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United Nations
Educational, Scientific and
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New Delhi Office
Cluster Office for Bangladesh,
Bhutan, India, Maldives,
Nepal and Sri Lanka

State of the Education Report for India 2019
Children with Disabilities

UNESCO Education Sector

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State of the Education Report for India 2019 Children with Disabilities

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Photography

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1. **Latika Roy Foundation** (Dehradun, Uttarakhand)
2. **Gateway School, ETC Centre for Disability and Pratham Centre** (Mumbai, Maharashtra)
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4. **Government Primary School** (Thirthhali, Karnataka) and **Sarji Institute of Special School** (Shivamogga, Karnataka)



State of the
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**Children with
Disabilities**



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Message

Vice President of India

I am glad to note that UNESCO has chosen to focus on education of children with disabilities as the theme of "State of the Education Report 2019." The publication of this report is timely because the Government of India is formulating a new education policy. This report will, hopefully, provide useful inputs to the new policy and enrich the outcomes in the years to come.

India has made steady progress in enhancing access to all levels of education over the past few decades.

Expansion of educational systems in the country improved the literacy rate from 14% at independence to 73% as per census 2011. The Right to Education Act 2009 has largely enhanced access to education. However, there is still a sizeable population of children who are out of school.

Equity, equality and inclusion are key principles of our Constitution and the government has adopted 'Sabka Saath Sabka Vikas' as an overarching goal, envisioning an inclusive new India. A number of programmes have been taken up by the government including Samagra Shiksha Abhiyan and Beti Bachao Beti Padhao. The education of children with disabilities is receiving a special thrust under The Right of Persons with Disabilities Act 2016 giving effect to the United Nations Convention on the Right of Persons with Disabilities, the Accessible India Campaign and programmes conducted through the Department

of Empowerment of Persons with Disabilities (*Divyangjan*), Ministry of Social Justice and Empowerment. Targets have also been set under Sustainable Development Goals 2030 (SDGs) including goal 4 and country is steadily moving towards inclusive, equitable quality education.

We need to further understand the gaps in programmes and barriers to inclusive education. UNESCO's State of the Education Report 2019 is expected to deepen our understanding in this regard and help the education system better respond to the learning need of children with disabilities. This will enable us to make significant progress towards our collective objective of leaving no one behind and provide to all children and youth equitable opportunities for quality learning.

I compliment UNESCO on this publication as well as the authors, the editorial board and the entire team for bringing out such a useful study.

M. Venkaiah Naidu
Vice President,
Government of India



Message

Secretary
Ministry of Social Justice & Empowerment,
Department of Empowerment of Persons with Disabilities,
Government of India

The United Nations Convention on the Rights of Persons with Disabilities, to which India is Signatory, has enabled India to have a comprehensive legislation – the Rights of Persons with Disabilities Act, 2016. This has given impetus to programmes to be developed across the country, which will enable persons with disabilities to lead productive, safe and dignified lives. These programmes aim to focus on educational, economic and social development and rehabilitation.

Education is a key component to promote disability-inclusive development. India has been working in this direction for quite some time. In this regard, we are happy that UNESCO, with its collaboration partners, have undertaken a study to understand the issues faced in implementation, in policy, in reviewing

the current provisions, and the activities implemented by the different central ministries/ departments and the state governments.

I hope that all the major stakeholders will take corrective measures to make inclusive education real.

Shakuntala D. Gamlin
Secretary,
Ministry of Social Justice & Empowerment
Department of Empowerment of Persons with
Disabilities (*Divyangjan*)
Government of India



Message

Director
National Council of Educational
Research and Training (NCERT),
Government of India

Throughout India, as also across the globe, the inclusive education movement, especially from the perspective of children labelled as disabled, has become more pronounced. This current emphasis on inclusive education emerges especially after the National Curriculum Framework (2005) and UNCRPD (2006), and is further strengthened by the RPWD Act (2016). Recent developments, like the draft National Education Policy, 2019 also places emphasis on inclusive education practices. However, critical analysis and evidence suggest that while the earlier frameworks and policies on inclusive education created awareness among various stakeholders, they have not yet resulted in effective inclusive practices. While engaging with the question 'why,' it is equally important to understand the barriers faced by persons with disability in accessing good quality education. Understanding the diverse needs of learners, especially those who are physically and mentally challenged, and creating an enabling school

environment in terms of trained and motivated teachers, good leadership, infrastructural facilities and safety are the key dimensions to ensure quality in education. This report highlights the current status of education for children with disabilities in the country, and it would be a significant and useful step in this direction.

I hope the recommendations made in the report would be implemented in the right spirit to improve the educational scenario and consequently the lives of our children with disabilities.

Hrushikesh Senapaty

Director,
NCERT
New Delhi, India



Special thanks to artist Leon Löwentraut, Geuer & Geuer Art GmbH, and the YOU Foundation.

The campaign #Art4GlobalGoals was initiated by the young German artist Leon Löwentraut and Geuer & Geuer Art Gallery, with the support of UNESCO and the YOU Foundation. It aims to increase public awareness on the Sustainable Development Goals through the sale of hand-painted prints specially produced by Leon Löwentraut. Part of the proceeds of the #Art4GlobalGoals campaign supported this Report.

The painting above focuses on Sustainable Development Goal 4, which aims to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.



Foreword



The education of children with disabilities is still insufficiently addressed by schooling systems around the world.



As part of Agenda 2030, Sustainable Development Goal 4 aims to “ensure inclusive and equitable quality education and promote lifelong learning opportunities for all”.

This objective implies that a school can only be inclusive when all its students are able to access its resources and participate in its activities without exception. Children with disabilities should not be left behind.

There has been clear progress in this regard in the last few decades, with various international frameworks and national policies now in place, and a common understanding that children with disabilities must be educated in regular schools and not taught in separate educational settings. Admittedly however, education of children with disabilities is still insufficiently addressed by schooling systems around the world.

In India itself, both legal frameworks and their implementation have evolved at pace, but as everywhere else, more can be done to better include children with disabilities.

We therefore decided to focus on this specific issue for our first State of the Education Report for India, in a collegial and constructive spirit.

Coordinated for UNESCO by a dedicated team at the Tata Institute of Social Sciences, the report draws extensively on existing literature on the subject at both national and global levels, and consultations with key stakeholders including disability experts, institutions, civil society organizations, parents, teachers and educationists, and of course, children with

disabilities. It aims to provide comprehensive information on the current state of education for children with disabilities. It also highlights achievements and success stories throughout India, and accounts of challenges that need to be overcome.

The report was peer-reviewed scrupulously by an editorial board of high-level Indian experts, and I am most grateful to its members for their advice, guidance and passion for the topic.

We hope this publication will be a useful reference and advocacy tool for enhancing the policies and programmes related to inclusion and will help scale up quality education opportunities for children with disabilities in India. We hope in particular that policymakers and administrators in the field of education will consider the suggestions and recommendations that the report contains.

I wish also to acknowledge with many thanks the YOU Foundation of Germany, led by UNESCO Special Ambassador Dr Ute-Henriette Ohoven, and the CBM India Trust under the guidance of Dr Sara Varughese for their financial support. We look forward to continuing our collaboration with both institutions for the 2020 edition of our report, expected to focus on vocational training.

Eric Falt
Director,
UNESCO New Delhi



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The 2019 State of the Education Report for India was a collaborative effort and involved many individuals, under the overall guidance and management provided by Mr Eric Falt, Director and Representative of UNESCO New Delhi, and Mr Mame Omar Diop, head of the Education team.

For nine months, Ms Huma Masood patiently provided invaluable technical support and coordination for the report on behalf of UNESCO New Delhi and interacted closely with the research team from the Tata Institute of Social Sciences (TISS) in Mumbai, with Ms Archana Mehendale, Ms Bhagyalaxmi Velugu, Ms Mythili Ramchand, and Ms Sonia Sawhney as the main authors. The TISS team was also supported by Ms Arati Bapat, Mr Sayan Bhattacharya, Mr Devandhiran Duraipandi, Mr Munaf Patel, and Ms Gomathi Jatin. They worked at TISS under the overall guidance and support of Dr Padma M. Sarangapani and Dr Ajay Singh.

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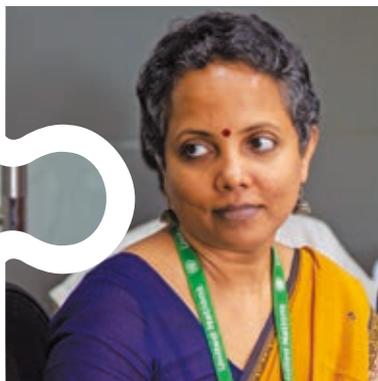
The editorial board was guided by Mr Eric Falt, Director and UNESCO Representative, and

included Mr Venkata Subba Rao Ilapavuluri (Secretary to the Vice President of India), Dr Anita Julka (Professor, DEGSN, NCERT), Mr Arman Ali (Executive Director, NCPEDP), Mr Anantha Kumar Duraiappah (Director, MGIEP), Dr Nandini Chatterjee (MGIEP), and of course Dr Sara Varughese (National Director and Managing Trustee CBM). The editorial board met four times to provide support and feedback to the research team.

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The publication was made possible through the generous financial contributions from CBM India Trust (technical inputs and grants management provided by Ms Soji Fairlene under the guidance of Dr Sara Varughese), as well as the YOU Foundation 'Education for Children in need' of Germany, led by UNESCO Special Ambassador Dr Ute-Henriette Ohoven and supported by Ms Claudia Jerger.



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Abbreviations and Acronyms

ADAPT	Able Disabled All People Together	ICT	Information and Communication Technology
ADIP	Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances	IEDSS	Inclusive Education of the Disabled at the Secondary Stage
ALIMCO	Artificial Limbs Manufacturing Corporation of India	IEP	Individualized Education Plan
ASHA	Accredited Social Health Activists	IERC	Inclusive Education Resource Centre
AWC	Anganwadi Centres	ISLRTC	Indian Sign Language Research and Training Centre
AWP&B	Annual Work Plan and Budgets	LD	Learning Disability
BIERT	Block Inclusive Education Resource Teachers	MHCA	Mental Health Care Act
BRC	Block Resource Centres	MHRD	Ministry of Human Resource Development
CAG	Comptroller and Auditor General	MICS	Multiple Indicator Cluster Surveys
CBGA	Centre for Budget and Governance Accountability	MoF	Ministry of Finance
CBR	Community Based Rehabilitation	MHFW	Ministry of Health and Family Welfare
CBSE	Central Board of Secondary Education	MoLE	Ministry of Labour and Employment
CHC	Community health centres	MoRD	Ministry of Rural Development
CRC	Cluster Resource Centres	MoSDE	Ministry of Skill Development and Entrepreneurship
CCE	Continuous Comprehensive Evaluation	MoSPI	Ministry of Statistics and Programme Implementation
CSOs	Civil Society Organizations	MSJE	Ministry of Social Justice and Empowerment
CWD	Children with Disabilities	MWCD	Ministry of Women and Child Development
CPSEs	Central Public Sector Enterprises	MYAS	Ministry of Youth Affairs and Sports
CSR	Corporate Social Responsibility	NCERT	National Council of Educational Research and Training
CWSN	Children With Special Needs	NCF	National Curriculum Framework
CWVI	Children With Visual Impairments	NCFTE	National Curriculum Framework for Teacher Education
DAISY	Digital Accessible Information System	NCPCR	National Commission for the Protection of Child Rights
DALI	Dyslexia Assessment for Languages of India	NCPEDP	National Centre for Promotion of Employment for Disabled People
DDRC	District Disability Rehabilitation Centre	NCRPD	National Committee on the Rights of Persons with Disabilities
DEPWD	Department of Empowerment of Persons with Disabilities (<i>Divyangjan</i>)	NCTE	National Council for Teacher Education
DIET	District Institution for Education and Training	NDN	National Disability Network
DRIF	Disability Rights India Foundation	NE	Northeast
DPO	Disabled People's Organisation	NGO	Non-government Organizations
DSEL	Department of School Education and Literacy	NHM	National Health Mission
ECCE	Early Childhood Care and Education	NICU	Neonatal intensive care unit
ECD	Early childhood development	NIEPID	National Institute for the Empowerment of Persons with Intellectual Disabilities
EIC	Early intervention clinic	NIEPMD	National Institute for the Empowerment of Persons with Multiple Disabilities
ETC	Education Training and Service Centre	NIEPA	National Institute of Educational Planning and Administration
GoI	Government of India	NIMH	National Institute of Mental Health
HBE	Home-based Education	NIOS	National Institute of Open Schooling
IASE	Institute of Advanced Studies in Education		
ICDS	Integrated Child Development Scheme		
ICF	International Classification of Functioning, Disability and Health		
ICF-CY	International Classification of Functioning, Disability and Health – Children and Youth version		



NIPi	Norway India Partnership Initiative	SCERT	State Council for Educational Research and Training
NIVH	National Institute for the Visually Handicapped	SCPCR	State Commission for the Protection of Child Rights
NPE	National Policy of Education	SCPWD	Skill Council for Persons with Disabilities
NRHM	National Rural Health Mission	SCR	Student Classroom Ratio
NRCs	Nutrition Rehabilitation Centres	SIPDA	Scheme for Implementation of Rights of Persons with Disabilities Act, 2016
NSDC	National Skill Development Corporation	SMC	School Management Committee
NSQF	National Skill Qualification Framework	SPO	Space project office
NSS	National Sample Survey	SRPC	School-readiness programme centres
NSSO	National Sample Survey Office	SSA	Sarva Shiksha Abhiyan
NTA	National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act	TLM	Teaching-learning material
NUEPA	National University of Educational Planning and Administration (now NIEPA)	U-DISE	Unified District Information System of Education
OoSC	Out-of-school children	UDL	Universal Design for Learning
PHC	Primary Health Centre	UNCRC	United Nations Convention on Rights of the Child
PHFW	Public Health & Family Welfare	UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
PSTE	Pre-service teacher education	UNOPS	United Nations Office for Project Services
PWD	Persons with disabilities	UT	Union Territories
RBSK	Rashtriya Bal Swasthya Karyakram	VE	Vocational Education
RAD	Rapid Assessment of Disability	VRC	Vocational Rehabilitation Centres
RCI	Rehabilitation Council of India	WCD	Women and Child Development
RMSA	Rashtriya Madhyamik Shiksha Abhiyan	WHO	World Health Organization
RPWD	Rights of Persons with Disabilities		
RTE	Right to Education		
SDG	Sustainable Development Goals		

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Executive summary

Inclusive education systems wherein each individual has equal opportunity for educational progress is a top global priority. India has adopted a rights-based approach to inclusion of children with disabilities by ratifying the UN Convention on Rights of the Child (UNCRC) and the UN Convention on Rights of Persons with Disabilities (UNCRPD). Education systems that are designed to be inclusive, equitable and empowering can help build inclusive societies. This dynamic and organic connection between education and society lies at the heart of creating change and achieving social justice.

About the report

The past twenty years in India have seen significant legal and political commitments towards universalization of education and right to education. This report documents the considerable effort undertaken in the country to protect the right to education of children with disabilities (CWD), and outlines what remains to be done to achieve its full realization.

Prepared by Tata Institute of Social Sciences and commissioned by UNESCO New Delhi, the report is based on extensive research of national and international literature and attempts to provide comprehensive information on the current status of education of CWDs, evidence of achievements and continuing concerns. It extensively draws upon a series of thematic research studies commissioned by UNESCO New Delhi between 2017 and 2018.

The report has taken a participatory approach with contributions, in the form of case studies, from specialists and those working directly in the field. Feedback and suggestions from a series of peer-reviews conducted with key stakeholders have helped improve and complete the report.

Highlights

The vision for inclusive education

The international normative framework comprising the UNCRPD and the Sustainable Development Goals, specifically SDG 4 and Agenda 2030, provide a strong vision and a set of goals that have guided India's processes of fostering inclusion in schools. The Right to Education (RTE) Act 2009 and the Rights of Persons with Disabilities Act (RPWD) Act 2016 have helped create a comprehensive legal framework for inclusive education. However, there are a few ambiguities about where children with disabilities should study and who should teach them. Gaps remain in the form of appropriate norms and standards applicable to all educational institutions, services provided to CWDs, and the absence of a coordinated authority to enforce the norms and standards. The operationalization of legal provisions occurs primarily through Samagra Shiksha Abhiyan which envisions inclusive education as the underlying principle of education policy. While it focuses on increasing enrolment of children with disabilities in regular schools, removal of barriers, training of teachers and use of technology, it also provides for home-based education. It expressly envisions special schools as resource centres for general teachers who are required to teach children with disabilities. Samagra Shiksha Abhiyan also envisages convergence among the various schemes and programmes for CWDs that are spread across various ministries and departments. Implementation of the scheme through a coordinated effort, as envisioned, is yet to be operationalized.



Among 5 year olds with disabilities, three-fourths do not go to any educational institution.



One-fourth of the CWD population aged between 5 and 19 do not attend any educational institution.



Current status of education of children with disabilities

An analysis of the current situation indicates that an estimated 7.8 million children aged under 19 live with disabilities. National estimates of the proportion of population with disabilities is much lower than international estimates, leading to questions about the disability measures used in the Indian census, as will be discussed later in the report. Among 5 year olds with disabilities, three-fourths do not go to any educational institution. Nor do one-fourth of the CWD population aged between 5 and 19. The number of children enrolled in school drops significantly with each successive level of schooling. There are fewer girls with disabilities in school than boys. The proportion of children with disabilities who are out of school is much higher than the overall proportion of out-of-school children at the national level. Thus, although the schemes and programmes have brought children with disabilities into schools, gaps remain.

