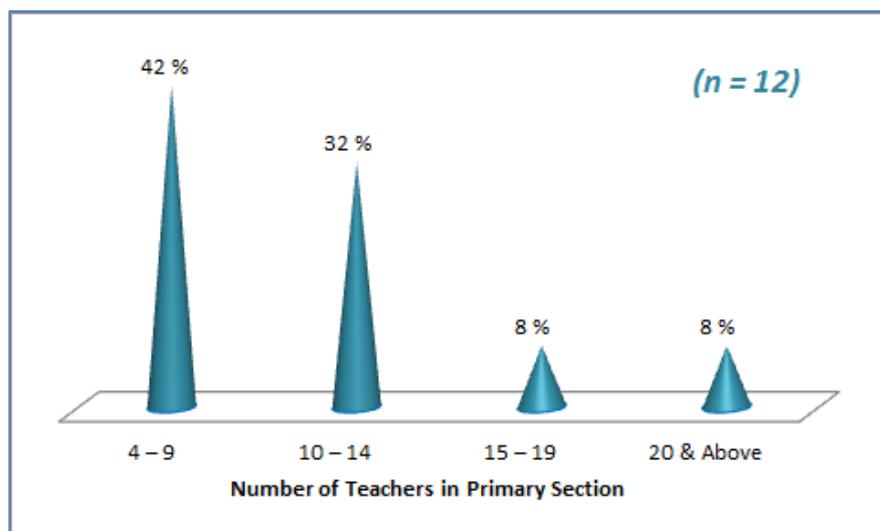
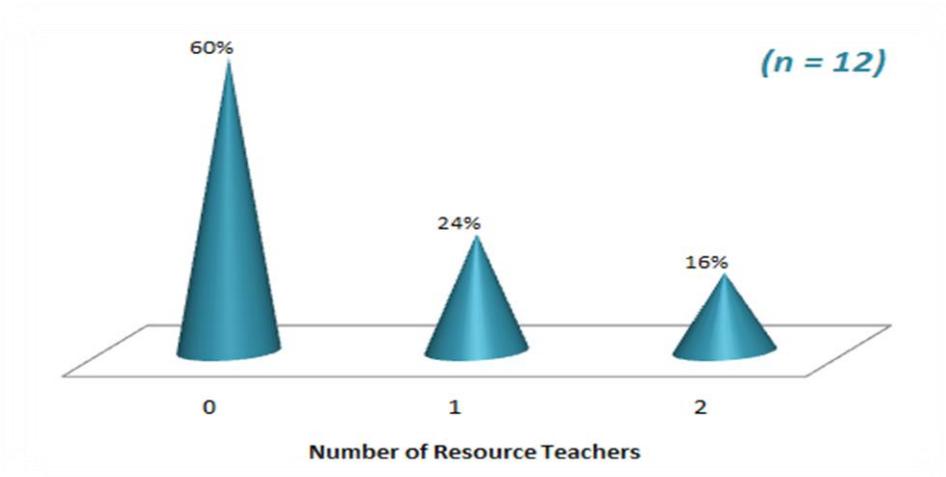


Figure 18 clearly depicts that there is lack of resource teachers in their schools. It has been observed that nearly about 24 percent of the sampled schools have no resource teachers. However, 60 percent of the sampled NDMC Schools have 1 resource teacher.

Figure 18 Number of resource teachers



Number of regular teachers who are trained on disability issues is also has lacking numbers. It has been illustrated in Figure 19 that nearly about 48 percent of the sampled NDMC Schools have no teachers trained on such issues.

Figure 19 Number of trained regular teachers in sampled NDMC Schools

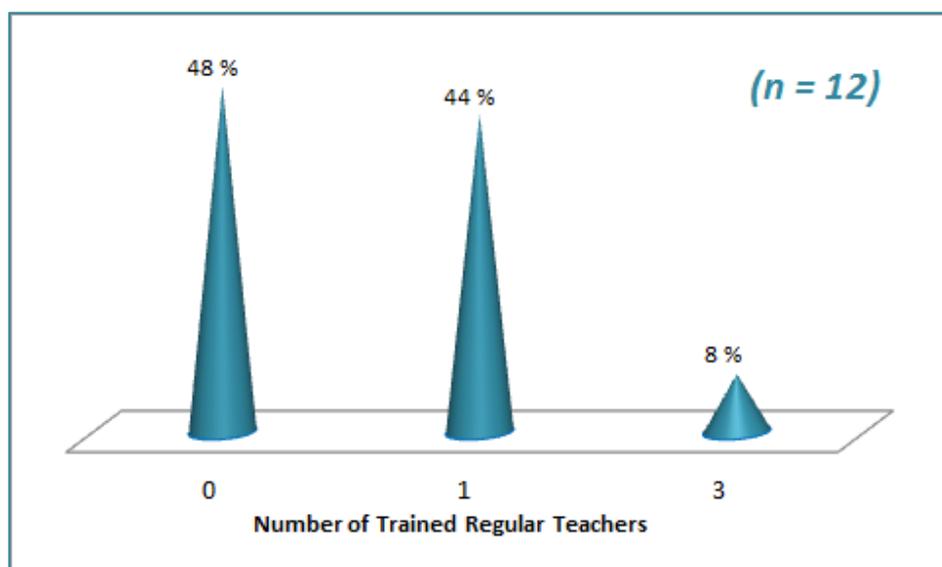


Figure 20 Number of resource teachers with key specialization

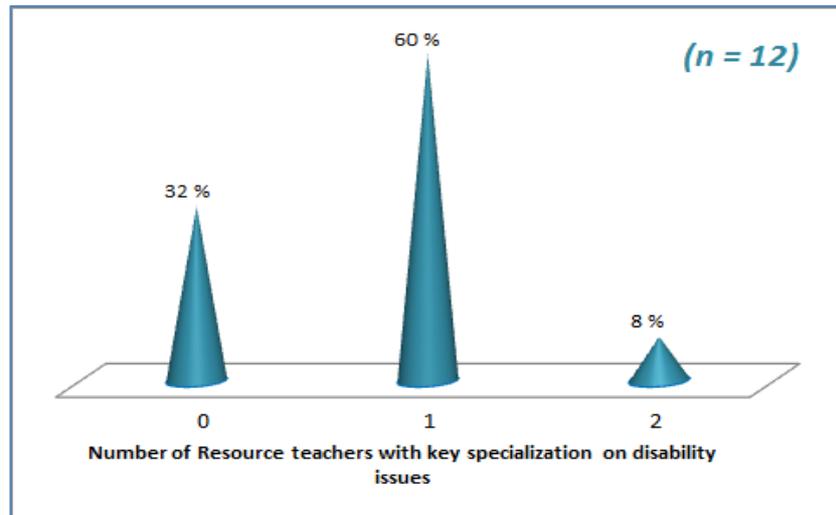


Figure 20 illustrates the availability of master trained resource teachers who possess key specialization in disability management. About 60 percent of the sampled schools have 1 such teacher but around 32 percent of the schools lack these human resources in their schools for differently abled students.

Also when the numbers of regular teachers with long and short term training courses are being considered within the NDMC Schools, it has been found out that in majority of the schools there is no such teacher is available with these kinds of courses.

This can be inferred from the following figures.