PRACTICES AND CHALLENGES OF IMPLEMENTATION

The implementation of the RTE Act 2009 and the RPWD Act 2016 has started with the judiciary playing a key role in interpreting provisions and giving directions to the executive. However, the outcome is mixed due to lack of awareness of legal rights and entitlements of CWDs, lack of accessibility of grievance redressal mechanisms, and lack of a coordinated enforcement mechanism for implementation. Even though the National Council of Teacher Education (NCTE) and the Rehabilitation Council of India (RCI) are taking measures to prepare teachers for inclusive education, there is a need for continued investment and flexible planning to address emerging issues and gaps in trained human resources.

The attitude of parents and teachers towards including CWDs in mainstream education is crucial to inclusive education. Development of inclusive practices requires flexible curricula and availability of appropriate resources. A variety of frameworks for curriculum design can be employed to develop a curriculum that is both universal and suitable to adaptations. Accessible physical infrastructure, school processes, assistive technologies, information and communication technology (ICT) and devices are essential. However all these continue to remain challenges, hindering full participation of CWDs. School-based assessment can help gauge the learning needs of diverse children and plan modifications in curriculum and instruction. Lack of assessment in schools can lead to high referrals for specialized assessment of learning disabilities (LDs), and inappropriate formal assessments can lead to inaccurate diagnosis, inflating the incidence of LD.

Early detection of developmental delays and timely intervention in early childhood are not yet widespread, due to infrastructural and capacity limitations at Anganwadis, local bodies responsible for early childhood development.

Prevalent data systems require streamlining in order to improve availability, validity and reliability of data. Governance-related issues such as poor provisioning for education of CWDs across educational settings, the problem of reach, disparities in access, and lack of effective coordination between different stakeholders persist, owing to multiple layers of functioning and the scale of the problem. Inadequate allocations, delays in releasing funds and underutilization of allocations remain key challenges in financing education for CWDs.



Way forward

A set of ten recommendations emerging from the analysis has been proposed at the end of the report.

RECOMMENDATION 1:

Amend the RTE Act to better align with the RPWD Act by including specific concerns of education of children with disabilities.

The 2009 Right to Education Act is India's primary legislation on education. Amending it to include address specific CWD concerns will help align it with the 2016 Rights of Persons with Disabilities Act.

RECOMMENDATION 2:

Establish a coordinating mechanism under the Ministry of Human Resource Development (MHRD) for effective convergence of all education programmes of children with disabilities.

A ministry-level mechanism to coordinate all education programmes for CWDs across levels, activities, departments, ministries, and schemes will help leverage existing resources, remove inconsistencies and achieve synergy in the various measures aimed at education of CWDs.

RECOMMENDATION 3:

Ensure specific and adequate financial allocation in education budgets to meet the learning needs of children with disabilities.

Like gender budgeting, disability budgeting could be used to track resource allocation for various

interventions. This will be crucial in meeting the children's learning needs, and enable review and action in cases where budgets are found to be lacking.

RECOMMENDATION 4:

Strengthen data systems to make them robust, reliable and useful for planning, implementation and monitoring.

Data forms the backbone of effective planning, implementation and monitoring. Uniformity in definitions, and availability of sex-disaggregated data on disability using international measures such as the new Washington Group Questions or contextually appropriate UNICEF tools, will vastly improve accuracy and validity of data.

RECOMMENDATION 5:

Enrich school ecosystems and involve all stakeholders in support of children with disabilities.

Providing school ecosystems with adequate support structures and services, and rallying all stakeholders in support of CWDs will help create a common sense of purpose around inclusive education through shared, contextual understanding.

RECOMMENDATION 6:

Massively expand the use of information technology for the education of children with disabilities.



An exponential rise in use of information technology for the education of CWDs can aid large-scale provisioning of accessible solutions that address their diverse learning needs. Incorporating the Universal Design for Learning (UDL) framework will support inclusive education at all levels.

**RECOMMENDATION 7:
Give a chance to every child and leave no child with disability behind.**

Opportunities for every child and universal inclusion constitute critical parameters of school quality. Therefore the School Education Quality Index should include specific indicators pertaining to education of CWDs.

**RECOMMENDATION 8:
Transform teaching practices to aid the inclusion of diverse learners.**

This will require appropriate teacher education, creation of open-access repositories of teaching-learning material, and development of contextual, standardized assessment and diagnostic tools in Indian languages to identify hidden disabilities.

**RECOMMENDATION 9:
Overcome stereotypes and build positive dispositions towards children with disabilities, both in the classroom and beyond.**

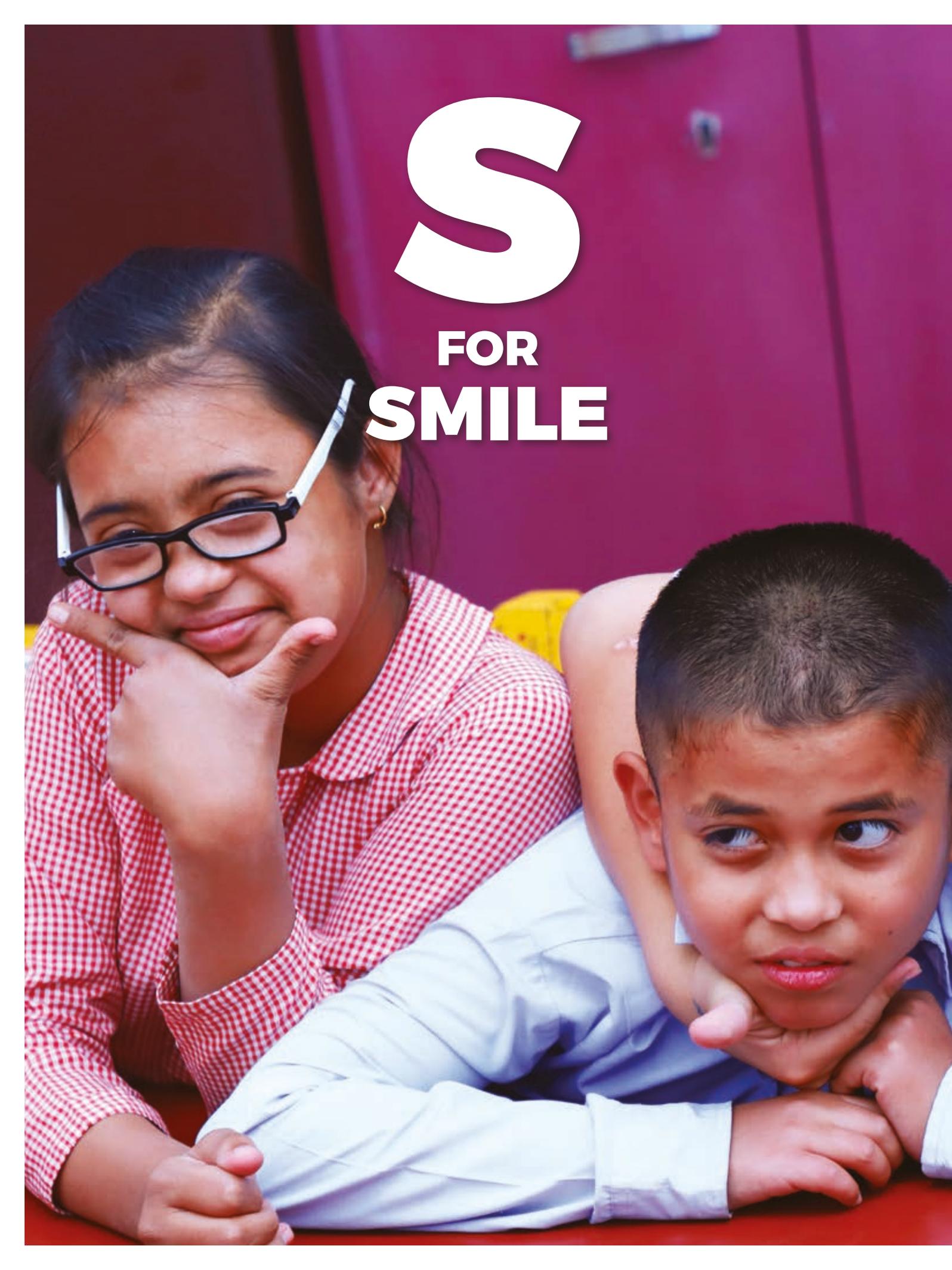
Concerted campaigns and large-scale awareness

drives can contribute towards improving mindsets and facilitating inclusion in the classroom environment and beyond, including sporting and co-curricular activities.

**RECOMMENDATION 10:
Foster effective partnerships involving government, civil society, the private sector and local communities for the benefit of children with disabilities.**

Nurturing partnerships that involve all stakeholders is critical to achieve desired results, and to reach the goal of building inclusive societies through the creation of inclusive schools.

Inclusive education is complex to implement and requires a nuanced understanding of the diverse needs of children and their families across a range of contexts. India has made considerable progress in terms of putting in place a robust legal framework and an array of programmes and schemes that have improved enrolment rates of children with disabilities in schools. Further measures are needed to ensure quality education for every child so as to achieve the goals and targets of SDG 4 and Agenda 2030.

A young girl with dark hair and black-rimmed glasses is sitting at a desk, resting her chin on her hand. She is wearing a red and white checkered shirt. Next to her, a young boy with short dark hair is also sitting at the desk, looking off to the side with a thoughtful expression. He is wearing a light blue shirt. The background consists of purple lockers.

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CHAPTER

1

About the report

This chapter outlines the scope and structure of the report, and explains the processes and methodology used to prepare this comprehensive document on the state of education of children with disabilities.



About the report

KEY DEFINITIONS

Children: Persons below 18 years of age (based on Article 1 of UNCRC)

Disability: Disability is an evolving concept and ... [it] results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others (based on the UNCRPD preamble)

Children with Disabilities

Children with Disabilities: Children who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others (based on Article 1 of UNCRPD)

Inclusive education:

A fundamental human right, a principle that values the well-being of all students, respects their inherent dignity and autonomy, and acknowledges individuals' requirements and their ability to effectively be included in and contribute to society. It is also a means of realizing other human rights and a result of a process of continuing and proactive commitment to eliminating barriers impeding the right to education (based on General Comment 4 on Article 24: Right to inclusive education, by the Committee on the Rights of Persons with Disabilities, 2016).

Context

Education is critical for expanding life prospects of all children, including children with disabilities¹ (CWDs). Education systems that are inclusive, equitable and empowering can help build societies that are in turn inclusive, equitable and strong. This organic connection between education and society lies at the heart of creating change and achieving social justice. India is a diverse country that has traditionally valued differences. However, the country is also highly stratified socio-economically. Disability has been traditionally perceived as a serious handicap, a deviation from normality, resulting in discrimination and disadvantage. For decades, the education system has either disregarded or struggled with the idea of integrating children with disabilities in mainstream schools. Inclusion has therefore remained only a goal on paper. The new rights-based approach to inclusive education is hence a correct step towards creating a just and equitable society.

The past twenty years in India have been significant as far as legal and political commitments on universalization of education and right to education are concerned. This period has also seen global recognition of the right to education of CWDs, as articulated in international commitments such as UN Convention on



For decades, the education system has either disregarded or struggled with the idea of integrating children with disabilities in mainstream schools. With a rights-based approach, inclusive education becomes a powerful tool to create just and equitable societies.

Rights of Persons with Disabilities (UNCRPD), Sustainable Development Goals (Goal 4) and the Education 2030 Agenda (UN General Assembly, n.d.). In India, legislation such as The Right of Children to Free and Compulsory Education Act, 2009 (RTE Act) and The Rights of Persons with Disabilities Act, 2016 (RPWD Act) constitute two highly significant milestones in the journey towards realizing the right to education of CWDs. These international and national frameworks are pivotal to this report.

Scope

The report documents the state of education of CWDs in India, covering children below the age of 18, and attempts to provide a comprehensive overview based on available secondary literature, and building on prior research commissioned by UNESCO New Delhi.

Although the authors believe that the idea of inclusive education encompasses every child, they have, in this report, focused on children with disabilities, who count among the most disadvantaged and vulnerable of groups experiencing exclusion and segregation. Since the main purpose of this report is to highlight

the key dimensions of education of children with disabilities as evident in the present times, the report does not include a discussion of historical factors that may have influenced the current scenario.

¹ The report uses the term 'children with disabilities'. Terms other than 'children with disabilities' appearing in texts referenced from various sources, especially government documents and publications, have been retained.

Methodology

The report is based on secondary data, published literature, and work commissioned by UNESCO New Delhi between 2016 and 2018. Given multiplicity of sources and data inconsistencies, findings from the secondary sources were validated and mapped with original data sources, wherever possible.

Extensive desk reviews and thematic analyses were conducted using the following sources.

- Laws, policies, programmes, schemes, and guidelines related to disability and education
- International normative frameworks related to right to education of CWDs
- National and international academic literature, as available
- Supreme court and high court judgments on the subject

- Databases and statistical reports
- Official reports by central and state governments
- Civil society reports, including shadow reports submitted to treaty bodies

An open call was issued for case studies that was shared among select civil society organizations (CSOs). The submissions were cross-validated, reviewed and edited before selection for publication. A draft version of the report was peer-reviewed in Mumbai and New Delhi in consultation with experts and the editorial board.

The report was written in a short time using available material on the subject, and this could be a possible limitation.

Structure

This report consists of seven substantive chapters. Chapter 2 provides an overview of international treaties and commitments and India's own legal and policy frameworks. It highlights key milestones and focuses on their implications with regards to the right to education for CWDs in the country. Chapter 3 discusses the definitions of disability and inclusion in light of the various approaches adopted in India to educate CWDs. Chapter 4 describes national and state level schemes and programmes, and raises issues of coherence, linkages and coordination between initiatives helmed by multiple departments. Chapter 5 presents a situational analysis and provides a statistical profile of education of children with disabilities. Chapter 6 highlights barriers related to attitudes, accessibility, curricula, pedagogy and teaching material, and assessments.

Chapter 7 discusses systemic issues such as early childhood interventions, implementation of legislation, human resource development, data systems, governance and financing. Chapter 8 provides specific recommendations and action points to help enhance legislation, create strong learning environments, strengthen human resources, consolidate pedagogy, teaching-learning materials and assessments, strengthen partnerships with stakeholders, firm up data systems, strengthen governance, and finance education.

The report can be used as a reference document on the subject. Readers may refer to the footnotes, references list and supplementary material provided in the annexures for further information, and to identify areas that need additional work.

F

**FOR
FOOTBALL**



Introduction

This section presents an overview of the normative frameworks laid down by international treaties, declarations and political commitments along with India's own legal and policy frameworks related to the education of CWDs. It also discusses the status of harmonization of national legislation with the international norms.





Introduction

Overview of international commitments

To secure equal opportunity for educational progress for every individual is a global priority. Rights of children with disabilities to inclusion, non-discrimination and equal opportunity for education, have been articulated in both local and international normative frameworks. Such a rights-based approach is targeted towards guaranteeing and promoting full enjoyment of life experiences for CWDs, enabling them to exercise their independence to the greatest extent possible, and creating inclusive educational and societal structures. The international context for education of CWDs has been set largely by two types of instruments –international treaties, and declarations and political commitments (see Annexure 1 for the detailed provisions under these instruments).



India has signed all the international declarations and has affirmed the common standards laid down with regards to human rights, particularly those related to children with disabilities.

International treaties

The 1989 UN Convention on Rights of the Child (UNCRC) and the 2006 UNCRPD treaty are two international human rights treaties that have a direct bearing on the right to education of CWDs. Although the UNCRC does not specifically mention children with disabilities, the various provisions when read together supply grounds for governments to provide free and compulsory education to all children below 18 years,¹ and create education systems that are non-discriminatory, equitable, accessible to all. The landmark UNCRPD treaty enunciates the human rights of persons with disabilities, and includes substantive provisions related to education. It is also responsible for bringing inclusive education from a larger social justice perspective to centre stage in international discourses.

India has ratified both treaties as indicated in Figure 1.² However, India has not signed the Optional Protocol to the UN Convention on Rights of the Child, 2011 and the Optional Protocol to the UN Convention on Rights of Persons with Disabilities, 2006, both of which lay down communication procedures. Hence, monitoring of implementation of treaty provisions happens only through submission of periodic reports to the treaty bodies by the state.³

A review of official and shadow reports submitted to treaty bodies shows implementation status as follows.

¹ The Committee on Rights of the Child has issued the following general comments that help interpret provisions on education of children with disabilities–General Comment 1 on Aims of Education (2001), General Comment 9 on Rights of Children with Disabilities (2006).

² The treaty provisions serve a standard-setting function and guide governments in incorporating the prescribed standards into their national jurisdiction. India follows a dualist system of international law, and the harmonization of treaty provisions makes them enforceable in the Supreme Court and High Courts of India. The Hon'ble Supreme Court in *Vishakha v. State of Rajasthan*, reported as (1997) 6 SCC 241 [para 7], observed that "...

any International Convention not inconsistent with the fundamental rights and in harmony with its spirit must be read into these provisions to enlarge the meaning and content thereof, to promote the object of the constitutional guarantee."

³ Since India has not ratified the Optional Protocol, violations of treaty provisions cannot be directly taken up with the treaty bodies by the victim or by anyone on the victim's behalf. However, in addition to state reports, shadow reports which document the implementation of the international treaties can be filed by non-governmental organisations.

FIGURE 1
International treaties related to the right to education of CWDs

UNCRC	<p>UN Convention on the Rights of the Child, 1989 - ratified by India on 11 December 1992</p> <ul style="list-style-type: none"> • Article 2: non-discrimination on grounds of disability • Article 23: right to enjoy a full and decent life in conditions which ensure dignity, and promote self-reliance • Article 28: right of the child to education
UNCRPD	<p>UN Convention on Rights of Persons with Disabilities, 2006 - ratified by India on 1 October 2007</p> <ul style="list-style-type: none"> • Article 7: full enjoyment of all human rights and fundamental rights on an equal basis with other children, best interests of the child, right to freedom of expression • Article 24: inclusive education systems at all levels, access to inclusive, quality and free primary and secondary education, reasonable accommodation and support within general education system

Status of implementation

1. HARMONIZATION OF DOMESTIC LAW

India has made partial progress in harmonizing its national laws with the requirements of UNCRPD (Figure 2). The provisions of the RPWD Act and the amended 2017 Mental Health Care Act (MHCA) are broadly in sync with UNCRPD in the context of education of CWDs. However, both the RTE Act and its amendment in 2012 fall short, as they do not include provisions relating to the core guiding principles of UNCRC (that are reiterated under UNCRPD).⁴ As discussed later in this section, the RTE Act makes no mention of specific educational needs and entitlements of children with disabilities, such

as reasonable accommodation and access to assistive technologies, thus further widening the gap with UNCRPD. The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act (NTA), 1999, and the Rehabilitation Council of India (RCI) Act, 1992, are some other legislations that remain to be harmonized with UNCRPD,⁵ despite recommendations made by National Human Rights Commission.⁶ The Indian Constitution itself does not expressly prohibit discrimination against persons with disability, nor cites it as ground for affirmative action under Article 15, 15 (2).⁷

FIGURE 2
Degree of harmonization with UNCRPD⁸

High	The Rights of Persons with Disabilities Act (RPWD Act), 2016; The Mental Health Care Act (MHCA), 2017
Medium	The Right of Children to Free and Compulsory Education Act, (RTE Act) 2009; The Right of Children to Free and Compulsory Education (Amendment) Act, 2012
Low	The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act (NTA), 1999; the Rehabilitation Council of India (RCI) Act, 1992; The Constitution of India (Article 14, 15, 15[2])

⁴ The core guiding principles of UNCRC are as follows. Article 1 (Definition of the child), Article 2 (Non-discrimination), Article 3 (Best interests of the child), Article 6 (Right to life, survival and development), and Article 12 (Respect for the views of the child). See UN Committee on the Rights of the Child, General Comment No. 5 (2003). These are reiterated in Article 7 of UNCRPD.

⁵ There exist gaps with regards to capacity, family law, beggary legislation etc. which lie outside the scope of this report. For more details, see NDN & NCRPD (2019) and Saha, R. (n.d.).

⁶ The process of amending the NTA is under way, but the proposed amendments are not substantive. For details, see recommendations by Special Rapporteur, Disability, National Human Rights Commission (2018).

⁷ For more details, see National Disability Network & National Committee on the Rights of Persons with Disabilities (2019) and Saha, R. (n.d.).

⁸ Needless to say, the legislations have incorporated numerous measures that cater to India's unique needs. This matrix merely provides a comparison with internationally accepted standards on inclusion.

2. ADOPTION OF A COHERENT POLICY FRAMEWORK ON EDUCATION OF CHILDREN WITH DISABILITIES

While the National Policy on Education (NPE) 1986, both in its original and revised (1992) forms, did refer to integration of children with disabilities, there was no focus on inclusion. Three relatively more recent policy documents fill that gap and lay down a framework. Out of these, two documents – the National Charter for Children (2003) and the National Policy for Persons with Disabilities (2006) – were formulated before UNCRPD was adopted,⁹ and one – The National Policy for Children (2013) – was formulated after. The policies are out of alignment with the UNCRC and the UNCRPD on the following points.

- The National Charter for Children mentions education as part of 'protection of children with disabilities' (para 19), but is silent about education of CWDs under the section on education (para 7).¹⁰
- The National Policy for Persons with Disabilities has clear-cut and strong policy commitments towards education of CWDs in an inclusive manner. However, the objectives and action areas set under its 'Key Priority Area 2: Education and Development' that refer to children with disabilities are silent on gender equity.
- The commitments made under National Policy for Children includes references to children with disabilities, yet does not comprehensively provide for rights as enunciated in the international treaties.

The above-mentioned policy frameworks, not being aligned with the goals of UNCRPD, are likely to create ambiguities during implementation, due to a lack of comprehensive and coherent policy goals.

The National Plan of Action for Children 2016 provides specific goals, strategies and indicators for education of CWDs, achievable by 2021.

3. PLANS OF ACTION

The National Plan of Action for Children 2016 provides specific goals, strategies and indicators for education of CWDs, achievable by 2021.¹¹ However, there is a paucity of data on actual progress towards these goals and targets.

4. COORDINATION MECHANISMS

The Department of Empowerment of Persons with Disabilities (DEPWD or *Divyangjan*) has been appointed as a nodal department under the Ministry of Social Justice and Empowerment, Government of India, in order to effectively coordinate the implementation of UNCRPD. Alongside, the Ministry of Women and Child Development serves as the nodal ministry for implementation of UNCRC. However, these nodal mechanisms are not directly responsible for school education and hence their authority to streamline education of CWDs is limited.

5. NOMENCLATURE

Although international treaties and treaty-bodies use the phrase 'children with disabilities', this nomenclature has not been uniformly implemented by government departments and programmes across India. Aside from the practical challenges arising from the use of a wide range of nomenclature, certain terminology offends the dignity of children and goes against the spirit of the treaty obligations.¹²

6. INDEPENDENT MONITORING BODIES

Independent monitoring institutions can play an important and effective role in promoting and protecting human rights. In the context of rights of CWDs, the children's commissions constituted under The Commissions for Protection of Child Rights Act 2005 (Ministry of Law & Justice, 2005) and the Commissioners appointed under the RPWD Act play a critical role in monitoring implementation of right to education and hearing complaints from rights-holders. In addition, the National Human Rights Commission also looks into violations of rights of children and persons with disabilities.

⁹ The National Policy for Persons with Disabilities was adopted on 10 February 2006. Para 7 notes India's participation in the process of negotiations on the then titled UN Convention on Protection and Promotion of the Rights and Dignity of Persons with Disabilities. See Ministry of Social Justice and Empowerment (2006).

¹⁰ However, para 7 refers to education of disadvantaged groups, girls and of gifted children.

¹¹ The National Plan of Action for Children, 2016, was developed by the Ministry of Women and Child Development through inter-ministerial coordination and offers a comprehensive five-year plan for children.

See Government of India, Ministry of Women and Child Development (2016).

¹² The Ministry of Human Resource Development addresses children with disabilities as 'children with special needs.' The Third & Fourth Combined State Report on UNCRC uses the terms 'differently-abled' (preface point 5), 'children with disabilities' (Page 60), and 'children with special needs' (Page 18). Some of the institutions and special schools that receive state funds use a range of derogatory terms that are obsolete and disrespectful. See, Government of India, Ministry of Women and Child Development (2011).



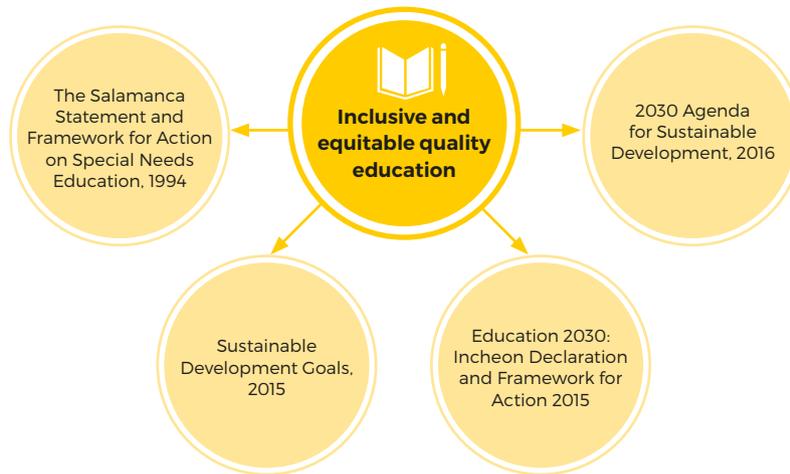
India has been a party to all major political commitments related to education and disabilities.

International declarations and political commitments

India has signed all the international declarations and affirmed the common standards laid down

with regards to human rights, particularly those related to children with disabilities. India has also been a party to all major political commitments related to education and disabilities. See Figure 3.

FIGURE 3
Key international declarations and political commitments



The following observations stem from a review of the targets set by international political commitments and the state of their implementation.

- The Salamanca Statement (UNESCO, 1994) radically shifted the paradigm and discourse on the subject for inclusion and what it should look like, by calling for it as a norm. Its guiding principle – that all mainstream schools should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic and other conditions – influenced the way how education of children with disabilities is imagined and approached in India (see Chapter 3). This principle was affirmed in the RTE Act through a policy of “zero-rejection” in mainstream schools.

- The UN’s Sustainable Development Goals (SDGs), especially Goal 4, set inclusion, elimination of disparities, and universal pre-primary, primary and secondary education by 2030 as targets. This helped to set specific goals, targets and indicators, resulting in the adoption of a results-based framework to monitor progress.
- Lack of disaggregated data continues to pose challenges, although disaggregated data in itself is one of the goals under the Incheon Strategy to ‘Make the Right Real’ for Persons with Disabilities in Asia and the Pacific, 2012.
- Periodic reporting requires the government to track progress under Agenda 2030 and SDGs, make concerted efforts to monitor legislative compliance, and strengthen institutional support on disability-related matters.

Overview of national legal frameworks and policies



The Right of Children to Free and Compulsory Education Act, 2009

The Constitution (Eighty-sixth Amendment) Act, 2002 introduced a new fundamental right (Article 21A) which placed a binding obligation on the Indian government to provide free and compulsory education to all children between the ages of six and fourteen years. The implementation of the new right to education was operationalized with the adoption of the RTE Act¹³. The Right of Children to Free and Compulsory Education (Amendment) Act, 2012, specifically brought all categories of children with disabilities, defined by existing disability-related legislation¹⁴, within the purview of the RTE Act.

AMENDMENTS RELATED TO PERSONS WITH DISABILITIES

The Right of Children to Free and Compulsory Education (Amendment) Act 2012 states that CWDs come under the 'disadvantaged group' classification and are therefore entitled to the 25 per cent private school seats reserved for economically weaker and disadvantaged populations under Section 12(1)(c) of the RTE Act. In order to guarantee free and compulsory elementary education in neighbourhood schools under the RTE Act, the definition of CWDs was expanded to include children with autism, cerebral palsy, mental retardation and multiple disabilities as per the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999. In addition, children with severe disabilities were permitted to opt for home-based education.

MONITORING OF RTE

The National Commission for the Protection

of Child Rights (NCPCR) is responsible at the national level for reviewing safeguards for the rights provided under the RTE Act, and investigating complaints. It also has the powers of a civil court to conduct inquiries. At the states level, a State Commission for the Protection of Child Rights (SCPCR) or a Right to Education Protection Authority were to be set up in each state before 1 October 2010. The act further requires at least one member of each commission to have prior work experience in the area of disabilities, along with expertise in other areas.

STATE RULES UNDER RTE

All state RTE rules, with the exception of Gujarat and Uttarakhand, provide for safe transportation to and from school for children with disabilities. Karnataka and Kerala are the only two states whose RTE rules provide for assistive devices and reasonable accommodation. While most state rules entrust School Management Committees (SMCs) with the identification and enrolment of children with disabilities, and their participation in and completion of elementary education, they do not necessarily specify representation of their parents or guardians or that of the children themselves wherever student participation is provided for¹⁵. Except Kerala, none of the state rules refer to special schools for children with disabilities in their RTE rules.

Table 1 uses Ministry of Human Resource Development (MHRD) data to list out the specific provisions for CWDs as per individual state RTE rules¹⁶.

The Act mandates the inclusion of children from diverse backgrounds and abilities, but does not deliberate on inclusive practices that could ensure the retention of children with disabilities in mainstream schools.

25 %
private school seats reserved under Section 12(1)(c) of the RTE Act are open to CWDs.

According to the Right of Children to Free and Compulsory Education (Amendment) Act 2012

¹³ In the ten years since the legislation has come into effect, there have been two amendments to the RTE Act and two amendments to the Central Rules. A series of notifications and advisories have been issued, and amendments to the act proposed by state legislatures.

¹⁴ Children with disabilities, as defined under the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, and the National Trusts Act, 1999, were brought under the purview of the RTE Act, via the 2012 amendment.

¹⁵ Participation rights of children with disabilities has not been provided for although Article 7(3) of the UNCRPD expressly states that the 'States Parties shall ensure that

children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.'

¹⁶ This table primarily comments on the provisions made under the state rules under the RTE act. In addition, states could have their own specific norms regarding these parameters.

TABLE 1
Specific provisions for children with disabilities in state RTE rules

Sr. No.	State/Central	Transport for children with disabilities	Provision of assistive devices	Representation of parents or guardians of CWDs in SMC	SMC role in promoting inclusion of CWDs	Reference to special schools
1	Andhra Pradesh	✓	✗	✗	✓	✗
2	Arunachal Pradesh	✓	✗	✗	✓	✗
3	Assam	✓	✗	✓	✗	✗
4	Bihar	✓	✗	✓	✗	✗
5	Chhattisgarh	✓	✗	✗	✓	✗
6	Delhi	✓	✗	✗	✓	✗
7	Goa	✓	✗	✗	✓	✗
8	Gujarat	✗	✗	✗	✓	✗
9	Haryana	✓	✗	✓	✓	✗
10	Himachal Pradesh	✓	✗	✓	✓	✗
11	Jharkhand	✓	✗	✗	✓	✗
12	Karnataka	✓	✓	✗	✓	✗
13	Kerala	✓	✓	✓	✓	✓
14	Madhya Pradesh	✓	✗	✗	✓	✗
15	Maharashtra	✓	✗	✗	✓	✗
16	Manipur	✓	✗	✗	✓	✗
17	Meghalaya	✓	✗	✗	✓	✗
18	Mizoram	✓	✗	✗	✓	✗
19	Nagaland	✓	✗	✗	✓	✗
20	Odisha	✓	✗	✗	✓	✗
21	Puducherry	✓	✗	✗	✓	✗
22	Punjab	✓	✗	✗	✓	✗
23	Rajasthan	✓	✗	✗	✓	✗
24	Sikkim	✓	✗	✗	✓	✗
25	Tamil Nadu	✓	✗	✗	✓	✗
26	Tripura	✓	✗	✗	✓	✗
27	Uttar Pradesh	✓	✗	✗	✓	✗
28	Uttarakhand	✗	✗	✓	✓	✗
29	West Bengal	✓	✗	✗	✗	✗
30	Central Rules	✓	✗	✗	✓	✗

Source: Department of School Education & Literacy, MHRD, Government of India. School Education. https://mhrd.gov.in/rte_state_rules (Accessed April, 2019.)

Notes: Central RTE Rules are applicable in the union territories of Andaman & Nicobar Islands, Chandigarh, Lakshadweep, Daman & Diu and Dadra & Nagar Haveli.



RPWD
ACT

The Rights of Persons with Disability Act, 2016

In 2016, the Government of India adopted The Rights of Persons with Disabilities Act (RPWD) to bring into effect the provisions of the UNCRPD. The act adopts a human-rights-based approach that replaces the previous medical model. The committee that developed the act comprised government representatives, members from civil society and disabled people's organisations (DPOs). This was consistent with the spirit of Article 4.3, UNCRPD, and in the Indian context, the first time that persons with disability were called upon to take decisions on matters that directly impacted their lives (Pincha, 2017).

Among other directives, the legislation outlined specific rights of children with disabilities to receive inclusive education and reasonable accommodation. It attempted to create an environment of equity, protect their rights, and ensure their full participation in society. The new act expanded its categorization of disabilities from seven to 21 and also empowered the central government to notify additional conditions as disabilities. At present the specified disabilities (under Clause ZC of Section 2) include physical disabilities such as locomotor disability (experienced by persons cured of leprosy and acid attack victims along with those caused due to cerebral palsy, dwarfism, muscular dystrophy), visual impairment (blindness and low vision), hearing impairment (deaf and hard of hearing), speech and language disability, intellectual disabilities (specific learning disabilities and autism spectrum disorder), mental behaviour (mental illness); disabilities caused due to chronic neurological conditions (such as multiple sclerosis, Parkinson's disease), blood disorders (haemophilia, thalassaemia, sickle cell disease), and multiple disabilities. The key provisions related to right to education detailed in Section 16 of the act are listed below (Box 1).