Figure 21 Number of regular teachers given training courses on disability issues

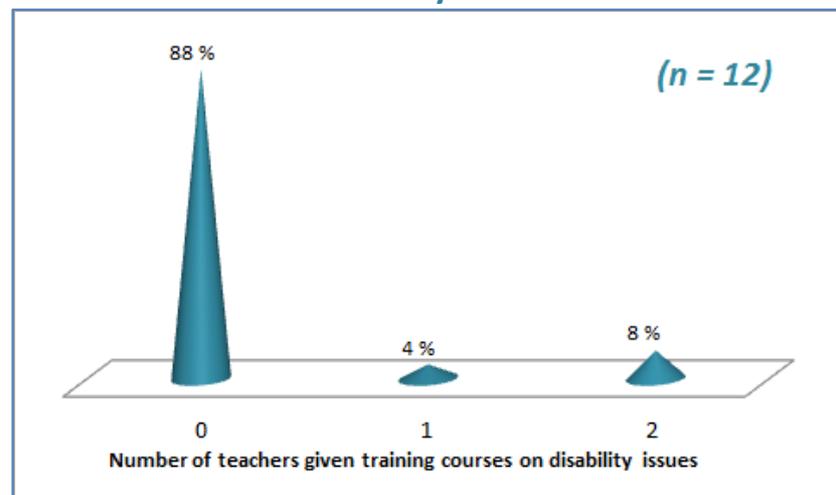
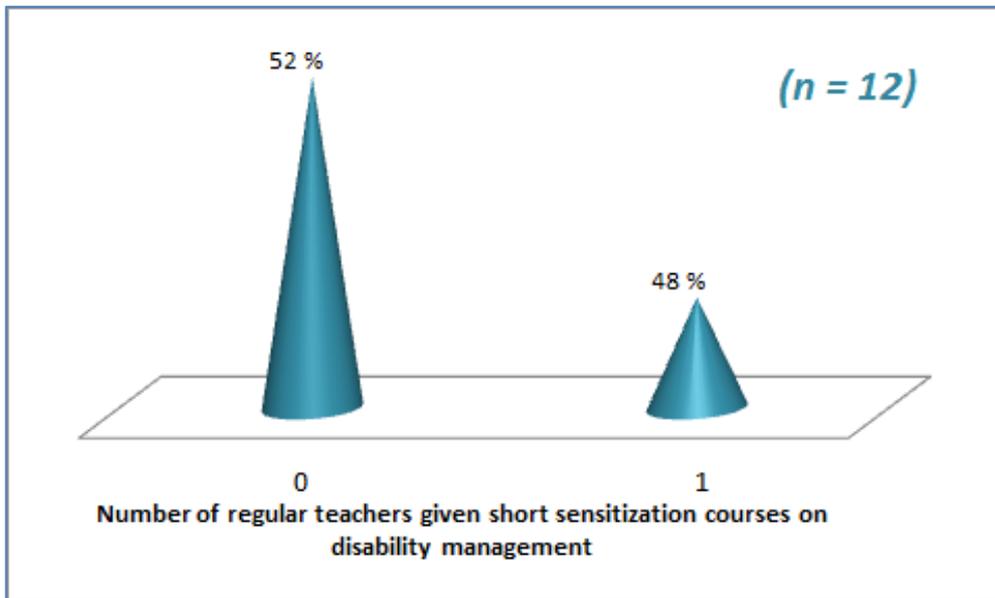


Figure 22 Number of regular teachers given short sensitization course on disability management



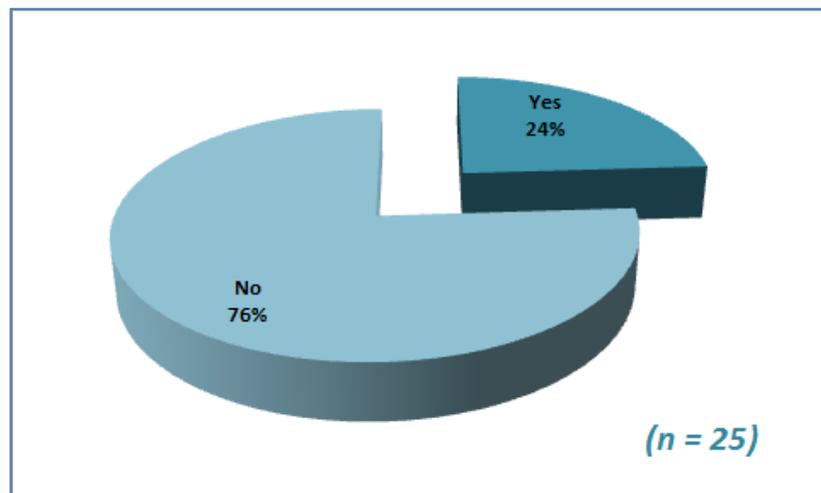
3.5

Availability of Non-human resource for differently abled students in a school

The infrastructural facilities in the NDMC Schools are not up to the mark. Various parameters have been evaluated for assessing the infrastructural facilities and for accessing the capacity of a school to handle these kinds of students.

Figure 23 given below depicts that majority of the NDMC schools do not have any aids or appliance for the differently abled students in their school. Only 24 percent of the respondents responded affirmatively for having these facilities in their schools.

Figure 23 Availability of Aids and Appliances in a regular school

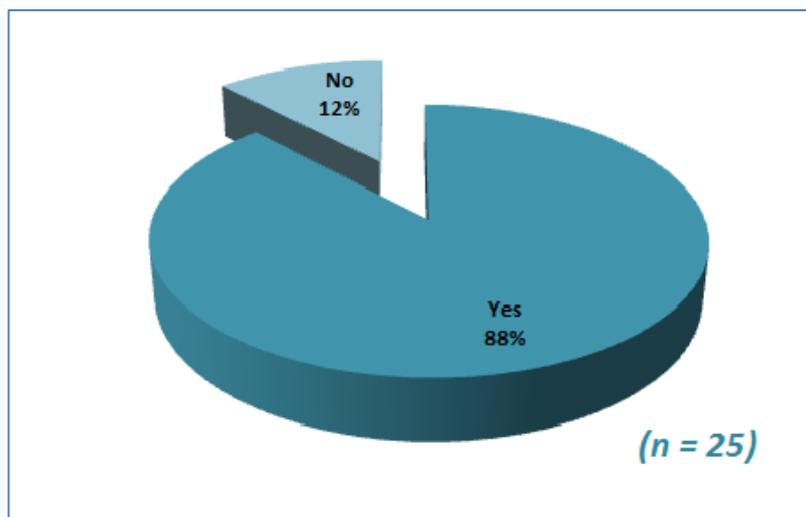


The major source of receiving these aids and appliance being reported is government body such as NDMC or SSA Board. This can be demonstrated by the fact that out of the total of 6 respondents who reported that they have the availability of aids and appliances in their school said that the only body which provides them with these is Government body. In the table 4, all of the 6 respondents (i.e. 100 percent of the cases) reported strongly that they receive these aids from the government.

Different aids and appliances being provided by the authority includes workbooks, educational toys, TLM (teacher/ learning material) kits, different models of the objects, adjustable furniture, etc.

Besides this, SSA also stated that a school should provide the essential incentives like stationary items, equipment allowances and financial aids to the differently abled students who are from poor background. Figure 24 below represents that only few schools have the provision of giving these kinds of incentives to the differently abled students in a regular school.

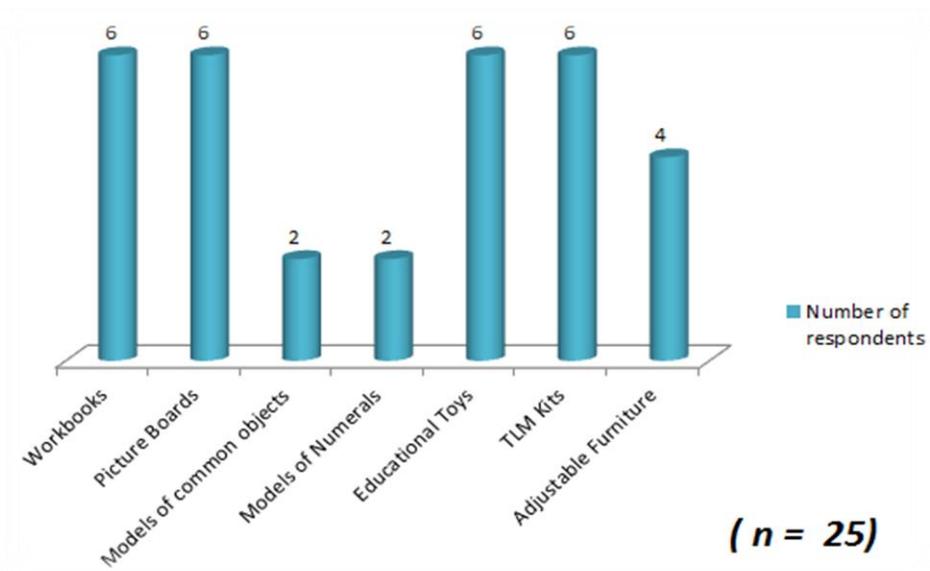
Figure 24 Provision of Essential Incentives to NDMC Schools for differently abled students



The study evaluated the availability of aids and appliances and availability of essential incentives within the school which can be illustrated through resulting graphical representations.

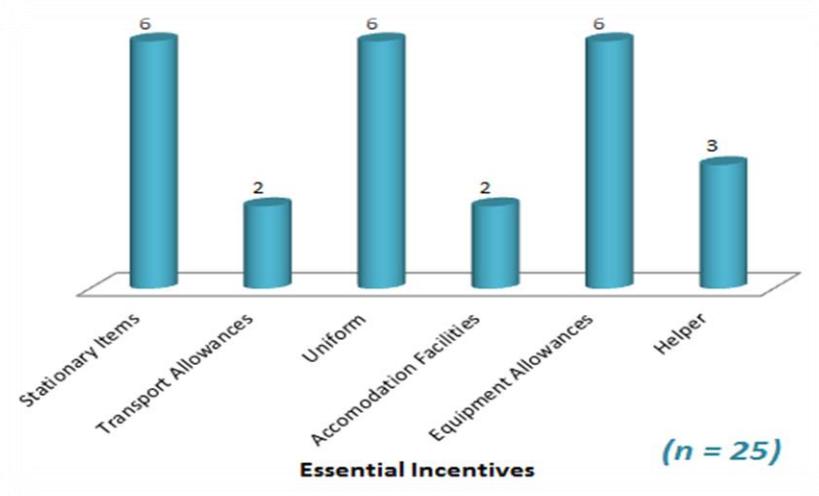
1. Availability of Aids and Appliances for differently abled student within the regular schools

Figure 25 Various Aids and Appliances for differently abled within the sampled NDMC Schools



2. Availability of essential Incentives for differently abled student within the regular schools

Figure 26 Essential Incentives given by the sampled NDMC Schools to differently abled students



Linkages of a school with other organizations

Several schools demanded support by the means of linkages with the NGOs, Voluntary organizations, Medical colleges, Hospitals and Dispensaries. Figures 27 and 28 below demonstrates the picture of NDMC school linkages with these kind of organizations in order to get the supporting aids like financial funding, counselling of the students, timely evaluation of the students, etc.