BOX 1

Key provisions related to education under Section 16 of the RPWD Act, 2016

Under Section 16 of the act, the appropriate government and the local authorities shall endeavour that all educational institutions funded or recognized by them provide inclusive education to children with disabilities and towards that end, shall—

(i) Admit them without discrimination and provide education and opportunities for sports and recreation activities equally with others

(ii) Make building, campus and various facilities accessible

(iii) Provide reasonable accommodation according to the individual's requirements

(iv) Provide necessary support individualized or otherwise in environments that maximize academic and social development consistent with the goal of full inclusion

(v) Ensure that the education to persons who are blind or deaf or both is imparted in the most appropriate languages and modes and means of communication

(vi) Detect specific learning disabilities in children at the earliest and take suitable pedagogical and other measures to overcome them

(vii) Monitor participation, progress in terms of attainment levels and completion of education in respect of every student with disability

(viii) Provide transportation facilities to children with disabilities and also the attendant of the children with disabilities having high support needs

The key provisions related to right to education detailed in Section 17 of the act are listed below (Box 2).

BOX 2

Key provisions related to education under Section 17 of the RPWD Act, 2016

Under section 17 of the act, the appropriate government and the local authorities shall take the following measures:—

(a) to conduct survey of school going children in every five years for identifying children with disabilities, ascertaining their special needs and the extent to which these are being met:

Provided that the first survey shall be conducted within a period of two years from the date of commencement of this act;

(b) to establish an adequate number of teacher training institutions;

(c) to train and employ teachers, including teachers with disability who are qualified in sign language and Braille and also teachers who are trained in teaching children with intellectual disability;

(d) to train professionals and staff to support inclusive education at all levels of school education;

(e) to establish an adequate number of resource centres to support educational institutions at all levels of school education;

(f) to promote the use of appropriate augmentative and alternative modes including means and formats of communication, Braille and sign language to supplement the use of one's own speech to fulfill the daily communication needs of persons with speech, communication or language disabilities and enables (sic) them to participate and contribute to their community and society;

(g) to provide books, other learning materials and appropriate assistive devices to students with benchmark disabilities free of cost up to the age of eighteen years;

(h) to provide scholarships in appropriate cases to students with benchmark disability;

(i) to make suitable modifications in the curriculum and examination system to meet the needs of students with disabilities such as extra time for completion of the examination paper, facility of scribe or amanuensis, exemption from second and third language courses;

(j) to promote research to improve learning



The act addresses all education institutions funded or recognized by appropriate government and local authorities, making them responsible for providing inclusive education to a vast section of children with disabilities. In alignment with the rights-based model, the act aims for the following.

- It attempts to provide an inclusive environment to students with disabilities.
- It focuses on providing access to participation in academic, sporting and other recreational activities within the school setting.
- It places emphasis on reasonable accommodation that matches the needs of individual CWDs.
- It furthers its goal of full inclusion by promoting the empowerment of CWDs, and remaining true to the spirit of the social model that forms the basis of the act.
- It lays down important provisions such as training of teachers in Braille, sign language and other inclusive pedagogies.

The RPWD Act recognises the right of children with benchmark disabilities to a neighbourhood school or a special school.



- It emphasizes the need to establish a sufficient number of teacher-training institutes specializing in developing pre-service teachers' pedagogies for educating children with learning or physical disabilities.

Generating grass-roots level awareness of the act is necessary to successfully implement it in letter and spirit. Moreover, there should be proactive participation in the implementation process from every concerned stakeholder.

The RPWD Act is implemented along with the RTE Act and its key provisions are given below. (See Box 3).

THE TWO MAIN AREAS OF AMBIGUITY

- **Neighbourhood school, special school or home-based education?** While the 2012 amendment to the RTE Act requires

neighbourhood schools to provide education to CWDs, children with multiple disabilities and severe disabilities also have the right to opt for home-based education. The RPWD Act recognizes the right of a child with benchmark disabilities to education both in the neighbourhood school and a special school of their choice. In other words, all three types of schooling are legally endorsed without any parity in norms and standards between the formats.

- **Regular teachers, special teachers, resource teachers or volunteers?** While the RTE Act provides only for regular teachers,¹⁷ courts have directed appointment of special educators,¹⁸ and the RCI Act requires appointment of special educators only, to teach children with disabilities.

BOX 3

Key provisions related to education under Section 31 of the RPWD Act, 2016

- **Notwithstanding anything contained in the Rights of Children to Free and Compulsory Education Act, 2009, every child with benchmark disability between the age of six to eighteen years shall have the right to free education in a neighbourhood school, or in a special school, of his choice.**
- **The appropriate government and local authorities shall ensure that every child with benchmark disability has access to free education in an appropriate environment till he/she attains the age of eighteen years**

TWO KEY AREAS WITH GAPS

- **Absence of a legal framework specifying norms and standards¹⁹** aimed at meeting the specific needs of CWDs that is applicable across neighbourhood school, special school and home-based education formats.
- **Absence of a coordinated authority that can enforce the norms and standards** across the multiple educational settings where children with disabilities can legally be studying. At present, the enforcement mechanism under the RTE Act does not extend to special schools, while the enforcement mechanism under the RPWD Act is powerless against schools that do not adhere to its provisions, as the mandate to derecognize schools for noncompliance of norms and standards lies with the education authorities.

These ambiguities and gaps severely impinge on the implementation and interpretation of the two legislations.

¹⁷ Training of teachers on inclusive education comes under the Sarva Shiksha Abhiyan and Samagra Shiksha Abhiyan programmes and is not a legal requirement specified under RTE Act.

¹⁸ As in the case of Uttarakhand or Delhi. See Chapter 7, section on Implementation of the RTE Act and the RPWD Act, for more details.

¹⁹ The norms and standards provided under Schedule 1 of the RTE Act are highly limited and refer only to provision of a ramp. No other norm or standard relating to the specific needs of CWDs is mentioned.



Samagra Shiksha Abhiyan

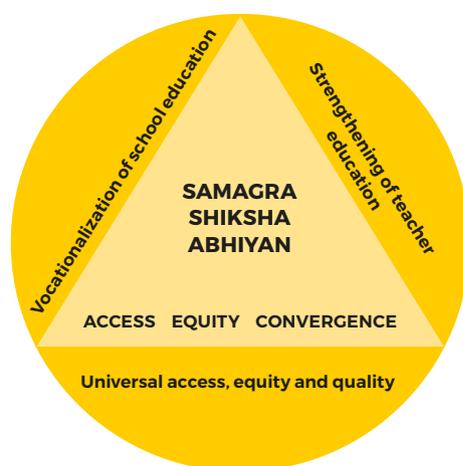
VISION AND APPROACH

The vision of the Samagra Shiksha Abhiyan programme is to ensure inclusive and equitable quality education from preschool to senior secondary stage, in accordance with the UN's Sustainable Development Goals for education. Its broader aim is to improve school effectiveness, measured in terms of equal opportunities for schooling and equitable learning outcomes. It subsumes the three existing schemes of Sarva Shiksha Abhiyan (SSA), Rashtriya Madhyamik Shiksha Abhiyan (RMSA) and Teacher Education.²⁰ Its underlying principle is one of providing a continuum of education. While it emphasizes increasing enrolment of CWDs in regular schools, removal of barriers, training of teachers and use of technology, it also provides for home-based education. It expressly envisages special schools as resource centres for general teachers who teach children with disabilities.

MAIN OUTCOMES

The main outcomes of the Samagra Shiksha Abhiyan programme are envisaged as universal access, equity and quality, promoting vocational education and strengthening of teacher education institutions.

FIGURE 4
Main outcomes of Samagra Shiksha Abhiyan



The major interventions of the programme are:

- Providing quality education and enhancing learning outcomes
- Bridging social and gender gaps in school education
- Ensuring equity and inclusion at all levels of school education
- Ensuring minimum standards in schooling provisions
- Promoting vocational education
- Supporting states in the implementation of RTE Act, 2009

- Strengthening and upgrading the State Council for Educational Research and Training (SCERTs), State Institutes of Education and District Institutions for Education and Training (DIET) as nodal teacher-training agencies.

SPECIFIC INTERVENTIONS PROPOSED FOR CHILDREN WITH DISABILITIES

The programme covers all children with one or more disabilities – as mentioned in the schedule of disabilities of the RPWD Act – studying in government, government-aided and local body schools. The interventions will include the following.

- Identification of children with disabilities at the school level and assessment of their educational needs.
- Provision of aids and appliances, and assistive devices, as required, to children with special needs.
- Removal of architectural barriers in schools so that CWDs have access to classrooms, laboratories, libraries and toilets.
- Supplying, in convergence with line departments, appropriate teaching-learning materials, medical facilities, vocational training support, guidance, counselling and therapeutic services, as required, to children with disabilities.
- Sensitizing general school teachers and training them to teach and involve children with disabilities in the general classroom. Undertaking capacity-building programmes for existing special educators.
- Ensuring access for CWDs to support services through special educators, establishment of resource rooms, vocational education, therapeutic services and counselling.

To improve accessibility in general schools for children with special needs (CWSN), The Draft Framework for Implementation of Samagra Shiksha Abhiyan (p.71) suggests building synergy with special schools.

In case of non-availability of resources required for education of children with special needs or the education of teachers teaching CWSN, . These special schools can work as resource centres for providing resources like development of curricular materials and TLMs, providing support services to CWSN and education of teachers etc. ... In some cases, special schools can also impart special training to CWSN for facilitating age appropriate placement in the classroom for a specified period of time. NGOs working on education of children with chronic health impairments like leukemia, heart diseases and cancer etc, may also provide resource support for pertinent care and health related needs and capacity building of teachers.

²⁰ The SSA covered children at elementary level (Grades 1-8), the RMSA covered children at secondary level (Grades 9-12) and the Teacher Education component covered restructuring and reorganizing teacher education to create a sound institutional infrastructure for pre-service and in-service training of elementary and secondary school teachers, and to provide academic resource support to elementary and secondary schools.



PROVISIONS

The provisions outlined in the draft framework emphasizes the following.

- School curriculum is to be inclusive, as envisioned in the National Curriculum Framework (NCF), 2005.
- The same curriculum is to be adopted for all children, irrespective of their abilities or needs. However, it stresses on making adaptations and/or modifications in learning content, teaching-learning processes, teaching-learning materials or aids, and in assessments etc. as required, depending on the abilities of the target students.
- Text books and curriculum are to be provided in accessible formats to children with special needs.
- Exam reforms are to be made by central and state boards for children with special needs. Refer to Annexure IV of the draft framework.
- Modifications are to be disability specific. For example, the draft framework calls for oral examinations for children with learning disabilities, and provision of extra time during examinations for children with visual impairment, low vision, cerebral palsy, and other disabilities.
- A regular audit of existing textbooks through a gender and CWSN lens is to be a priority for an apt curriculum.

The draft document lays down the following.

- 1 Regular audit of existing textbooks as a priority.
- 2 Provision of Individualized Education Plan (IEP), mentioned as 'individualized support' (Chapter III of RPWD Act).
- 3 Monitoring system for implementation of along with periodic reviews, using indicators developed to measure the effectiveness of various strategies and support services used by children with disabilities.

EDUCATORS

The draft framework lays down the following measures to provide resource support to children with disabilities.

- Fresh appointments of special educators will be made in addition to the educators that were already with SSA and RMSA. These will be educators registered with the Rehabilitation Council of India (RCI). These educators should be mandatorily available for all CWDs including children with high support needs, and could be posted at the block or cluster level, or as required. They could operate in an itinerant mode, covering a group of schools.
- A teacher education programme will be developed to sensitize and build capacity of both regular and resource teachers, aimed at providing quality education to children with disabilities and improve their learning outcomes.
- Teacher education modules should be developed at SCERT, DIET and block resource centre (BRC) levels and include suitable components on education of children with disabilities. Regular training should also be provided educational administrators, including headmasters, staff and other relevant school personnel.

These programmes are meant to be recurrent at block or cluster levels and integrated with the ongoing in-service teacher education and training schedules in DIETs and other institutions. As per the draft framework, children with disabilities will be linked with Aadhaar, and both children at school and home-based programmes will be tracked through the Unified District Information System of Education (U-DISE). There are plans to develop an extensive database to cover more particulars of CWDs including type of disability, degree of severity, medical needs, emergency contacts and all other relevant details that will help the school management cater to their needs.

PRESENT STATUS

This provision has not been operationalized in the states, and operational linkages not been worked out since they fall under multiple departments.



Summary

There has been partial progress in harmonization of domestic laws to the normative provisions of international treaties, declarations and political commitments. In the context of education of CWDs, the RPWD Act and the amended Mental Health Care Act (MHCA) of 2017 are broadly harmonized with UNCRPD.

In order to effectively coordinate the implementation of UNCRPD, the DEPWD (*Divyangjan*) was created to serve as a nodal department under the Ministry of Social Justice and Empowerment (MSJE), Government of India. The Ministry of Women and Child Development (MWCD) serves as the nodal ministry for implementation of UNCRC.

A lack of comprehensive and coherent policy is likely to create ambiguities during implementation. The three main policy documents that currently lay the framework for education of children with disabilities – the National Charter for Children, National Policy for Persons with Disabilities and National Policy for Children – are not fully aligned with UNCRC and UNCRPD. The National Policy on Education is currently being revised. The National Plan of Action for Children 2016 provides specific goals, strategies and indicators to be achieved with regards to education of CWDs by the year 2021.

The RTE Act and the RPWD Act provide the legal framework at the national level. As per the Right of Children to Free and Compulsory Education (Amendment) Act, 2012, children with disabilities are covered under 'children belonging to disadvantaged group,' thereby entitling them to the 25% seats in private schools reserved under Section 12(1)(c) of the RTE Act, in addition to having the right to pursue free and compulsory elementary education in a neighbourhood school. Children with severe disabilities are permitted to take home-based education. The state rules framed under the RTE Act have limited provisions for education of CWDs. The RPWD Act is based on the human rights model. It provides for an inclusive environment for students with disabilities through equitable access to academics, and opportunities to participate in sports and other recreational activities within the school setting. It also recognizes the children's right to study in special schools.

These two statutes have helped create a comprehensive legal framework. However, there remain some ambiguities in terms of where children with disabilities should study and who should teach them, gaps in terms of appropriate norms and standards applicable to all educational institutions and services provided to children with disabilities, and an absence of a coordinated authority that can enforce the norms and standards.

Operationalization of the legal provisions is primarily through Samagra Shiksha Abhiyan. It sees inclusion as an underlying principle for providing a continuum of education. While it emphasizes increasing enrolment of children with disabilities in regular schools, removal of barriers, training of teachers and use of technology, it also provides for home-based education. It expressly envisions a role for special schools as resource centres for general teachers who are required to teach children with disabilities. The scheme is yet to be operationalized in the states.



R
FOR
RACE

Vision to promote right to inclusive education

This chapter provides an overview of the models of disability, and a vision for inclusive education derived from the rights-based UNCRPD model. It briefly presents the approaches used in India to realize the right to education of children with disabilities.





Vision to promote right to inclusive education

Understanding disability and education

Table 2 presents an overview of the major models that attempt to define disability from a multitude of perspectives.

TABLE 2
Evolution of models of disability

Models	Definition
Medical	The medical model views disability as an attribute of the individual, directly caused by disease, trauma or other health conditions. In this model, disability calls for medical or other treatment or intervention to 'correct' the problem (WHO, 2002).
Social	The social model views disability as a socially created problem, and not an attribute of an individual (WHO, 2002). It makes a distinction between impairment and disability. Impairment is understood as a state of the body whereas disability is a disadvantage arising from social arrangements (Goering, 2015).
Biopsychosocial	The biopsychosocial model views disability as an interaction between the attributes of the person and features of the overall context in which the person lives. It sees some aspects of disability as almost entirely internal to the person and other aspects as almost entirely external. The model is derived from the synthesis of the medical and social models (WHO, 2002).
Human Rights	According to UNCRPD, 'disability is an evolving concept and . . . results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.' 'The human rights model positions disability as an important dimension of human culture, and it affirms that all human beings are born with certain inalienable rights' (National Council of Educational Research and Training [NCERT], 2006, p. 4).



As discussed in the previous chapter, the UNCRPD recognizes that children with disabilities should have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children, and stresses the need to incorporate a gender perspective in all efforts to promote the same. Right to education is one of the fundamental human rights that is also upheld by India's national legal frameworks. As an important and landmark treaty on the educational rights of CWDs, the UNCRPD, in conjunction with national legislation, can be effective in advancing the right to inclusive education. Lack of clarity on the meaning of inclusive education can, however, have a major impact on efficacy (Schuelka & Johnstone, 2012).

What does inclusive education mean?

Deriving from the UNCRPD, recognizing the right to education of persons with disabilities would involve the following.

- **Ensuring no child, including children with disabilities, is excluded or discriminated against.**
- **Allowing equal opportunity for full development of potential to all children with disabilities.**
- **Strengthening respect for human diversity**

The UN Handbook for Parliamentarians on UNCRPD, 'From Exclusion to Equality' (OHCHR, 2007) suggests the following to ensure an

The only articulated definition of inclusive education in India is found in RPWD Act, 2016, which is harmonized with the UNCRPD.

inclusive education system and operationalize the above vision,

- Provide suitable equipment and teaching materials
- Adopt teaching methods and curricula that embrace the needs of all children and promote the acceptance of diversity
- Train all teachers to teach in inclusive classroom and encourage them to support each other
- Provide wide ranging support that meets the diverse needs of all children to the greatest extent possible

According to the UNCRPD (General Comment 4), inclusive education involves the following.

- A process of systemic reform involving changes and modifications in content, teaching methods, approaches, structures and strategies in education.
- Removal of barriers with a vision to provide all students with equitable and participatory learning experiences and environments that best correspond to their requirements and preferences.
- Inclusion does not constitute simple placement of students with disabilities within mainstream classes without accompanying structural changes to, for example, organization, curriculum and teaching and learning strategies.

The UNESCO Guidelines Document on Inclusion (2006, p. 13) defines inclusive education as follows.

A process of addressing and responding to the diversity of needs of all learners through

increasing participation in learning, cultures and communities, and reducing exclusion within and from education. It involves changes and modifications in content, approaches, structures and strategies, with a common vision which covers all children of the appropriate age range, and a conviction that it is the responsibility of the regular system to educate all children.

In the definitions above, the core principles of inclusive education are non-discrimination and non-exclusion on the basis of disability, supported by a process of change and reform in the education system to enable it to adapt to diversity.

The only articulated definition of inclusive education in India is found in RPWD Act (p. 3), which is harmonized with the UNCRPD.

A system of education wherein students with and without disability learn together and the system of teaching and learning is suitably adapted to meet the learning needs of different types of students with disabilities.

Gender concerns

While the UNCRPD emphasizes a gender perspective, any vision of an inclusive and non-discriminatory education system for CWDs has to explicitly state the need for focusing on the education of girls with disabilities. A girl child with disability is especially vulnerable and there is a high probability of her exclusion from the education system altogether.

A girl child with disability is especially vulnerable and there is a high probability of her exclusion from the education system altogether.



BOX 4

Education of Girls with Intellectual Disabilities

Girls with disabilities are more vulnerable and parents choose the easiest option to ensure their safety – they do not enrol them in school. The concern for safety is genuine. Therefore, adequate provisions for safety should be built into the education system.

Travel by public transport to schools is not an option, specifically for girls with intellectual disability. The RTE Act, 2009, has made a provision for transport facility but not implemented it yet. The new draft National Education Policy should recommend a provision for transport to and from school. The transport facility should be equipped with necessary surveillance equipment.

The draft policy should also include special life skills training to inculcate a sense of dignity

and independence as a measure of inclusive education.

Mobile apps, artificial intelligence and neural networked special applications can facilitate educational aids for home-based intervention. This is necessary for girls who are unable to access schools due to distance or inability to travel independently. The draft policy should promote research and development of such applications.

Source: Extracted from the Annual Report 2016-17 of Parivaar – National Confederation of Parents’ Organizations (NCPO) Recommendations to Ministry of Human Resources Development on Draft National Education Policy (pp. 15-16), and Response on Draft Policy for Women Empowerment (pp. 18-19).

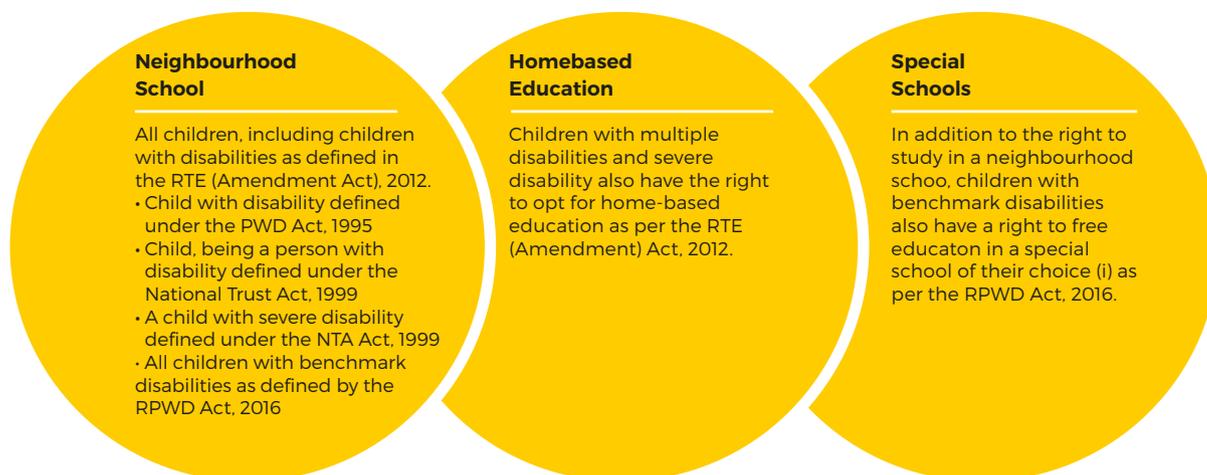
Approaches to educating children with disabilities

A rights-based approach to education is founded upon three principles (UNESCO, 2006).

- Access to free and compulsory education.
- Equality, inclusion and non-discrimination.
- The right to quality education, content and processes.

Figure 5 shows the formats through which the government has operationalized the fulfilment of the right to education of children with disabilities. They correspond with provisions of the RTE Act and RPWD Act as discussed in chapter 2. However, it is not clear if all the principles of rights-based education can be ensured in each of these educational settings.

FIGURE 5
Options for educating children with disabilities



The principles of rights-based education – access, equity and quality education – as envisaged in Samagra Shiksha Abhiyan are detailed out in chapter 2. The vision of the scheme is to provide

inclusive education for all children. Samagra Shiksha too takes multiple approaches to the education of children with disabilities.



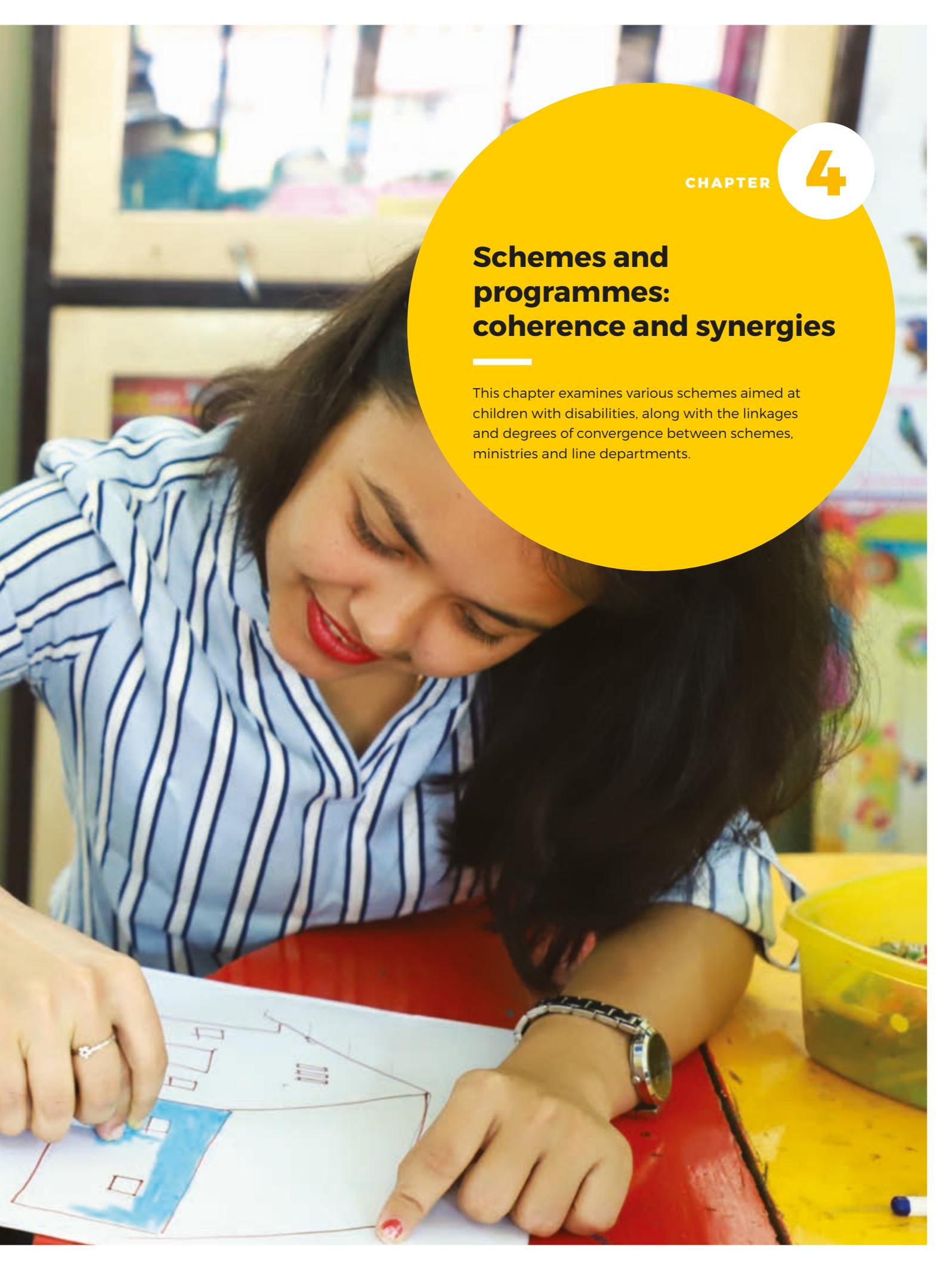
Summary

The vision for inclusive education for children with disabilities derives from a rights-based approach to education. The principles of inclusive education defined by international declarations have been interpreted and operationalized through national legislation which determine the approaches taken to realize the children's right to inclusive education.

The vision of an inclusive and non-discriminatory education system for children with disabilities has to explicitly state the need for focusing on education of girls with disabilities, as a girl child with disability is especially vulnerable and there is a high probability of her being entirely excluded from the education system.

H FOR HOUSE





CHAPTER

4

Schemes and programmes: coherence and synergies

This chapter examines various schemes aimed at children with disabilities, along with the linkages and degrees of convergence between schemes, ministries and line departments.



Schemes and programmes: coherence and synergies



There are various schemes²¹ under multiple ministries and line departments, targeted at children with disabilities, and supporting access to education and retention in schools.

FIGURE 6
MSJE organization structure



Source: Compendium of Schemes for the Welfare of Persons with Disability, DEPWD (2018a).

DEPWD, MSJE

Most of the above mentioned schemes (see Annexure 2A) come under the Department of Empowerment of Persons With Disabilities (*Divyangjan*), MSJE, and are implemented through its statutory bodies, national institutes and central public sector enterprises (CPSEs). See Figure 6. These schemes cover early intervention and education, therapies, special schools, home-based rehabilitation, provision of aids and appliances, and vocational education. Under DEPWD, the National Trust (see Annexure 2B) runs its own schemes specifically aimed at those disabilities under its purview.

MHRD

Education of children with disabilities also falls under the purview of the Department of School Education and Literacy (DSEL), MHRD. So far, inclusive education has been implemented through two MHRD programmes – Sarva Shiksha Abhiyan (SSA) and Rashtriya Madhyamik Shiksha Abhiyan (RMSA). Samagra Shiksha Abhiyan (discussed in Chapter 2) is the latest programme from MHRD (see Annexure 3) and subsumes the previous two.

MWCD

MWCD's umbrella scheme for Integrated Child Development Services (ICDS) covers pre-school education, primary healthcare, immunization, health check-ups and referral services. See Annexure 4.

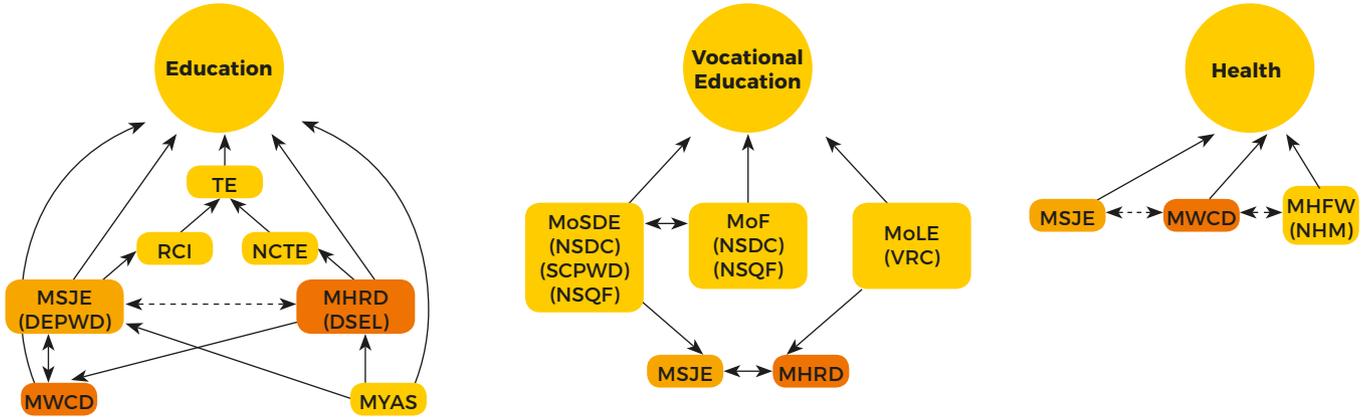
Besides the above, there are other schemes and benefits supported by other ministries that directly or indirectly pertain to education of CWDs. See Annexures 5, 6 & 7.

²¹ See Annexures 2, 3, 4, 5, 6, 7 for more on the schemes referred to in Chapter 4

Linkages between ministries and line departments

Figure 7 depicts the relationship between the various ministries and line departments based on the distribution of schemes. See Annexures 2, 3, 4, 5, 6, 7.

FIGURE 7
Ministerial and departmental linkages to schemes and services aimed at CWDs



For an explanation of the nature and strength of the linkages (indicated by solid and broken lines in the figure), see below.

EDUCATION

- Both MSJE and MHRD are responsible for education of children with disabilities.
- Special schools come under the purview of MSJE. These are registered under and regulated by state social welfare departments or state commissioners for disabilities.
- Inclusive education for CWDs is the responsibility of MHRD.
- Both ministries are responsible for teacher education (TE). Teacher education for special needs is regulated by the RCI, an MSJE-regulated statutory body. Its MHRD counterpart, National Council for Teacher Education (NCTE), handles general teacher education.
- Convergence between MSJE and MHRD, while needed, is not evident through inter-ministry coordination (depicted by the broken line in Fig 7).
- MWCD finds convergence both with MHRD and MSJE through ICDS, as it supports both pre-school education and referrals for assessment of at-risk children.
- The Ministry of Youth Affairs and Sports (MYAS) finds convergence with MSJE and MHRD through its sports schemes for CWDs in special and inclusive schools.





Samagra Shiksha Abhiyan stresses the importance of working in convergence with various line departments and ministries.

VOCATIONAL EDUCATION (VE)

- MSJE finds convergence with both Ministry of Labour and Employment (MoLE) and Ministry of Skill Development and Entrepreneurship (MoSDE). However, the nature of convergence between MSJE's skill development scheme and MoLE's Vocational Rehabilitation Centres (VRCs) is not clear.
- There is a clear association between the Ministry of Finance (MoF) and MoSDE, as the National Skill Development Corporation (NSDC) was set up as a public-private partnership enterprise by the MoF. The National Skill Qualification Framework (NSQF) was also notified by the MoF (MoF, 2013).
- NSQF has been established for the express purpose of aiding Samagra Shiksha Abhiyan link vocational education in schools with general education, business and industry.
- A new, cross-cutting Skill Council for Persons with Disabilities (SCPWD) has been set up in collaboration with the Confederation of Indian Industry under the aegis of MoSDE and MSJE, to offer industry-relevant skill development programmes. RCI has been tasked to create the course curriculum for this programme in collaboration with SCPWD and the national institutes. It is not evident if there is harmonization in the VE curriculum across the spectrum of schemes, or if there is a plan to ensure it through RCI-SCPWD collaboration and the vocationalization of education through Samagra Shiksha Abhiyan.
- As depicted in Figure 7, a collaboration between MSJE and MHRD in the area of vocational education for children with disabilities is

pertinent, and can in turn lead to collaborations with other ministries, giving rise to a unified VE scheme. But it is still unclear which of the two ministries will implement the aforesaid scheme, or if the current system of independent schemes will continue.

HEALTH

- Early identification and intervention is necessary to improve educational opportunities for children with disabilities (discussed in Chapter 7). The National Trust under MSJE operates a scheme for early intervention and school-readiness for children in the 0-10 year age range.
- The MWCD operates the ICDS scheme for pre-school children to identify children at risk and refer them for further diagnosis.
- The National Health Mission (NHM) under the Ministry of Health and Family Welfare (MHFW) runs a health scheme for children in all age ranges. The scheme includes early health screening and intervention for birth defects, deficiencies, developmental delays/disabilities and other childhood diseases.
- The objective of all the above schemes from the three ministries – as far as CWDs are concerned – is early identification and intervention. However, the nature of collaboration among these schemes is not clear at present, as depicted by the broken lines in Figure 7.

In sum, there remains room for greater convergence between different schemes and ministries.

Convergence for inclusive education

Samagra Shiksha Abhiyan stresses the importance of convergence between various line departments and ministries and suggests ensuring it at the time of preparation and approval of the Annual Work Plan and Budgets (AWP&B) via representation from relevant ministries and states. The ministries and schemes MHRD plans to converge with are MWCD's ICDS, MYAS's Khelo India, and MSJE's Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP), and Scheme for Implementation of Rights of Persons with Disabilities Act (SIPDA) 2016 (Samagra Shiksha Draft Framework for Implementation, 2018). The draft proposes to locate ICDS centres within primary schools and develop the pre-primary level curriculum in collaboration with MWCD.