Figure 27 Linkages of NGOs and other voluntary organizations with sampled NDMC Schools

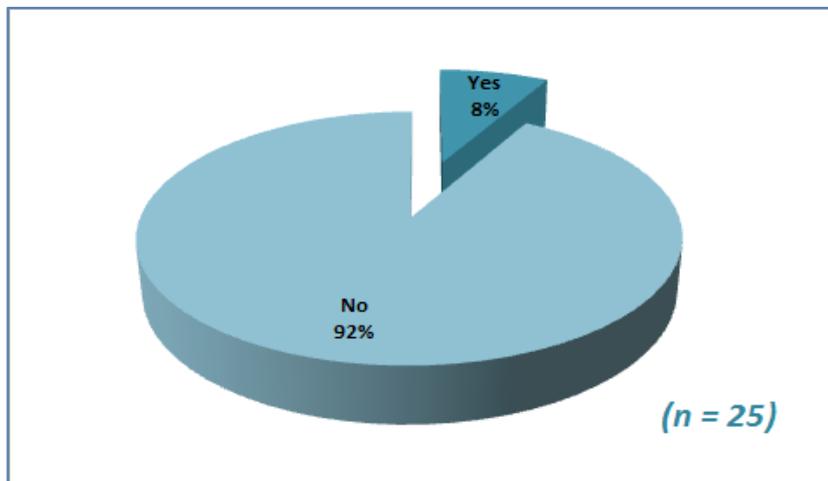
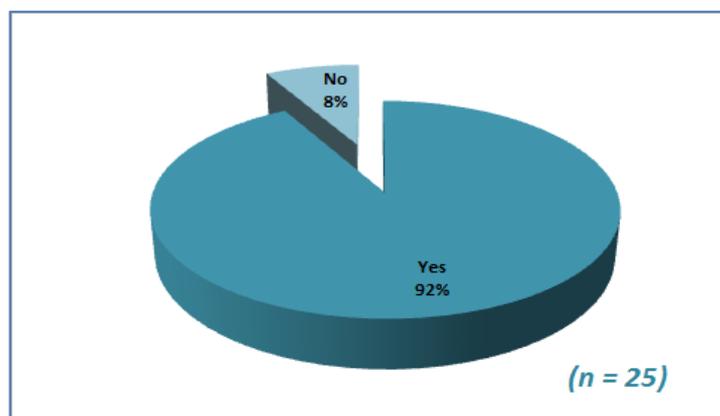


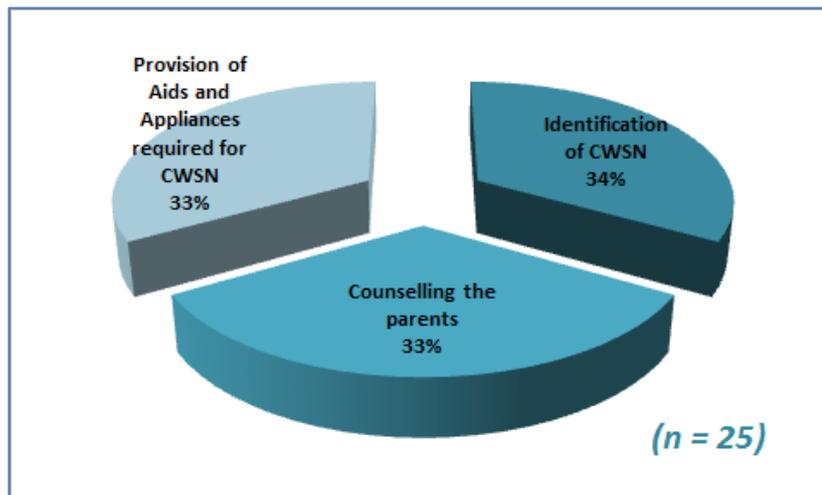
Figure 28 Linkages of Medical Organizations with the sampled NDMC Schools



Different ways in which a NGO or Medical organizations are assisting the NDMC schools are illustrated in the succeeding pictorial representations.

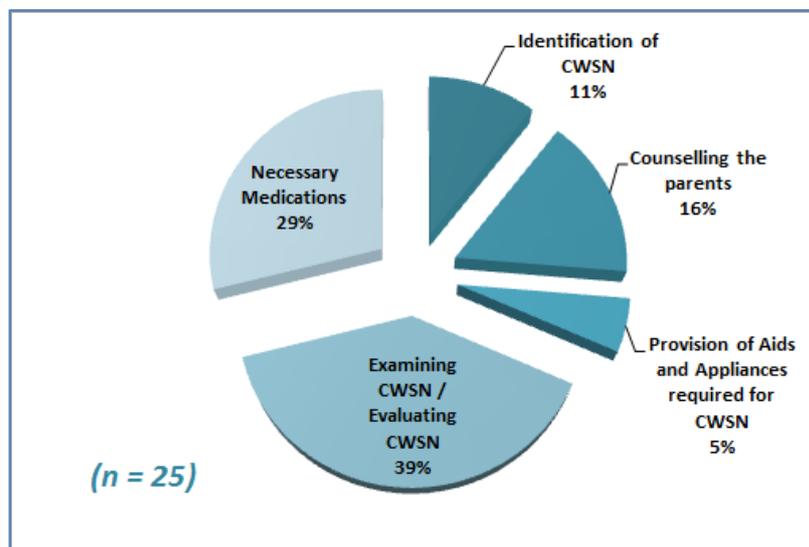
1. Ways in which NGOs or voluntary organizations assist a regular school

Figure 29 Ways in which NGO assist the sampled NDMC Schools



2. Ways in which NGOs or voluntary organizations assist a regular school

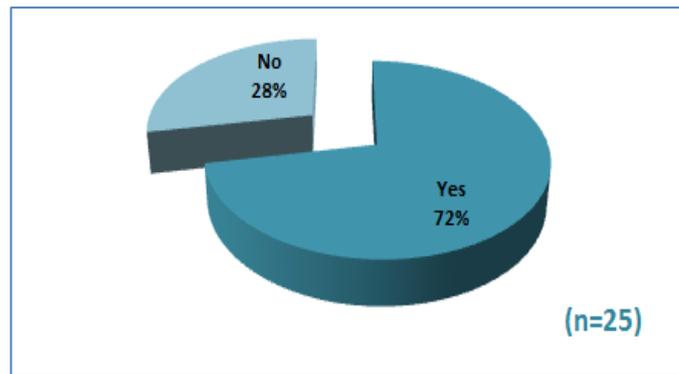
Figure 30 Ways in which medical organizations assist the NDMC Schools



Requirement for a school to be a disabled friendly

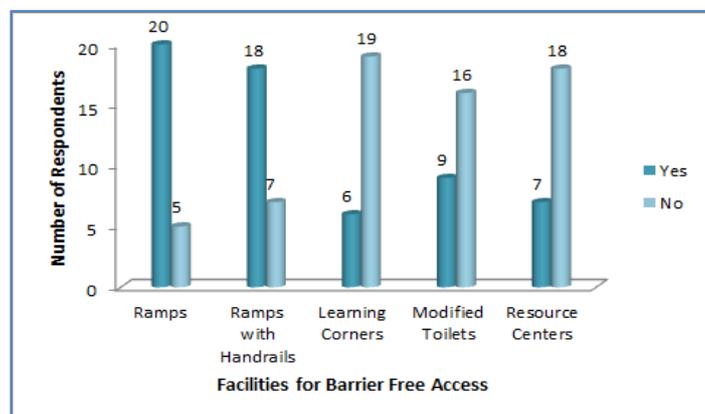
If a regular school wants the inclusion or mainstreaming of the differently abled students, then it should have the entire basic infrastructure which is needed. The different parameters for assessing whether the school is prepared to handle these issues and follows all the requirements demanded include ramps with handrails for barrier free access, modified toilets, learning corners and resource center. Around 72 percent of the respondents reported positively that their school have all the facilities and thus fulfils the criteria of being in the category of disabled- friendly. They said that their schools have barrier free access. However, around 28 percent of the respondents said that their schools are not barrier free and thus poses a big difficulty.

Figure 31 Percentage of sampled NDMC Schools with Ramps and Handrails



The facilities for the barrier free access had been evaluated during the study and thus can be interpreted through the following Figure 32.

Figure 32 Availability of Barrier Free access in sampled NDMC Schools



3.6

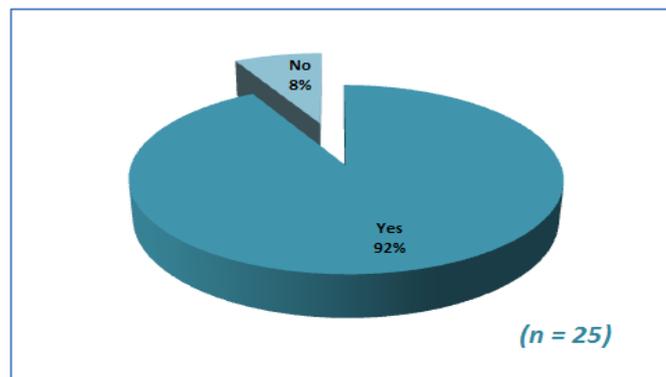
Other essential support for differently abled students in a school

Under this head the researcher evaluated the extra support being provided to the differently abled student in a regular school. The extra support embraces the extra care being given to the children, volunteers support during the school hours, Parents' concern regarding the education and behaviour of their differently abled child in the school, regular meetings conducted by the school and participation of differently abled students in the extra-curricular activities.

Support from Volunteers and the Parents

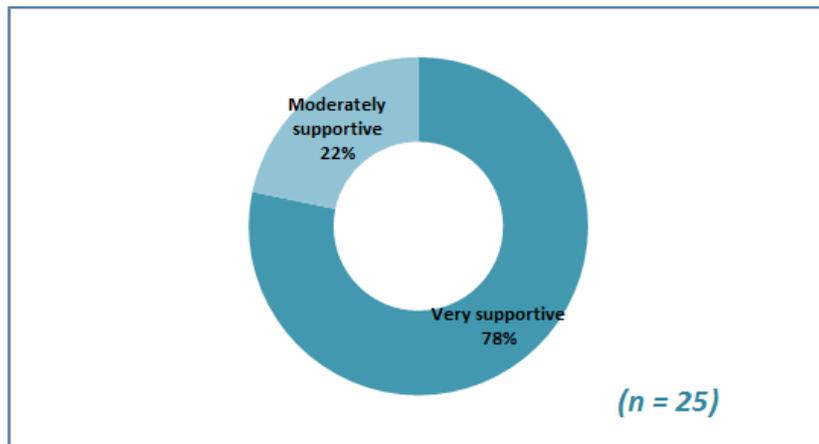
Some schools have the provision of mapping out the good students from the class so that they can volunteer the differently abled children as and when required. In NDMC schools also, there are some students who act as volunteers and help differently abled children. This is clearly indicated in the given Figure 33 that most of the NDMC Schools acknowledge the volunteers in their school as reported by 92 percent of respondents. Only 8 percent of the respondents reported that their schools do not have the provision of such volunteers for differently abled children.

Figure 33 Presence of volunteers for differently abled students in sampled NDMC Schools



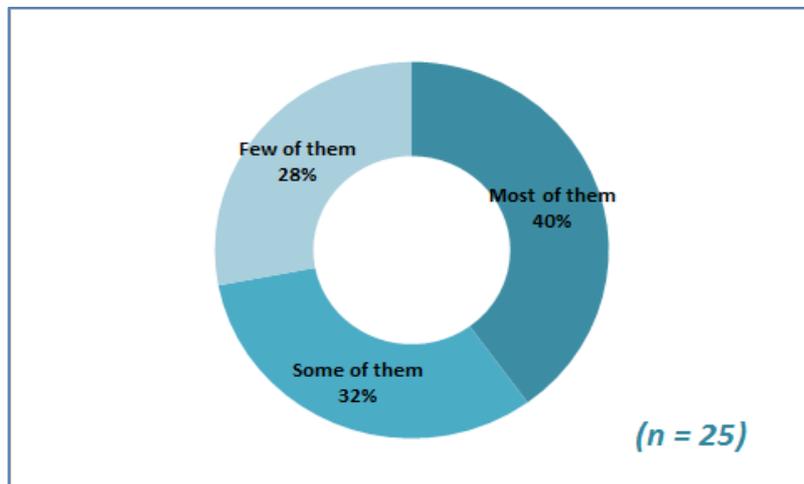
The supports from these volunteers are also very supportive as majority (around 78 percent) of the respondents reported the same. Only 22 percent said that the support is moderate and thus not much effective for differently abled students.

Figure 34 Level of support from volunteers for differently abled students in NDMC Sampled Schools



While talking about the Parents' concern, the picture is little different in the NDMC Schools as that of the expected. The parents are concerned about their differently abled child's education. Only 28 percent have reported that the concern in some ways is very low as all comes from the poor backgrounds.

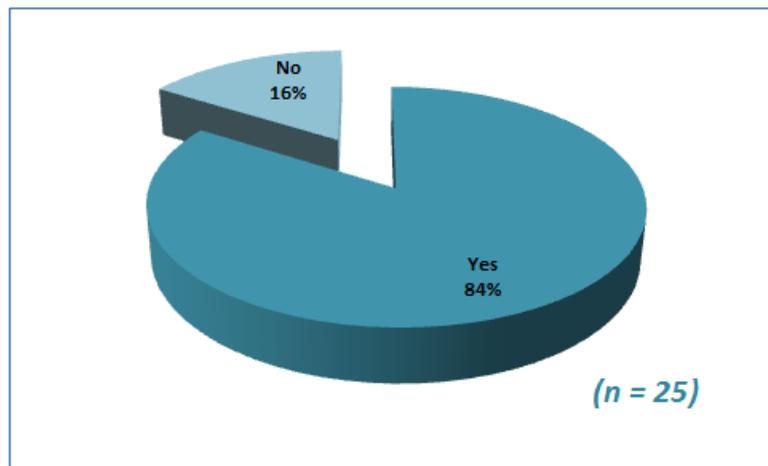
Figure 35 Concern of parents for the academic performance of their differently abled children



Regular meeting in the school

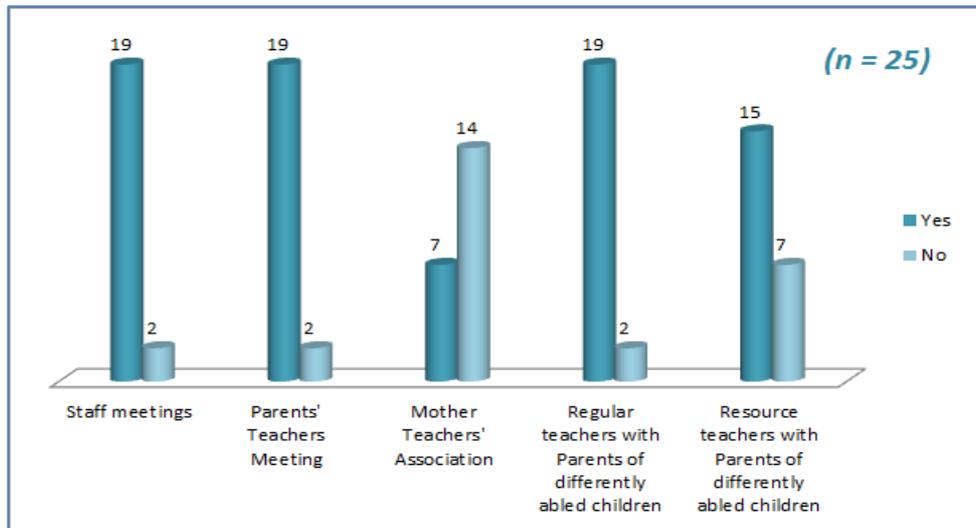
Regular meetings in a school help the school in a way that it brings out the new suggestions from the interactions of the various stakeholders involved such as parents, teachers, principal. This helps in improving the current practices by new and innovative methods. Around 84 percent of the respondents reported that their school conducts such kinds of meetings on the regular basis. Only 16 percent denies that there are no such provisions in their school.

Figure 36 Conduction of regular meetings in the sampled NDMC Schools



The different kinds of meetings has been held in the schools on the regular basis which included parents' teachers meeting, staff meetings, meetings of the resource teachers with the parents of the differently abled students, etc.

Figure 37 Various kinds of meetings within the NDMC Sampled Schools



From the above figure it can be inferred that almost all kinds of meetings are being undertaken in NDMC Schools apart from Mother Teachers' association as it is under process. Thus, it is observed that the level of interactions between various stakeholders is very from top to toe, covering all the levels and issues.