There is duplication of schemes and efforts towards implementing similar interventions and achieving similar objectives. Both MSJE and MHRD (under Samagra Shiksha Abhiyan) have home-based education programmes for children with disabilities. Samagra Shiksha Abhiyan covers children in the age range of 4–18 years, ICDS covers children in the age range of 0–6 years, MSJE's Disha covers children with disabilities in the age range of 0–10 years and NHM covers

children in the age range of 0–18 years. There are overlaps in the educational and developmental objectives of these schemes as well. It is imperative that they converge to improve their efficacy but it's unclear how the same will be achieved by Samagra Shiksha Abhiyan.

With both inclusive education and teacher education under the purview of Samagra Shiksha Abhiyan, collaboration between NCTE and RCI is more necessary than ever. An MOU for cooperation between the two statutory bodies was signed in 2015 with the following aims (RCI, 2015).

- Revision of minimum standards for offering disability-specific specialization in teacher education.
- Ensuring inclusion in general teacher education.
- Training special educators to support inclusive practices.
- Serving children who may need special schools.
- Continuing rehabilitation education and professional development programmes for special and general education teachers.
- Undertaking research for promotion of inclusive education following the Universal Design for Learning (UDL) frameworks.

There is no information on the steps taken towards realizing the above goals.

Convergence under composite/integrated school system* as envisaged by Samagra Shiksha Abhiyan

Collaboration with MWCD	<ul style="list-style-type: none"> • Integrate the ICDS programme with Samagra Shiksha Abhiyan • Locate anganwadis in the primary school complex and allow their use of school infrastructure • Develop pre-primary curriculum in collaboration with SCERTs • Develop mechanism for expansion of pre-primary curriculum
Right to Education	<ul style="list-style-type: none"> • Right to Education as a synthesis of the RTE and the RPWD Acts • Special training of Out of School Children (OoSC) and a school-level mapping exercise to be undertaken as a collaboration between state governments, local bodies, SMCs and local communities**
Teacher Education***	<ul style="list-style-type: none"> • Map facilities established for training of teachers and teacher educators with Pandit Madan Mohan Malaviya National Mission on Teachers and Teaching (PMMMNMTT) and Central Universities • SCERTs to prepare and conduct in-service training in collaboration with state project offices (SPOs), DIETs, BRCs, CTEs, institutes of advanced studies in education (IASEs) and other related agencies
Schemes	<ul style="list-style-type: none"> • Convergence with MSJE on ADIP and SIPDA. • Convergence with Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), Ministry of Rural Development (MoRD), for building school infrastructure in rural areas
Research	<ul style="list-style-type: none"> • MHRD to collaborate on research and development into education of CWDs with MHFW, MWCD, MSJE, MSYA and private organizations.
Education bodies and institutes, and special schools	<ul style="list-style-type: none"> • Make assessment system more efficient between SCERTs, Examination Boards, DIETs, CTEs and IASEs, and create efficient means of collaboration between teachers and personnel from these institutes • Use special schools as resource centres for development of teaching-learning material (TLM) and to provide support services to children with disabilities and general teachers
Vocationalization of school education	<ul style="list-style-type: none"> • Align with the NSQF, MoF • Aim for convergence with current central and state government schemes

Note

* Convergence with MSJE and related line departments is necessary for effective collaboration between special and mainstream education bodies at the pre-primary, elementary and secondary levels for development of curriculum and teacher education. This has not received specific consideration under Samagra Shiksha Abhiyan.

** The state departments of social welfare and state commissioners for disability need to be included in the convergence, for community level mapping and special training of OoSC.

*** Convergence with RCI is missing, which is necessary to ensure comprehensive teacher training that can address educational requirements of children with disabilities.

Implementation of schemes

State-level implementation of schemes takes the form of collaborations between central and state governments. VE schemes by the DEPWD are implemented through CSOs. As discussed in Chapter 7, the departmental structure under which services and schemes for CWDs are managed is not standard across states. However, irrespective of the governance structure in a state, intersectoral and multi sectoral collaboration at both state and national

levels are necessary for successful scheme implementation.

The District Disability Rehabilitation Centres (DDRCs) comprise one of the main modes of implementation of the RPWD Act. They offer early intervention, therapeutic services, counselling, and support services for education and vocational training of children with disabilities. Their reach, however, is not comprehensive (see Annexure 8) as not all districts in every state have a DDRC (see Box 6).

BOX 5

State Resource Centre for Inclusive Education - multi sectoral convergence

Tamil Nadu's Vision 2023 statement aims to establish a robust human resources pipeline by providing universal access, equity and quality at primary, upper primary, secondary and higher secondary education levels. In 2012, the government decided to establish a State Resource Centre for Inclusive Education in Chennai to augment opportunities for personalized learning, and ensure equal access to education and vocational training for children with disabilities.

The centre is the first of its kind in India and was built on a convergence model with various central and state departments coming together to ensure a zero rejection policy in education. These include the National Institute for the Empowerment of Persons with Multiple Disabilities (NIEPMD), National Institute for the Visually Handicapped (NIVH), Artificial Limbs Manufacturing Corporation of India (ALIMCO), Directorate of Public Libraries, Directorate of Medical Services, State Commissionerate Office for Welfare of Differently Abled,

Corporation of Chennai and non-government organizations (NGOs). The centre provides assessment and counselling, physiotherapy, speech and language therapy, occupation therapy, academic and vocational training, and ICT-enabled inclusive library services.

CWDs, irrespective of socio-economic status, or their parents' knowledge and literacy levels, get equal opportunities for early assessment and intervention. They take part in physical and intellectual capability enhancement programmes that help them achieve academic as well as vocational education goals. The centre helps create awareness among children, parents and special educators by providing hands-on access and training on latest technology aids, methodologies and appliances available for education, therapeutic rehabilitation and daily living needs. It supports block and district level centres in the state in their inclusive education measures.

Source: Sarva Shiksha Abhiyan, Tamil Nadu (n.d.)

CWDs, irrespective of socio-economic status, or their parents' knowledge and literacy levels, get equal opportunities for early assessment and intervention.

Sarva Shiksha Abhiyan,
Tamil Nadu (n.d.)





J FOR JUMP

BOX 6

DDRCs - a financial non-starter?

In 2018, the Standing Committee on Social Justice and Empowerment noted with concern that out of 310 districts identified since 1999 for phase-wise setting up District Disability Rehabilitation Centres (DDRCs), only 261 DDRCs received funds at least once. IN other words, 49 DDRCs never got funds and remained non-functional.

The committee found that DDRCs had faced a financial crunch from the very onset, impairing their functioning. Initially, it was expected that after 3 years of the launch, the respective state governments would take over the functioning of DDRCs and provide requisite support. But after state governments expressed their inability to take over the scheme, DDRCs were brought under Deendayal District Rehabilitation Scheme (DDRS) for funding.

The scheme was revised on 22 November 2017 and honorarium for staff and other expenditure enhanced, effective 2018-2019. The committee also found that the DDRC scheme was not conceptualized and formulated in right earnestness and was throughout implemented in an ad hoc and casual manner. The committee felt that amount of honorarium was only one aspect of the problem and the department needed to make a concerted effort to make DDRCs financially viable and sustainable. The committee, recommended that the scheme be revisited to make it financially viable and self-reliant.

Source: 55th Report of the Standing Committee on Social Justice and Empowerment. Recommendation Para 2.8. Page 5. Lok Sabha Secretariat, 2018a. See Annexure 8 for the districts with DDRC centres.

Samagra Shiksha Abhiyan has direct relevance to implementation of the right to inclusive education and creating multi sectoral linkages that can provide comprehensive services to children with disabilities to aid their participation in neighbourhood schools. To realize the right

to inclusive education as envisioned in Samagra Shiksha Abhiyan, significant coordination and joint action is required at the state level. A joint action plan to converge the various inclusive education schemes of the Government of Haryana is shared on the next page (see Box 7).

BOX 7

Convergence of schemes in Haryana – joint action plan

The Government of Haryana prepared a joint action plan where inclusive education schemes for children studying in Grades 1 to 12 are jointly implemented in order to best utilize available resources. The joint action plan for convergence between Inclusive Education of the Disabled at the Secondary Stage (IEDSS) and Inclusive Education (IED) in SSA focuses on the following.

- Conducting all activities for CWDs in Grades 1 to 12 jointly to avoid overlaps and ensure optimal utilization of existing resources.
- Improving educational and resource support delivery systems.
- Improving utilization of funds for common goals.
- Issuing common guidelines to all education officials, officers and teachers.
- Developing a common system of monitoring and evaluating ground-level activities.
- Having a single window delivery system for children with disabilities studying in Grades 1 to 12.

The government identified 119 IED model schools at the block level that employ special teachers. Each of these serves as a common resource centre for inclusive education hubs statewide, and houses all the block’s educational and resource facilities. The school principals act as block resource coordinators for conducting IED activities at the institutional level. They have received orientation on the IED scheme and various programmes have been designed exclusively to train them in the area of inclusive education.

There is a single window delivery system which helps improve implementation of the IED scheme in comparison to previous practice where schemes were implemented in silos. The joint action plan also brings convergence with the School Health Programme, the Integrated Child Development Scheme, the District Blindness Control Society, and the National Rural Health Mission.

Source: Department of School Education, Government of Haryana (n.d.)



Gender parity in schemes

It is important to focus on gender equality in implementation of schemes, and especially so in the case of CWDs. The overall absence of extensive data on the reach of the schemes, coupled with limited disaggregation by age, sex and beneficiaries in the data that is available, make it difficult to analyze gender parity in the schemes. However, even with the limited data, a disparity is quite evident. See Table 3.

TABLE 3
Vocational training intake in VRCs since inception until 2006

Cities	Male	Females
Bhubaneswar	33,039	10,871
Hyderabad	42,075	9,226
Kolkata	29,809	8,725
Total	1,04,923	28,822

Source: UNDP, Government of India, SMRC, 2007



Summary

Education of children with disabilities is under the purview of both MSJE and MHRD. Special schools are supported by MSJE and inclusive education is implemented through MHRD programmes.

Various ministries and line departments operate schemes for children with disabilities. Convergence is not evident in the planning and implementation of these schemes.

There is much duplication, with multiple ministries and line departments offering schemes with similar goals for children in overlapping age groups.

Samagra Shiksha Abhiyan envisages convergence between ministries, line departments and schemes, both at central and state level, to achieve inclusive education. However, the convergences actually enabled by Samagra Shiksha Abhiyan will be apparent only when the programme is operationalized.

Intersectoral and multi sectoral collaboration at state and national level are required to enable effective implementation of inclusive education.

F

**FOR
FLOWER**

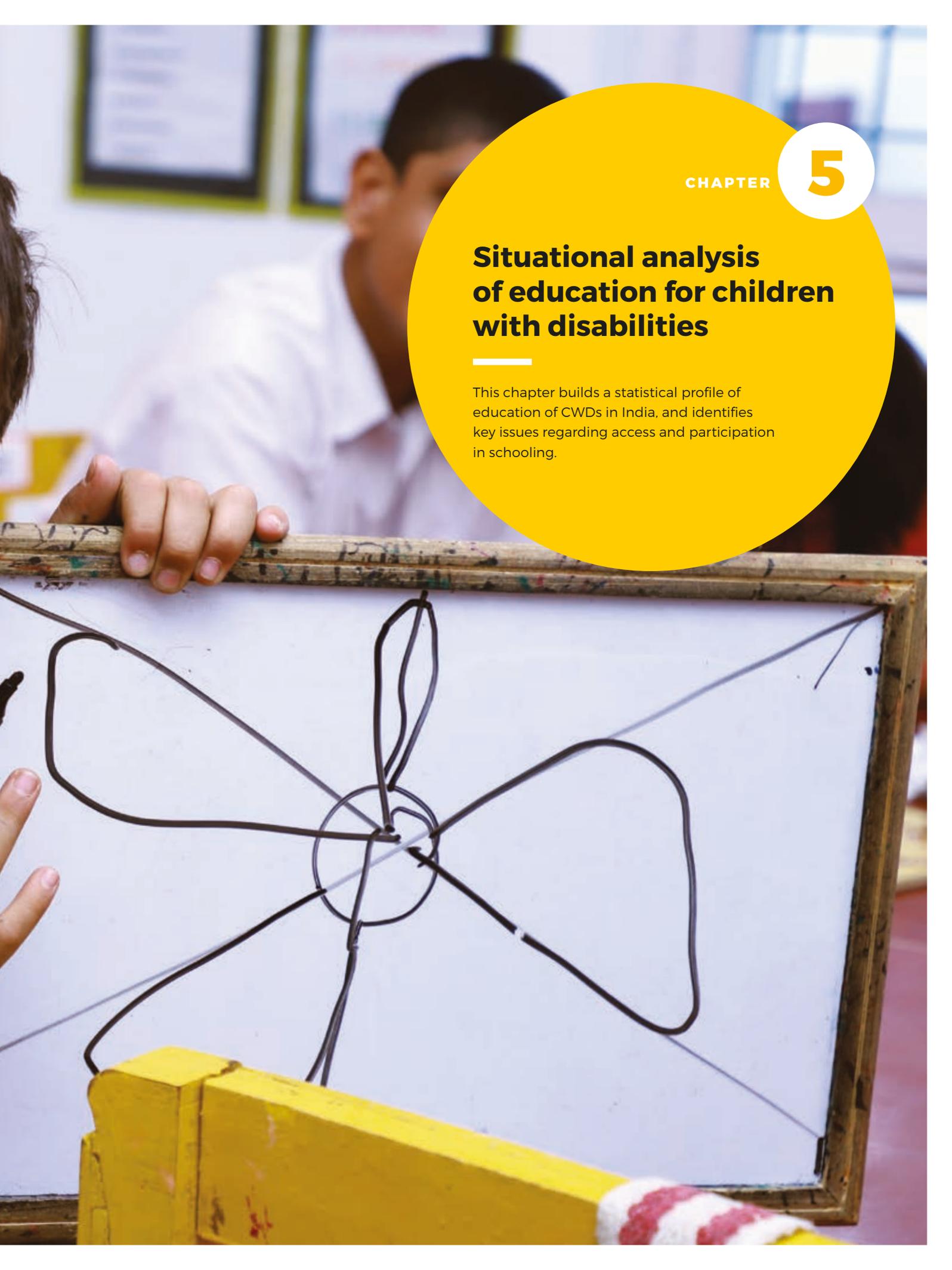


CHAPTER

5

Situational analysis of education for children with disabilities

This chapter builds a statistical profile of education of CWDs in India, and identifies key issues regarding access and participation in schooling.





Situational analysis of education for children with disabilities

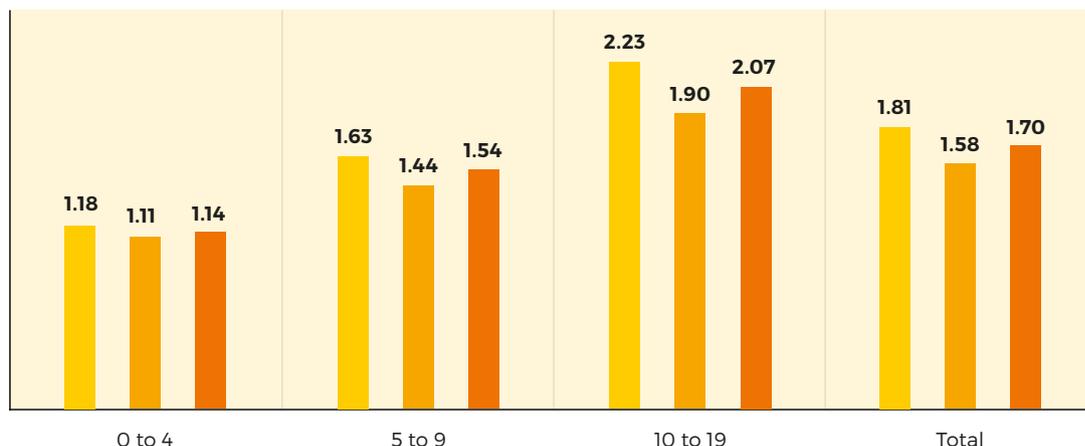
The previous chapter discussed convergence and divergence between the larger vision of inclusive education and the conceptualization of programmes and schemes. This chapter studies their implementation through an analysis of available data on education of CWDs. The two main data sources are the 2011 Census of India (Office of Registrar General & Census Commissioner, Ministry of Home Affairs, Government of India, 2011) and the annual U-DISE.²⁴

Population of CWDs

- According to the 2011 census, there are 26,810,557 persons with disability in India constituting 2.21 per cent of the country's population. This is much lower than the global figure of 15 per cent of the world's population estimated to be living with disabilities (World Health Organization [WHO], 2011).
- The total number of children with disabilities (in the 0–19 year age group)²⁵ is 7,864,636, making up 1.7 per cent of the total child population (see Figure 8). About one per cent of children aged between 0 and 4 (numbering 1,291,637), about 1.5 per cent of children aged between 5 and 9 (numbering 1,418,969) and over two per cent of children between 10 and 19 (numbering 4,617,073) live with disabilities.