Active participation of differently abled students in extra-curricular activities in the school

The active participation of a differently abled student had also been assessed during the study so as to find out the effectiveness of Inclusion in a completely changed environment. It has been strongly favoured by all the respondents. Cent percent of the respondent reported that all the differently abled students in their school actively participate in each and every activity of the schools.

3.7

Enrolment and retention picture of differently abled students in a school

Through this section, the researcher wants to know about the detailed picture of retention and dropouts of differently abled students from a school with the following specifics:

Number of children in primary section, Number of differently abled students in primary section, number of differently abled students who retained for more than one year in a school, Number of differently abled students who have completed 5 years of education in a school, year wise percentage of enrolment of differently abled students in a school, Class wise and Disability wise percentage of differently abled students in a school, Learning achievements of differently abled students in a school.

But due to non-availability of the records, this section is not been analysed.

It has been observed during the field visits that no such data has been maintained in the NDMC schools for differently abled students which prevent the school to know the dropout rates of such students.

CHAPTER 4

Discussion

This research study is an attempt to understand the current practices being performed for the Inclusion of Differently abled students in the regular schools. This study focuses on gauging various parameters that contributes for assessment of the Inclusion for school children suffering from Intellectual Disabilities, particularly in NDMC Schools.

The previous chapter highlighted the findings of the research study as per the objectives of the study, as mentioned in the first chapter. It showed the findings in the form of tables and graphical illustrations. The data was also interpreted and discussed on the basis of their implications.

The purpose of this chapter is to discuss the findings obtained while analysing each section of the previous chapter. The findings thus obtained will then be portrayed in the light of the theory given in the first chapter. The chapter looks at the significant trends within the findings and draws up the general conclusions.

4.1

Profile of the respondents

The schools being selected for the study are the NDMC Schools. The study is being concentrated on these particulars because of the fact that the services in the government schools are not up to the mark. It had been evidenced from the background work that NDMC schools generally have the students from the poor backgrounds. It is also evidenced from the literature studies that poverty is one of the major risk factor for Mental Disability. Also the estimates from NSSO 58th round survey has suggested that disability is more prevalent in the rural areas. Thus, this study makes an effort to know the present scenario of inclusion at the ground level. The study particularly focuses on four kinds of disabilities namely Mental Retardation, Cerebral Palsy, Autism and Learning Disability.

The respondents being considered for interviews falls under any of the three categories namely Principal of the school, Regular Teacher of the Primary section of the school and Resource Teacher of the school. The profile of the respondents from these schools revealed that out of the total sample size of 25 respondents, 40 percent of the sample size is comprised of well qualified and experienced principals of the NDMC Primary Schools. Forty four percent of the sample size is consists of Regular Teachers who are in direct contact with the differently abled children and 16 percent of sample size is comprised of resource teachers. According to SSA norms, each school should have at least one resource teacher on permanent basis. But the scenario in the NDMC Primary Schools is completely different. The profile itself revealed that there is lack of resource teachers in the schools. This is very alarming fact as resource teacher is the person who bridges the gap between the inclusion system and the differently abled children. Resource Teacher works in a straight line with the differently abled students who have a wide range of learning,

mental, emotional and physical disabilities. They are the ones who ensure that lessons and teaching strategies are modified to meet the students' needs.

4.2

Identification and screening of differently abled students in a school

The identification of differently abled children at an early age is crucial. It helps them to cope up with the challenging environment in their future. Thus, sensitisation, orientation, and training of parents, caretakers, and other stakeholders become imperative. Appropriate diagnostic and remedial assessment should be made available to identify, “at risk” children.

Identification and screening is done to know the extent of the problem. It also gives a rough idea of the kind of disability prevalent so that planning could be done accordingly and the preparedness plan of the regular schools should be designed easily. According to the SSA norms, the budget to be provided for education of differently abled children depends on the number of children identified. Thus micro – planning has been done for each and individual cases because of its importance for those who are oriented to different types of disabilities like visual impairment, hearing impairment, loco-motor impairment, mental retardation, learning disabilities, cerebral palsy and multiple disabilities. This micro planning helps them in identifying the children with mild to moderate disabilities.

The picture is different in the case of NDMC Schools. Out of the total of 12 schools, only 48 percent of the schools perform the identification of differently abled student before their admission to the school. The respondents of the remaining schools stated that they had no rights to deny the admission to any student and thus even if they perform any kind of screening, they cannot deny the admission. But at the same time they also reported that if some severe cases approach them, then they refer them to some special schools. When it has been asked about the usual time of conducting the process of screening and identification

of the affected children, they reported that most of the times they perform these procedures before the admission of the child in their school. However, at the same time, 20 percent of the respondents said that in some circumstances, they perform these procedures after admitting the children to the school.

At the same time it is of crucial importance that some standard tools must be adopted for identification and screening of the differently abled children. For this, simple operational definitions based on behavioural checklist are being developed by the designated authorities. Apart from these, SSA has also released their Identification checklist for parents and schools separately, which helps them in identifying the differently abled children and the kind of disabilities from which they are suffering from. The other tools which can be used during the screening and identification of the differently abled children is the disability certificate issued by recognized government institutions. A school can ask for the certificate during the time of the admission also. If the condition is not being detected than a school can go for IQ Test of the individual which is administered by Psychologist. It has been reported during the interviews that most of the NDMC Schools prefer identification checklist. If not so, they admitted the child through normal visual observations only. They do not go for any test or screening by the specialists.

In SSA, early detection of disabilities and identification could be done with the help of PHCs, VEC, general teachers and resource teachers. The initial screening of differently abled student enrolled in schools could be done by general teachers, after being trained on how to identify such children in classrooms. As noticed from the findings, the major responsibility of identifying a differently abled child is done by School Management Committee. . As stated in the RTE Act, the school management committee entails a total of 12 members, 9 representatives will be parents whose children study in the school. Of the nine representatives one compulsorily needs to be the parent of a student who was given admission to the school under the 25% reservation rule. The rest three members in the committee will consist of any of these -an educationist, a local body member, a mason, and a teacher. The role of the SMC will be to run the school, monitor and control the school activities, work on development of the school, decide on proper use of grants and to check whether RTE rules are being implemented.

After this identification, a formal assessment as well as functional assessment is undertaken to determine the nature, type and extent of disability. Functional assessment is generally performed to get an idea of the child's current level of functioning. Both formal and functional assessment should be done by a competent team comprising doctors, eye specialist, ENT specialist, resource teachers and general teachers. Appropriate referrals should also be provided through this assessment. During this assessment, the team specifies about the aids and appliances required by the child. Assessment could be done with the help of PHCs, National Institutes, Composite Resource Centres and District Disability Rehabilitation Centres.

As it has been stated in the zero rejection policy of SSA that no child should be denied of the admission on the basis of any ground, thus NDMC Schools admit the students out of the usual admission cycle. These admissions which have been performed out of the usual admission cycle accounts for around 88 percent of the responses in the NDMC Schools. This is wrong as this can affect the studies of the child. The teachers stated that sometimes the family of the child went for their personal works to their villages taking the child with them for about more than 2 months or so. But even then the school has to consider the readmission of the child. Also no limit of disability is being defined for admitting the child into the school.

Regarding the regular evaluation of differently abled students, the NDMC Schools reported that there is a regular evaluation of such students in their schools in every 4 months.

4.3

Pre Integration skills for differently abled students

Once it is assessed that a child has some kind of disability, an Individualized Education Plan (IEP) has to be prepared by the resource teachers so that the child can be easily adapted to the new environment. An IEP is a statement stating the needs, special services required and the possible achievement of a child having special needs within a specified time frame. In NDMC Schools, usually these plans are jointly prepared by the resource teacher as well as the general teacher. However in some other schools where the resource teachers are not available, the school fails to follow such regulations. These IEP are constantly reviewed by the district/block level functionaries to monitor the individual performance of each child. An IEP should also state whether or not a child having special needs requires pre-integration training.

Some children with special needs may require some prior training before they are placed in a regular school, known as pre-integration training. This can be provided by a resource teacher or a general teacher, who has been trained on disability management. The children could receive this training in special schools available in the district or with the help of resource teachers.

From the findings it has been concluded that only few NDMC schools are conducting the pre- integration trainings. Only 32 percent of the respondents reported that they have this facility in their schools. These trainings are generally taken by the regular teacher of the schools during which they provide basic learning and behavioural skills to the child. In addition to this, they also provide them with communication skills, self-help skills, social skills, and specific motor skills. It has been reported that most of the times these trainings are being imparted to the differently abled children in the school premises. At the preschool level, a multisensory approach should replace oral and rote learning, facilitate language learning, develop pre-academic skills, and provide for remedial measures in all areas of development.