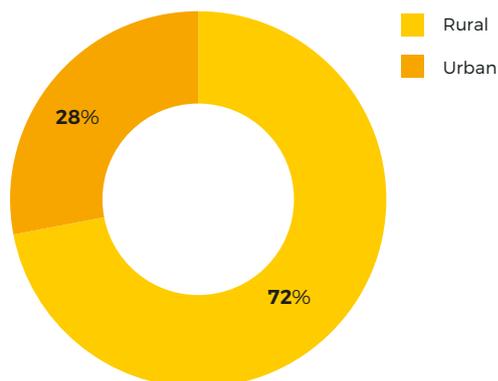
FIGURE 8
All India percentage of CWDs by age group



- Boys
- Girls
- Total

Source: Census 2011, Series C, Table 13 and 20

FIGURE 9
All India percentage of CWDs (0-14 years) by location



- Of the 5,572,336 children with disabilities in the 0-14 year age group, 72 per cent reside in rural areas and 28 per cent in urban areas (see Figure 9).

²⁴ While NSS 58th Round Survey (2003) also provides valuable data on children with disabilities, it has not been used in this study as more up-to-date figures are available through other sources.

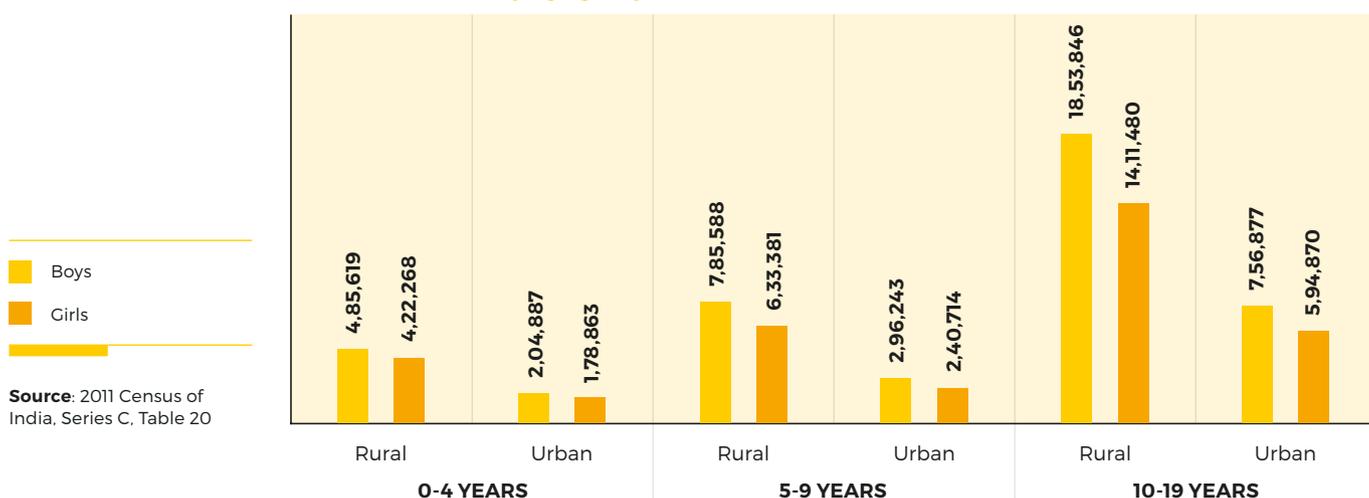
²⁵ Although this report regards all persons below the age of 18 years as children, this section uses the age categories employed in Census 2011.

Source: Census 2011, Series C, Table 21



In absolute numbers, more boys are reported to have disabilities than girls, across age groups and regions.

FIGURE 10
Number of CWDs by age group and location

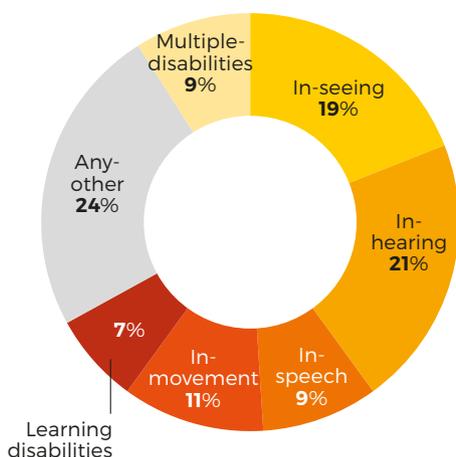


Source: 2011 Census of India, Series C, Table 20

• In absolute numbers, more boys are reported to have disabilities than girls in all three age categories in both rural and urban areas (see Figure 10). Rural boys from the

10-19 year age group appear to form the largest cohort, and urban girls from the 0-4 year age group the smallest cohort among children with disabilities.

FIGURE 11
CWDs (0-14 years) by disability type



Source: Census 2011, Series C Table 21

• Among CWDs aged below 14 years, the highest number fall under the 'any other' category²⁶ (see Figure 11). This includes conditions such as autism that do not appear in the list of specific disabilities covered in the census. Disability 'in hearing' is the second largest category among children, followed by disabilities 'in seeing' and 'in movement' respectively.

²⁶ Office of Registrar General & Census Commissioner, Ministry of Home Affairs, Government of India (2011) p. 53.

- Reported numbers of CWDs vary widely from state to state. Table 4 shows that populous states like Uttar Pradesh, Maharashtra, Bihar and West Bengal show higher numbers of

children with disabilities in the 5-19 age group, while less populous states like Sikkim, Mizoram, Arunachal Pradesh and Goa show fewer.

TABLE 4
Statewise population of CWDs (5-19 years)

	Total	Boys	Girls
All India	65,72,999	36,92,554	28,80,445
Andaman & Nicobar Islands	1,304	698	606
Andhra Pradesh	4,73,372	2,57,708	2,15,664
Arunachal Pradesh	7,108	3,732	3,376
Assam	1,11,892	61,231	50,661
Bihar	7,46,709	4,20,220	3,26,489
Chandigarh	3,517	2,083	1,434
Chhattisgarh	1,31,122	72,400	58,722
Dadra & Nagar Haveli	939	550	389
Daman & Diu	431	279	152
Goa	5,051	2,755	2,296
Gujarat	2,63,954	1,51,804	1,12,150
Haryana	1,22,451	72,571	49,880
Himachal Pradesh	26,737	15,262	11,475
Jammu & Kashmir	83,657	46,654	37,003
Jharkhand	2,12,197	1,16,405	95,792
Karnataka	3,30,781	1,82,062	1,48,719
Kerala	1,04,418	59,546	44,872
Lakshadweep	338	174	164
Madhya Pradesh	3,89,139	2,21,012	1,68,127
Maharashtra	6,84,328	3,86,064	2,98,264
Manipur	14,490	7,596	6,894
Meghalaya	14,083	7,557	6,526
Mizoram	3,207	1,784	1,423
Nagaland	6,568	3,582	2,986
NCT of Delhi	52,330	30,965	21,365
Odisha	2,71,142	1,49,233	1,21,909
Puducherry	4,711	2,700	2,011
Punjab	1,45,063	84,779	60,284
Rajasthan	3,06,750	1,81,780	1,24,970
Sikkim	2,730	1,440	1,290
Tamil Nadu	2,39,756	1,34,692	1,05,064
Tripura	13,878	7,723	6,155
Uttar Pradesh	12,88,308	7,21,695	5,66,613
Uttarakhand	44,487	25,303	19,184
West Bengal	4,66,051	2,58,515	2,07,536

Source: 2011 Census of India, Series C, Table 22

 **47%**
girls below 5 years
of age attend
special schools

 **53%**
boys below 5 years
of age attend
special schools



Educational status of children with disabilities

EARLY CHILDHOOD EDUCATION

- According to the 2011 census, there are 368,697 five year olds²⁷ with disabilities in India. Out of them, 99,259 (27 per cent) attend educational institutions, while 263,966 (72 per cent) have never attended any. More than one per cent have dropped out (see Table 5).
- Data* shows that a total of 40,801 children with disabilities below the age of 5 attend special schools. Out of them, 19,341 are girls (47 per cent) and 21,460 are boys (53 per cent).

* Source: 2011 Census of India, Series C, Table 10

TABLE 5
Educational status of 5 year olds

CWDs attending educational institutions			CWDs not attending educational institutions					
			Attended an educational institution earlier			Never attended an educational institution		
Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
99,259	54,521	44,738	5,472	3,030	2,442	2,63,966	1,46,319	1,17,647

Source: 2011 Census of India, Series C, Table 22.

SCHOOL EDUCATION

- According to the 2011 Census of India, only 61 per cent of CWDs aged between 5 and 19 were attending an educational institution,²⁸ compared to the overall figure of 71 per cent when all children are considered. 12 per cent of CWDs dropped out of school, which is comparable with the overall percentage of dropouts among all children. 27 per cent of CWDs never attended any educational institution, as opposed to the overall figure of 17 per cent when the entire child population is taken into account (see Table 6).

- Data sorted by type of educational institution shows that 173,599 children aged between 6 and 14 attend special schools, out of whom 76,209 (44 per cent) are girls, and 97,390 (56 per cent) are boys. For children aged between 15 and 19, 83,280 children attend special schools, out of whom 34,185 (41 per cent) are girls, and 49,095 (59 per cent) are boys (Census 2011, Series C, Table. 10). Thus, the number of children attending special schools shows a decrease after 14 years of age. Also, the proportion of girls attending special schools shows a slight drop relative to boys after 14 years of age.

TABLE 6
Educational status of CWDs (5-19 years)

	Children attending educational institutions			Children not attending educational institutions					
	Total (%)	Boys (%)	Girls (%)	Attended an educational institution earlier			Never attended an educational institution		
	Total (%)	Boys (%)	Girls (%)	Total (%)	Boys (%)	Girls (%)	Total (%)	Boys (%)	Girls (%)
Children with disabilities	61.18	61.75	60.45	12.14	12.34	11.89	26.68	25.92	27.66
All Children*	70.97	72.26	69.55	11.82	11.70	11.96	17.21	16.04	18.49

Source: 2011 Census of India, Series C, Table 22 and Table 10
* 'All children' includes children with disabilities

²⁷ As per the RTE Act, Grade 1 commences at the age of 6. Hence, 5 years has been taken as the age by which a child should have received early childhood education. This is likely to also include underage Grade 1 enrolments.

²⁸ The 2011 Census of India defines educational institution as schools, colleges, vocational training centres, special

schools for children with disability, adult literacy centres or any other institution. Children receiving home-based education are enrolled in mainstream schools. Separate data on the exact number of children receiving home-based education is not available in census, NSS or school-based U-DISE reports.

- A large number of children with disabilities do not go to regular schools but are enrolled at the National Institute of Open Schooling (NIOS).²⁹ A review of enrolment figures at NIOS shows a decline for most categories of disabilities between 2009 and 2015 (see Table 7). The biggest group of CWDs enrolling with NIOS over the years have been those with learning

disabilities. While there has been a drop in enrolment of students with locomotor and visual impairments, there has been a rise in those with multiple disabilities.

- The percentage of children attending schools is the lowest among those with multiple disabilities, mental illnesses and mental retardation (see Figure 12).

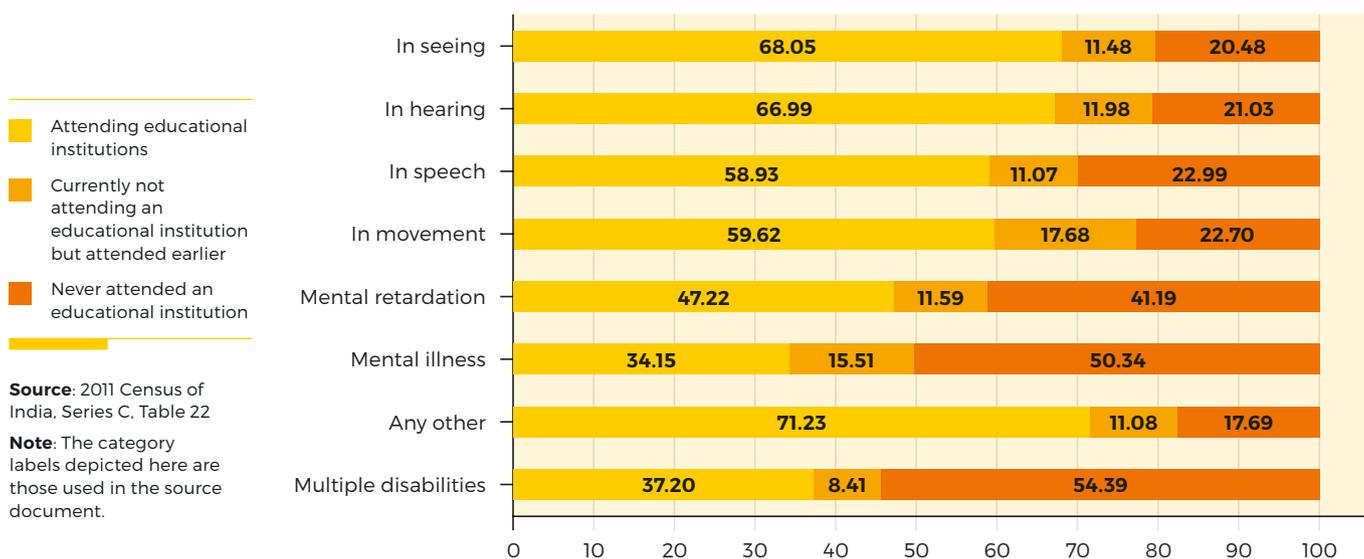
TABLE 7
Enrolment in NIOS from 2009-2015 by disability type

	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Locomotor	697	379	251	661	129	117
Visually Impaired	111	29	77	33	44	69
Hearing Impaired	537	352	153	242	361	611
Leprosy Cured	111	101	44	37	4	9
Mentally Retarded	328	100	1,339	119	94	214
Mental Illness	60	69	10	22	8	12
Multiple Disabilities	189	112	53	163	313	340
Cerebral Palsy	400	1208	526	2,686	808	230
Learning Disability	755	1358	552	448	684	675

Source: National Institute for Open Schooling (n.d.) p. 81.

Note: The category labels depicted here are those used in the source document.

FIGURE 12
Percentage of children between 5 and 19 by education status and disability type



Source: 2011 Census of India, Series C, Table 22

Note: The category labels depicted here are those used in the source document.

- A comparison of numbers enrolled across levels of schooling shows the total enrolment of CWDs falls with each successive level of schooling (see Figure 13). A comparison over three years (2014/15 to 2016/17) shows a decline in the enrolment of children with disabilities at the primary level. In the case of upper primary level,

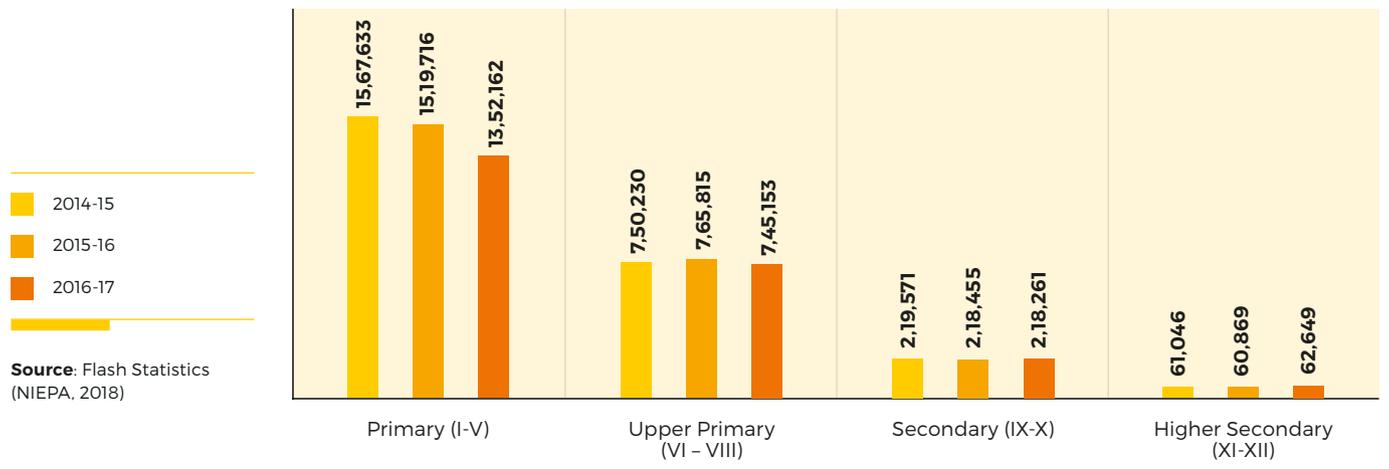
the enrolment numbers had increased slightly during 2015/16, but dropped below the 2014/15 figure during 2016/17. Enrolment numbers for CWDs are relatively stable at the secondary level and have improved over the years at the higher secondary level.

²⁹ NIOS is a school board established at the national level to provide flexible learning options to heterogenous learners up to a pre-degree level



W FOR WALK

FIGURE 13
Total enrolment of children with disabilities across levels of schooling



Source: Flash Statistics (NIEPA, 2018)

- Variation in school attendance between states is evident, with Goa and Kerala having higher percentage of children with disabilities attending schools (see Table 8). Union Territories Daman & Diu and Lakshadweep have more girls attending schools than boys. Odisha and West Bengal have more children with disabilities dropping out of school than the national average. Over a third of the children with disabilities in the Northeastern states of Arunachal Pradesh, Assam, Meghalaya and Nagaland have never attended an educational institution.