4.4

Availability of Human resources to the differently abled children in the regular schools

Teacher training is the backbone of providing quality education to children with special needs. The human resource in a school consists of teachers available in the school. This study is concentrated on the availability of resource teachers and the regular teachers who are being trained on the disability management.

In SSA, a 20-day teacher training is being envisaged for all in-service teachers, but in NDMC Schools no such trainings are being imparted to the regular teachers. However the it has been reported that in all the NDMC schools which has been interviewed, at least one regular teacher has been given the short term training on these issues or being provided with short sensitization programs and workshops. However, at the same time it has also been reported that only one such training has been organized by NDMC in last five years. No training or workshop has been organized by the board since then. So the teachers also demanded for some more training on these issues. The small trainings have been provided by the boards on periodic basis but the long-term training of teachers has been held with the assistance of Rehabilitation Council of India. After being trained for a longer duration, these teachers can provide some resource support to differently abled students in the school. At the district level, DIETs can play a major role in strengthening the capacity of teachers as well as providing resource support to the differently abled children.

It has been inferred from the findings that there is lack of resource teachers in the NDMC Schools. However, it has been interpreted that 68 percent of the responses reported that they have resource teachers in their schools but these resource teachers are either on temporary basis or are not well qualified for handling the cases. According to SSA norms, each school should have one permanent resource teacher with specific qualifications. On the contrary, it has been found out that only 4 resource teachers are available in 12 schools. Thus it shows a clear picture that there

is an urgent need to take this issue in consideration. It has also been reported that these resource teachers are generally trained by the government institutions such as IGNOU, Jamia Milia, NDMC and SSA organized Courses.

4.5

Availability of Non-human resources in the school for differently abled children

After the assessment and educational placement, the SSA State Mission Societies have to chalk out an appropriate strategy to provide assistive devices to differently abled students. The aids and appliances needed by differently abled students are those that enhance their functional capacity. A few examples might be a hearing aid for a child having hearing impairment, glasses and lenses for a low vision child and callipers, crutches for a child having orthopaedic impairment. The other aids and appliances being focussed in the study includes workbooks, picture boards, educational toys, TLM (teacher/ learning material) kits, different models of the objects, adjustable furniture, etc.

Around 76 percent of the respondents from the NDMC Schools reported that they do not have any provision of aids and appliance in their schools. It has been reported by them that the school is being provided with the aids and appliances only if their school have differently abled students. The teachers said that the SSA gave them 500 rupees grant per session as in the form of TLM kits. This money is further used by the teachers for buying the essentials required by the students. Resource teachers bring their own kits to teach the differently abled children.

The different sources for receiving the aids for NDMC schools are either government bodies like SSA and NDMC or medical hospitals. The other sources from where these aids can be acquainted includes Scheme of Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP) Scheme under the Ministry of Social Justice and Empowerment , Integrated Education of Disabled Children under Department of Secondary Education, District Blindness Control Society under Ministry of Health & Family Welfare, Artificial Limb Manufacturing

Company- ALIMCO, District Disability Rehabilitation Centre, Red Cross Societies, National Institutes , Composite Resource Centres, NGOs and other Voluntary Organizations.

According to the SSA norms, other than aids and appliances, differently abled students in regular schools, should be provided with all the necessary required support, which may be in the form of books, dress, stationary, transport allowance, escort allowance, hostel allowance, reader allowance, equipment allowance, resource room, helper and an assistant for loco-motor impaired children.

Besides the availability of these aids and appliances, NDMC provides the differently abled students with essential incentives which includes provision of Stationary, Uniforms, transport allowance and accommodation facilities. Most of the respondent reported that they provide the students with stationaries and uniform. Few of them provide the students with transport facilities also; however, there is no provision of accommodation facilities in any of the NDMC schools.

The school have also being asked about their linkage with the NGOs and Medical hospitals or dispensaries, in which most of the respondents reported that they have the linkages with the NDMC dispensaries which assist them with providing the necessary medications, helps in identification and screening of the children and for regular evaluation of the affected children.

While talking about the barrier free access in the school for differently abled students, it has been reported that most of the schools are barrier free with availability of ramps and handrails in the school premises. However, some of the schools do not have the handrails which act as a barrier for the access for differently abled students. Also, only few of the schools are being acquainted with the modified toilets and resource centres.

4.6

Other support to the differently abled children

NDMC has the facility of mapping out the volunteers in each class. These volunteers are normal students of the regular schools who can be appointed for the differently abled students in each class so that they can assist the affected student as and when required or demanded. Also it has been reported that these volunteers proves to be very helpful and supportive in providing the assistance to the differently abled student.

While talking about the concern of the parents of differently abled student, it has been found out that 40 percent of the parents showed concern about their children. They are in regular touch with the school teachers. But some of the parents do not show much interest for their child's education and improvement as they are working on the daily basis and thus they do not find the time to consult the teachers about their child's activities.

Almost 84 percent of the respondents reported that their school conducts regular meetings in their school. These meetings are helpful for the further improvement in the system. This study has evaluated the pattern of different kinds of meetings in the regular school like staff meetings, parent teachers' meetings, meetings of the regular teachings with the parents of differently abled students. However, it has been found out that the resource teachers are in regular contact with the parents of the differently abled child on their personal basis.

In the study, it has also been asked about the participation of differently abled students of regular schools in the extra-curricular activities. Cent percent of the responses favoured the fact that the differently abled students of their schools are very much talented and took active participation in each extra-curricular activity of the school.

CHAPTER 5

Conclusions and Recommendations

In Indian context, the system of education has been compromised at each and every level. The child is no longer seemed to be as a priority to our education system. Education is largely seen as the route to white collar jobs which has moulded generations to the think. Inclusive education in India, needs must contend with the present system of education, which is provided under the Integrated Education Program for children with mild disabilities in a regular school and the special school for the more severely disabled child under the Ministry of Social Justice and Empowerment implemented through state governments and NGO's.

The inclusion of children with disabilities is a process inspired by the promotion of human rights that benefits the entire population of a country. It gives a clear picture of all the government commitments to its countrymen with a connotation of good governance. The international and national commitments like Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities provide critical policy imperatives, frameworks and guidance for the development of inclusive practices.

5.1

Conclusions

- Inclusive education in India should run parallel with present system of education. Apart from this issue the other thing which is needed a more focussed discussion is the problems associated with its implementation. There has been lack of statistics on the prevalence of intellectual disability. Two institutions in India, the Census of India and National Sample Survey Organizations collect information on nature and magnitude of disability in India. The results are not comparable because of the differences in the definitions used by them. Surveys conducted by the NSSO (National Sample Survey) in 2002 and the Census in 2001 show varying figures with the NSSO quoting 1.8% (1.85 crore of the country's population) and the census quoting 2.19% of the population (2.19 crore).
- The large gap between the children of elitist class and those from the poorer background is another hurdle in proper implementation of inclusive education. The disparity between elite educational institutions and their poorer counterparts are too glaring even to be mentioned. However, the journey towards Inclusive education has begun and is a reality since the mind set of government and the general public by and large has changed.
- Profile of the different NDMC Schools illustrates that there exist a lack of resource teachers. Only few schools have resource teachers who can assist the differently abled students in the school. In some cases, the regular teachers of a school are appointed as resource teachers so as to fulfil the requirements associated legislations and norms. Also the availability of resource teachers is not adequate and if far below the normal standards. The teachers are also not well qualified.

- NDMC Schools lacks a facility of identification of differently abled students. They are not involved with identification of the differently abled students. They only admit the differently abled students who come to their door. They pointed out that they have no right to deny admission to any children on the basis of any criteria like age, gender, disability, etc. They assured that their school follows zero rejection policy.
- Some of the NDMC Schools have the facility for screening of the differently abled children. They do consider different procedures and tools for carrying out the screening of differently abled students in which the major role has been played by the School Management Committee (SMC) which comprises of principal, teachers, parents, resource teachers and the medical team. These screening is generally performed before admitting of the differently abled children into the regular school.
- The tools used for screening of the differently abled students in NDMC Schools have not much significance in determining the disability. Only visual observation and checklists are considered during the screening which is not much effective in determining the condition of the children.
- All the NDMC Schools follows the Zero Rejection Policy as stated in the norms of SSA. They have no rights to deny the admission of a child on the basis of any grounds. This can be shown by the fact that all the NDMC schools admit the students even out of the usual admission cycle.
- A regular evaluation of the differently abled students has been carried out almost in all NDMC Schools. The differently abled students have been evaluated regularly in every three months.
- No kind of pre integration skills had been given by the schools before the admission of differently abled student. However, at the same time teachers supported the fact that a special kind of pre-integration training should be given to the differently abled student before getting the children admitted into the school. They also suggested that these kinds of trainings should include

some learning classes and educational games which help the differently abled student to adapt to the changed environment.

- In some of the NDMC Schools, the Integrated Educational plans are being constructed by the resource teachers at the entry level. But this is not a usual practice undertaken by the NDMC schools.
- In most of the NDMC Schools, number of regular teachers in a school is distributed on the basis of one teacher per class. But the availability of regular teachers with the knowledge on disability issues is very less in numbers. This also acts as huge barrier in mainstreaming of the differently abled students in regular schools. However, in most of the NDMC Schools, the regular teachers are being given some kind of workshops on the disability management and preparedness.
- Most of the resource teachers available in the schools are on the temporary basis. They visit the schools on weekly or monthly basis only due to which they are not able to co-ordinate with each and every differently abled student. Also the roles played by them are very limited. As a result, there is no perceptible difference between the condition of the differently abled students in the areas with resource teachers and in the areas without them.
- Most of the NDMC Schools are not prepared for the mainstreaming as it has been found out that only few schools are being equipped with aids and appliances. Few number of schools have satisfactory infrastructure for supporting the differently abled students in their schools.
- The regular class teachers have been provided with the TLM grant of Rs.500 per year with which the teacher can buy the required games or other stationaries for their students. But no such grant is especially dedicated for the differently abled students.

- Various kinds of incentives are provided by the NDMC schools to their students. These incentives include the uniform, books and stationaries and food. But there are no separate incentives for the differently abled students.
- The NDMC Schools have no linkages with any kind of NGOs or voluntary organizations. This can be considered as gap because these linkages can help them by providing them the aids and other facilities which can further make these schools more prepared for the mainstreaming. However, every NDMC School is linked with the NDMC dispensaries which assist them by providing the necessary aids and medications. They also help in evaluating and examining of the differently abled children.
- The infrastructure of the NDMC Schools does not have barrier free access. Either they do not have ramps in their schools or if the ramps are available then they are without handrails. The teachers reported that they bring this problem on the board but no sincere actions have been taken yet. Also the toilets are not modified as per demanded by the differently abled students which makes it difficult for them to come to the schools and access the services.
- It has also been reported that parents of the differently abled students are not much concerned about their child's behaviour and performance in the school. They usually do not contact the teachers. The reason is that each child in NDMC Schools is coming from the poorer family background and the awareness level among the poor parents is very less. No counselling services are being imparted to the parents by the school authority. This is the biggest loophole which prevents a differently abled child to access the educational facilities. It is important to undertake wide spread awareness among the parents about the need and importance of educating the differently abled children.
- Regular staff meetings are conducted by the NDMC Schools but in most of the schools no parents teachers meet takes place. The interaction between the parents and teachers only happens when the parent themselves comes to the

school. The formation of mother teachers' association is also in process. In cases where the resource teachers are available, it is a responsibility of the resource teacher to contact the parents of differently abled students on regular basis and discuss the issues faced by their children. However, in most of the NDMC Schools this does not happens due to un-availability of the resource teachers.

- Lastly, it is also observed that no separate database has been maintained by the schools for the differently abled students of their schools. No year-wise, class-wise or disability-wise data has been obtained from the school so as to know the current trends. Also the principals of the schools are not aware about the number of differently abled students in their schools. In most of the cases they do not have direct interaction with the resource teachers.

5.2

Recommendations

Box 3 UNICEF Recommendations

According to a UNICEF Innocenti Digest, a number of principles for advancing inclusion embrace the following:

- ✚ Consulting and listening to children with disabilities and their families themselves*
- ✚ Adopting a life-cycle and integrated approach that responds to the evolving capacities of the child, and working with parents, other family members, peers and communities – as well as with service providers, policy-makers and key leaders.*

Specific strategies based on these principles include the planned shift of children with disabilities from segregated, institutionalized care and enabling them to be included within their families, local schools and communities, with all the required support systems and services.

Creating a more inclusive society for all and for differently abled children in particular, requires a number of preconditions that combine to provide a supportive environment for inclusion. These critical components for key recommendations on disability and inclusion

Political

- At the governmental level, it should be made compulsory that each differently abled child should have an access to appropriate preschool, primary and secondary level education.
- Government of India should make some efforts for early identification of the differently abled children (especially the children up to six years of age).

Necessary interventions must be implemented so that they can become capable of joining inclusive schools.

- Setting up of more rehabilitation centres and the resource centres in the areas which are geographically more accessible.
- Government should open up new special schools depending upon the requirements.
- Certain percent of reservations should be dedicated to the category of individuals belonging to the differently abled group.

Participatory

- There is a need for making all the schools as inclusive focussed by involving parents, family and the community as well at all the stages of education. The entire curriculum related policies and programmes should be made inclusive in nature in order to effectively address the issues related to the education of the differently abled students.
- The inclusive schools should endeavour to develop the partnerships with institutions of high learning, governmental organizations and NGOs so as to promote participation of differently abled children in all aspects of the education. NGOs should also be brought more actively into both policy and implementation, but with strengthened financial accountability and monitoring of program outcomes.
- Resource teachers should not only work as an external part of the whole system, instead they should be considered as the full-fledged members of the school community.
- International agencies and their national partners have to perform the major tasks by ensuring that persons with disabilities are automatically but explicitly included in the initial objectives, targets and monitoring indicators of all development programmes.
- Conduct awareness-raising and educational campaigns for the public, as well as specific groups of professionals, with the aim of preventing and addressing the de facto discrimination of children with disabilities.

Enabling framework

- The curriculum should be flexible and appropriate enough so as to accommodate the diversity of school children including those with disability in cognitive and non- cognitive areas as well. The curriculum needs to be balanced in such a way that it is a common for all and yet takes account of individual needs for all learners. It should be made accessible to differently abled students.
- Admission, retention and full participation of differently abled children in all the aspects of education, must not be subject to any criteria based on assessment tests and judgement by professionals and experts.

Data

- Reliable and objective statistics are important to assist planning and resource allocation and to place children with disabilities more clearly on the map. Although the statistical databases necessary for this purpose require time to develop, planning and programming must move forward. Denying or delaying services to children with disability on the grounds that more data are needed is not acceptable. Plans, policies and budgets should be designed to allow changes and modifications, as additional data are made available over time.

Planning

- The teacher's education and trainings should be restructured for effective delivery of education in the inclusive models.
- Responsibility for specific programs for the differently abled should be brought clearly under relevant line Ministries in some cases, e.g. bringing all education policies under MHRD as noted above.

Service delivery

- Removal of physical barriers for barrier free access.
- While being flexible in the timetable and delivery of the curriculum, the school should also provide the differently abled children with the needed resource support which embraces resource teachers, assistive devices and teacher-learning material.
- Parent-teacher counselling and a grievance redressal system should be set up in the schools.
- The preparation of children—in the form of early childhood intervention before enrolment—is required. This would ensure that they do not drop out, are retained in schools, and compete equally with other children.

Capacity development

- Make all early education and care programmes (0-6 years) sensitive and responsive to the special needs of the differently abled children , including training of Anganwadi workers and other health workers in identification of the needs of the differently abled children, use of age appropriate play and learning materials and counselling of the parents.
- Gearing of the teacher education programmes to develop the skills required for inclusive education is needed so as to maintain the correlation between the style of teaching and learning styles of the differently abled children.
- The class teachers/ regular teachers should be made responsible for all the children in a particular class and if the class has differently abled children then a special assistance should be provided to the regular teacher in the form of resource teachers so that the extra care should be given to the differently abled children in accordance with his/her special needs.

Management

- Strategies should be developed to incorporate the perspectives and skills in all the administrators and principals for planning and executing the programmes based on the philosophy of inclusion.
- Innovative strategies should be developed to provide an extra care to the differently abled children with the intention that these children should not be segregated from the mainstream.

Finance

- Universities, colleges, schools and other professional institutions should be provided with the financial support to establish a ‘Disability Center’ to take care of the educational needs of the differently abled students. They should also be encouraged to make disabled friendly classrooms, hostels, cafeterias, etc.
- Public funds dedicated for the welfare of disabled people should be also used to support researches on the areas of priorities, development of assistive devices for improving mobility of differently abled individuals, implementing cost effective universal design, and analysis of the impacts and costs of failure to provide accessible environments. While these are all possibilities under the PWD Act, in practice there has been very limited research on these subjects.

Monitoring and evaluation

- A periodic monitoring of awareness, with particular focus on lagging states and remote regions, should be put in place to assess impact.
- The enforcement mechanisms for the Acts dedicated for the disabled needs continuous checks in order to be clarified and strengthened.
- A review of human resource and financial capacity of central and state Commissioners’ offices is also needed.

- Develop independent monitoring mechanisms, such as an Ombudsperson or Children’s Commissioner, and ensure that children and families are aware of and fully supported in gaining access to such mechanisms.

Children with disabilities and their families constantly experience barriers to the enjoyment of their basic human rights and to their inclusion in society. Their abilities are overlooked, their capacities are underestimated and their needs are given low priority. Yet, the barriers they face are more frequently as a result of the environment in which they live than as a result of their impairment.

While the situation for these children is changing for the better, there are still severe gaps. On the positive side, there has been a gathering global momentum over the past two decades, originating with persons with disabilities and increasingly supported by civil society and governments. In many countries, small, local groups have joined forces to create regional or national organizations that have lobbied for reform and changes to legislation. As a result, one by one the barriers to the participation of persons with disabilities as full members of their communities are starting to fall.

Progress has varied, however, both between and within countries. Many countries have not enacted protective legislation at all, resulting in a continued violation of the rights of persons with disabilities.

PART 3

Case Study

CASE STUDY

Akshay Pratishthan: A Model for Inclusive Education

Introduction

For over last 20 years, Akshay Pratishthan has been rapidly climbing up the ladders to success by serving the humane. Having started in tents in Dakshinpuri for a handful of children, it has now grown to a rehabilitation centre in Vasant Kunj supporting more than 400 children.

It started with the aim of providing education, medical care, vocational training, and employment opportunities. In the last 20 years, Akshay has grown from strength to strength leaving its imprint by providing services to the underprivileged and the differently abled sections of the society.

Akshay Pratishthan has integrated able bodied and differently abled children to form an institution looked upon by everyone. Over the years, the students have shown a thirst to prove themselves in every field leaving no stone unturned. Their students have crossed many hurdles to participate and excel in academics, sports, fine arts and the performing arts. Akshay Pratishthan is growing with the continuous support of the donors, sponsors, volunteers, children and their parents.

Mission Statement

- To create an inclusive, barrier free and rights based society where people with disabilities will be treated with dignity in the spirit equality and social justice.

Vision

- To educate the differently abled and underprivileged sections of the society on a platform to prove that 'Nothing is Impossible'
-

Achievements of Akshay Pratishthan

- Winner of national awards for meritorious services in the field of rehabilitation.
- Initiated community based rehabilitation in the village of Jhunjhunu District, Rajasthan.
- Designed barrier free bus with a tail lift.
- Developed hoist for people with severe disabilities.

Aims and Objectives

- To offer comprehensive rehabilitative services.
- To empower and mainstream people with disabilities.
- To provide equal opportunities to people with disabilities so that they can lead a life of equality and dignity.
- To develop human resources.

Regular School

Akshay Pratishthan is well known for its model of inclusive education. They follow the model of 100 percent Inclusion. The organization runs a school where an integrated group of 406 children, comprises of able-bodied as well as differently abled children, studying and playing together. The school is from Nursery to class VIII. After class VIII, our students have the option of either going to other regular schools or to appear for Secondary and Senior Secondary examinations through National Institute of Open School (NIOS) study centre. They cater children with various

disabilities with the main focus lies on children who are orthopedically handicapped and intellectually challenged.

Since most of the children in Akshay Pratishthan are from needy backgrounds, free refreshments offered by the school works as an added incentive. Education is free, but a nominal fee is charged for stationary, uniform and books to prevent dropouts.

Akshay Pratishthan aims at developing a healthy attitude among children whilst laying a strong foundation for their all-round development.

NIOS aims at providing relevant, continuing and developmental education at the school level and up to pre degree level. Akshay Pratishthan was affiliated with NIOS for vocational training. With the sole objective of enabling students to pursue higher education up to degree level, the special study centre of IGNOU was setup at Akshay Pratishthan. It provides degrees which include Bachelor of Arts (BA), Bachelor Preparatory Course (BPP) and Certificate in computing (CEC).

A special advantage to the differently abled - Healing Touch

Akshay Pratishthan provides a healing touch to the differently abled students with the help of two of its department namely, the Medical Team and the Therapeutic Departments. These departments provide various preventive and curative services to our school children and to the community at large. Not only the students are being served by the school, also the community people are being served under these services. They have an in-house medical room and a team of specialists who visit the school on a regular basis. Students are provided with free services; however, the community people are reasonably charged for the services.

Akshay Pratishthan has special arrangements like Physiotherapist (PT), Occupational Therapy (OT) and speech therapists. They help in providing the assistive aids and appliances to the differently abled. Also, the school has special arrangements for medical surgery cases at the various hospitals such as Indian Spinal Injury Centre at Vasant Kunj, St. Stephens Hospital and Chacha Nehru Hospital. These cases are further followed by the in-service departments. There is also a special arrangement of Occupational Therapy which helps to improve the quality of life of people with

disabilities by making them independent in their daily activities. It helps to improve motor development, eye-hand coordination and sensory awareness, leading to psychological and sociological independence.

These facilities are the integral part of the rehabilitation programme where people with disabilities are thoroughly assessed and given enabling devices, vocational guidance and counselling. They are placed in a suitable vocation and then, will be mainstreamed. Besides providing these services, the school also provides home based programmes.

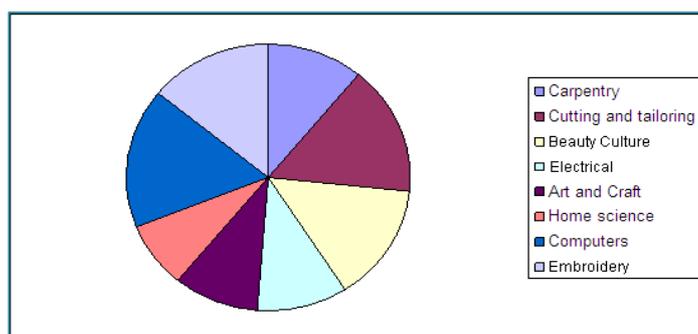
“We ensure that each differently abled child in our school is being imparted with a particular vocational skill that will facilitate them to earn their own livelihood, and be free from their crutches of dependency.”

Akshay Pratishthan

The school doubles up as a rehabilitation centre by rendering rehabilitative services to differently abled children at the school, and underprivileged community at large.

Akshay Pratishthan is an institution which provides rehabilitation through special services in education and vocational training. To impart this service, efficient instructors are employed for various vocations. They also run several pre-vocational and vocational training courses for all the students from class V onwards. Each student has to pick one of the courses as a part of the class syllabi. This training is also open for people from the community and certified by NIOS.

The different vocational services provided by the school can be depicted as follows:



Besides various organizations there are a lot of individuals who come forward and support the school either through donations or with their time and effort as our volunteers.

Observations

The Evaluating team has been formed by the school for the regular evaluation of the differently abled children. It comprises of head of the special team, principal, chairperson, social worker, occupational therapists, prosthetic specialist, speech therapist, and psychologist. In order to decide on the various cases of the differently abled student who approaches them, a rehabilitation meeting has been conducted. This meeting is conducted frequently on the weekly basis.

When the school was asked about the admission criteria for the differently abled students, they responded that prior to the admission of the differently abled students in the school; each and every differently abled student has to pass through the screening test which is undertaken by the evaluating team. There are no specific limits for disabilities in order to admit the student to the school. All the admissions are based on evaluation of individual cases.

The school reported that no autism cases are entertained by the school; instead they refer the students to other special schools. This is due to the fact that the students suffering from Autism are having the arrogant and ferocious behaviour which can interfere with the progress of other differently abled school. They also reported that the environment of the school is not apt for autistic children as the school is deprived of the specialists and other demanded equipment.

When asked about the most prevalent disease out of the four, the school reported that most of the children in the school are suffering from Cerebral Palsy.

IQ tests have also been performed in order to regularly evaluate the differently abled students. These tests are being administered by a special team of National Institute of Mental Health (NIMH). They follow a standard Tool format for evaluating the children.

The human resources available position an extra star for the school. All the teachers are well qualified. Dedicated staff and caring and experienced professionals make the

school outstanding from the other schools. All the teachers are having the degree recognized by RCI. A new foundation course named 'FCED – for education with disability' has been started in the school for teachers. This course is recognized by RCI. IGNOU conducts regular workshops and sensitization programmes.

School also provides free aids and appliances to the students and ex- students. They have the sponsors who give aids like scooties, wheel chairs, etc. Children can take these to their homes on the daily basis. They have the linkages with Manav charitable hospital. Sponsors not only provide the equipment aids to the school, operations are also undertaken by the sponsors.

The Akshay Pratishtan can act as a model for NDMC and other schools that are striving to mainstream the education for the differently abled students. The facilities available within the schools can make a lot of difference for making the dream of inclusion comes true.

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APPENDICES

APPENDIX 1

List of NDMC Schools consulted for the study

APPENDIX 2

**Study tool used for the assessment for the
study**

APPENDIX 3

**Checklist used for diagnosis of Differently
abled students during the interviews**

APPENDIX 4

Overview of SSA

APPENDIX 5

Norms under SSA

APPENDIX 6

Data for period 2009-2012

APPENDIX 7

Year-wise expenditure and allocation of funds under SSA

APPENDIX 8

National Trust Act 1999