TABLE 8
Percentage of children with disabilities (5-19 years) by education status and states

	Percentage attending educational institution			Percentage not attending educational institution					
				Attended an educational institution earlier			Never attended an educational institution		
	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
India	61.2	61.7	60.5	12.1	12.3	11.9	26.7	25.9	27.7
Jammu & Kashmir	61.0	63.0	58.3	6.7	7.0	6.2	32.4	30.0	35.4
Himachal Pradesh	67.7	67.8	67.6	10.4	10.6	10.3	21.8	21.6	22.1
Punjab	60.2	59.2	61.7	13.3	13.3	13.3	26.5	27.5	25.0
Chandigarh	63.2	63.1	63.3	7.9	8.2	7.6	28.9	28.7	29.1
Uttarakhand	61.9	61.6	62.3	11.6	11.8	11.3	26.5	26.6	26.4
Haryana	64.1	63.7	64.6	10.1	10.2	9.9	25.8	26.1	25.4
Delhi	58.1	57.4	59.1	9.7	10.0	9.2	32.2	32.6	31.6
Rajasthan	56.0	58.0	53.2	12.5	12.4	12.7	31.4	29.6	34.1
Uttar Pradesh	59.2	59.0	59.5	11.8	12.4	10.9	29.0	28.6	29.6
Bihar	58.5	59.2	57.5	7.7	8.5	6.6	33.8	32.2	35.9
Sikkim	66.5	65.6	67.6	10.7	11.3	10.2	22.7	23.2	22.2
Arunachal Pradesh	61.9	62.0	61.8	4.9	5.0	4.7	33.2	33.0	33.5
Nagaland	50.8	51.6	49.9	10.3	10.2	10.4	38.9	38.3	39.6
Manipur	69.4	69.9	68.9	7.1	6.8	7.4	23.5	23.3	23.7
Mizoram	57.2	57.6	56.7	11.5	11.3	11.9	31.2	31.1	31.4
Tripura	62.1	62.6	61.5	12.0	11.8	12.2	25.9	25.6	26.3
Meghalaya	56.5	54.9	58.3	8.2	8.5	7.7	35.4	36.6	34.0
Assam	51.1	50.9	51.4	12.5	13.2	11.5	36.4	35.8	37.1
West Bengal	57.1	56.9	57.5	14.3	14.8	13.6	28.6	28.4	28.9
Jharkhand	59.7	61.2	58.0	9.2	9.8	8.4	31.1	29.0	33.6
Odisha	58.4	59.9	56.4	16.5	16.4	16.6	25.2	23.6	27.0
Chhattisgarh	59.6	61.3	57.6	13.6	13.6	13.6	26.8	25.2	28.8
Madhya Pradesh	64.0	63.7	64.4	12.9	13.6	12.0	23.1	22.8	23.6
Gujarat	62.6	64.2	60.5	15.8	15.0	16.9	21.6	20.8	22.6
Daman & Diu	44.5	39.8	53.3	21.1	25.1	13.8	34.3	35.1	32.9
Dadra & Nagar Haveli	59.9	60.5	58.9	9.5	11.5	6.7	30.7	28.0	34.4
Maharashtra	70.3	71.1	69.3	12.6	12.3	12.9	17.1	16.6	17.8
Andhra Pradesh	61.5	63.1	59.7	12.5	11.9	13.1	26.0	25.0	27.1
Karnataka	62.8	63.9	61.5	15.5	15.2	15.9	21.6	20.9	22.6
Goa	73.4	73.4	73.3	9.3	9.9	8.7	17.3	16.7	18.0
Lakshadweep	69.5	66.7	72.6	8.3	10.9	5.5	22.2	22.4	22.0
Kerala	73.2	73.6	72.6	8.9	8.7	9.3	17.9	17.7	18.2
Tamil Nadu	62.9	63.5	62.2	13.7	13.4	14.2	23.4	23.1	23.7
Puducherry	66.3	66.4	66.2	12.2	12.0	12.5	21.5	21.6	21.3
A&N Islands	66.6	66.0	67.3	11.4	11.9	10.9	21.9	22.1	21.8

Source: Census 2011, Series C, Table 22

- A study of gender gaps across states reveals that Gujarat, Karnataka, Kerala and Maharashtra have gender gaps at both secondary and higher secondary levels (see Table 9). However, Jharkhand, Punjab and West Bengal had higher

enrolment for girls than boys at the secondary level while Himachal Pradesh, Punjab and Telangana had better gender ratio at the higher secondary level.

TABLE 9

Enrolment at secondary and higher secondary levels by gender

State	Grades IX-X		Grades XI-XII	
	Boys	Girls	Boys	Girls
Andhra Pradesh	7,572	7,033	0	0
Arunachal Pradesh	125	170	27	27
Assam	1,536	1,660	324	230
Bihar	4,005	3,120	462	390
Chhattisgarh	1,977	1,543	749	568
Delhi	3,259	2,461	1,898	1,447
Goa	337	161	73	41
Gujarat	6,357	3,913	2,233	1,609
Haryana	2,477	1,757	755	647
Himachal Pradesh	1,078	803	489	506
Jammu & Kashmir	736	662	212	230
Jharkhand	1,394	1,620	143	416
Karnataka	7,809	6,209	127	82
Kerala	11,662	7,438	4,297	3,017
Madhya Pradesh	6,116	4,382	2,229	1,505
Maharashtra	25,391	21,073	5,750	5,248
Manipur	240	305	69	99
Meghalaya	104	125	31	49
Mizoram	443	661	125	136
Nagaland	78	84	30	27
Odisha	6,195	5,565	599	524
Puducherry	207	226	73	361
Punjab	3,559	3,977	1,483	1,881
Rajasthan	4,154	2,650	1,996	1,261
Sikkim	108	121	42	51
Tamil Nadu	6,870	5,360	2,300	2,150
Telangana	3,916	4,045	781	1,072
Tripura	308	318	71	52
Uttar Pradesh	3,525	2,891	2,139	1,697
Uttarakhand	574	472	311	330
West Bengal	6,917	7,135	3,561	3,159

Source: Secondary Education State Report Cards (2016-17) Provisional (NUEPA, n.d.)





OUT OF SCHOOL AND WORKING CHILDREN

- Studies on out of school children (SRI and EdCIL, 2014) indicate that 0.60 million children with disabilities aged between 6 and 13 years are not attending school³⁰. This constitutes over 28 per cent of CWDs, much higher than the national estimate (2.97 per cent) of out of school children. Among children with multiple disabilities, almost 44.13 per cent are out of school. As are over one-third of children with mental and speech disabilities. A higher proportion of female children (3.23 per cent) in

the 6-13 age group are estimated to be out of school as compared to male children (2.77 per cent) (SRI & EdCIL, 2014).

- The 2011 Census of India shows that 100,799 children with disabilities below the age of 14 are engaged as main workers and 98,226 are engaged as marginal workers for 3 to 6 months in a year. Although employment of children is prohibited by law, the data reveals that a small proportion of children are nonetheless engaged in work³¹ (see Table 10).

³⁰ Although the authors use census data for estimation, the difference in numbers could be due to differences in methodology and questions asked during the survey. The SRI and EdCIL report also indicates the need to conduct a focused survey on children with disabilities due to challenges in data gathering.

³¹ The census data does not tell us about the literacy rate or education status of children who are working as main or marginal workers. It does not reveal if non-workers are attending any educational institution.

TABLE 10
Total number of children with disabilities (0-14 years) by work status

Main worker		Total	1,00,779
		Boys	61,870
		Girls	38,909
Marginal worker	Less than 3 months	Total	29,034
		Boys	15,517
		Girls	13,517
Marginal worker	3-6 months	Total	98,226
		Boys	53,125
		Girls	45,101
Non-worker		Total	53,44,297
		Boys	29,42,702
		Girls	24,01,595

Source: Census 2011, Series C, Table 23



Summary

There are an estimated 7.8 million children with disabilities aged 19 years or younger (1.3 million aged 4 years and younger, 1.9 million aged between 5 and 9 years, and 4.6 million aged between 10 and 19 years), amounting to around 2% of the total child population. There are interstate differences in the estimated numbers of children with disabilities. A majority have disability in hearing followed by disability in seeing.

Among 5 year olds with disabilities, three-fourths do not go to any educational institution. Nor do one-fourth of children with disabilities aged between 5 and 19 years. The number of children enrolled in school drops significantly with each successive level of schooling. There are fewer girls with disabilities in schools than boys.

A large number of children with disabilities are enrolled at the National Institute of Open Schooling (NIOS). A review of NIOS figures shows a large increase in the enrolment of children with learning disabilities. While there has been a drop in enrolment of students with locomotor and visual impairments, enrolment of children living with multiple disabilities has seen a rise.

Estimates of out-of-school children indicate that 0.6 million CWDs aged between 6 and 13 years are not attending school. This constitutes over 28 per cent of children with disabilities, much higher than the national estimates (2.97 per cent) of out-of-school children. 44.13 per cent of children with multiple disabilities are out of school. As are over one-third of the population of children with mental disabilities and speech disabilities. A higher proportion of female children (3.23 per cent) aged between 6 and 13 are estimated to be out of school as compared to male children (2.77 per cent).

B FOR BALL



Barriers to inclusive education for children with disabilities

In spite of a broad vision of inclusive education, mandated by policy, and provisioned for by various government programmes, data from Chapter 5 shows a large proportion of children with disabilities are either excluded from or participate marginally in education. This chapter analyses the barriers to inclusive education, namely attitudes, lack of accessibility, and inadequacy of educational and human resource support.





Barriers to inclusive education for children with disabilities

Attitudinal barriers

A barrier-free school environment is a key requirement for inclusive education. However, certain attitudinal barriers to education of children with disabilities exist both within and outside the school.

Beliefs about disability and capabilities to learn influence the attitudes of various groups towards inclusion. Negative attitudes to disability are the single most debilitating barrier to inclusion. Lack of awareness, shame, fear, misinformation, and socio-economic values about human life, respect and dignity, form negative attitudes (Save The Children, 2002). These attitudes end up being more detrimental when poverty and disability intersect. Poverty in itself is a huge barrier to educational opportunity, but its effects are compounded when linked with disability (UN, 2018).

Attitude of parents

Positive parental attitudes are vital for the success of inclusive initiatives (Elzein, 2009). An international study (De Boer, Pijl, and Minnaert, 2010) has shown that parents of children without disability hold positive or neutral attitudes towards the inclusion of CWDs in mainstream education. The attitude of parents of children with disability however, were found to be more neutral and cautious than positive. They had concerns about the following.

- Availability of services required by their child in mainstream schools.
- Need-specific instruction and resources.
- Emotional development.

The same study linked parents' attitudes to variables such as education, socio-economic status (SES), type of disability, and previous experience with inclusive education. Parents with higher SES, higher education levels and

prior experience with inclusive education were found to have more positive attitudes towards the latter (Balboni & Pedrabissi, 2000). Parental attitudes towards inclusion were also found to be favourable when they felt included in the schools' decision making process.

In India however, parents of children without disability have been reported to hold negative attitudes towards inclusion (Julka & Bharti, 2014). Attitudes of parents of CWDs may be shaped by a combination of factors, ranging from religious and social beliefs, prevalent perceptions in their communities, concerns about the children's safety, mobility of the child, availability of transportation, and response from the school (Banerjee, 2018). Venkatakrisnashastry and Vranda (2012) found that parents were initially unaware of their children having specific learning disabilities. On becoming aware, 'they reported feelings of anxiety, guilt, insecurity, emotional instability, self-pity and hopelessness' (p. 47). They also found that these parents' attitude towards the academic ability of their children differed based on gender. They had higher expectations from boys than from girls.

Attitude of teachers

International studies show that negative attitudes towards inclusion are common among teachers (Darrow, 2009; Agbenyega, 2007; Saloviita, 2018). Teachers' attitudes could also vary based on the type of disability. Teachers are relatively more open to accepting children with physical or mild disabilities as opposed to those with intellectual, cognitive and profound disabilities (Avramidis and Norwich, 2002). However, the studies also suggest the following factors may change teacher attitudes towards inclusion.

- Sensitization and awareness training
- Knowledge of pedagogical approaches to including various types of disabilities
- Availability of teaching tools, assistive technology devices, professional and administrative support
- low teacher-pupil ratio

Teachers are relatively more open to accepting children with physical or mild disabilities as opposed to those with intellectual, cognitive and profound disabilities.

A combination of socio-cultural and systemic factors underlie negative attitudes of parents and teachers towards inclusion.

Studies in India about teachers' attitude to inclusive education mirror international findings (Bansal, 2016; Sharma, Moore and Sonawane, 2009; Tiwari, Das and Sharma, 2015). Even when attitudes are neutral, implementation of inclusive education remains a concern (Tiwari, Das, and Sharma, 2015; Kalita, 2017). Across studies, the following variables are consistently found to inform teachers' attitudes.

- Lack of training on education of children with disabilities
- Lack of confidence in teaching children with disabilities
- Under-resourced classrooms, specifically in terms of resources for children with disabilities
- Lack of administrative support
- Large class sizes
- Fear of affecting the academic performance of the whole class
- Lack of prior contact with persons with disability

According to research and findings from

on-ground efforts, community awareness drives and teacher preparation programmes can effectively counter negative attitudes (Venkatakrisnashastry and Vranda, 2012; Sharma and Nuttal, 2016). Exposure to inclusive education during initial teacher education has a positive impact on teachers' attitudes towards inclusion (Ahsan, Sharma and Deppeler, 2012; Varcoe and Boyle, 2014). Participation of pre-service teachers in a nine-week university course on inclusive education reduced their concerns about inclusion and improved their efficacy in, and attitude towards, inclusive classrooms (Sharma and Nuttal, 2016).

To sum up, the attitude of parents and teachers towards including children with disabilities in mainstream education is crucial to inclusive education. A combination of socio-cultural and systemic factors underlie negative attitudes of parents and teachers towards inclusion. However, there is some evidence that relevant measures with the parents and schools can offset attitudinal barriers, as the case below shows.

CASE STUDY 1

How Neru went back to school

Neru, from Bhutkhedi village, Jhabua district, Madhya Pradesh, was only eight when she was diagnosed with an aggressive form of leprosy and started on a multi-drug therapy. Despite her treatment, Neru faced stigmatization at school and in her village.

'I went to school. When I approached the lady serving food with a plate, she shouted at me and told me that "You don't need to come to school anymore." I felt so sad about it and I cried a lot. I decided not to go to school again and stopped my studies.'

The stigmatization extended to her family and other spheres of their lives. 'We were taking water from the hand pump near school,' she says, 'People did not allow us to take water and were telling us that we may spread leprosy to other villager. We decided to go further away to get drinking water.'

After such treatment, it was hard for Neru not to internalize this feeling of shame. 'I also felt that I have very serious disease which may spread to my family members so I just kept my distance from them and I was hiding my hand when people came to my home.'

Although she had completed the one-year course of multi-drug therapy, Neru had lost out on her childhood. As part of our outreach work, we could help Neru with reconstructive surgery, and pre- and post-operative physiotherapy, so that she would regain full use of her arm and leg. By this point, she had

also developed a partial foot drop on her right leg which meant she could no longer lift her foot at the ankle. We also gave her customized protective footwear to strengthen her ankle muscles. With our help, her family's support and through her own determination, Neru was able to make a recovery. She could walk more easily and use her hand again.

She began to regain some of the confidence that she used to have. Her community no longer feared the disease, she was able to use the village water pump again. However, Neru was still frightened to go back to school, worried about how she would be treated there. We visited the school and told the teachers her story and they were happy to have her back, even after almost a three-year gap. She even met the lady serving food who had turned her away. The woman took her hand, looked at it, and said how glad she was to see it healed. She said that she would look to see if any other child was showing symptoms of leprosy and refer them to the government hospital.

At first Neru's diagnosis seemed like an end to her childhood, her education and her place in the community. Now she has returned to school and wants to become a teacher herself. 'I want to become teacher in our village and I will teach all the students very well.'

Source: Lepra Society, Bhopal, Madhya Pradesh

Accessibility

BOX 8

What do accessibility and reasonable accommodation mean?

“**Accessibility** is related to groups, whereas reasonable accommodation is related to individuals. This means that the duty to provide accessibility is an **ex ante duty**. The obligation to implement accessibility is therefore, unconditional, i.e. the entity obliged to provide accessibility may not excuse the omission to do so by referring to the burden of providing access for persons with disabilities.

The duty of reasonable accommodation, contrarily, exists only if implementation constitutes no undue burden on the entity. The duty to provide **reasonable accommodation** is an **ex nunc duty**, which means that it is enforceable from the moment an individual with an impairment needs it in a given situation, for example, workplace or school, in order to enjoy her or his rights on an equal basis in a particular context.

”
UNCRPD, *General comment No. 2 (2014)*, paras 25-26.

Physical accessibility

Physical accessibility refers to access within the school building, which includes signages, accessible entrances, corridors, toilets, switches and controls, ramps, elevators, accessible desks etc. as well as the design of outdoor facilities like roads, footpaths, and transport that is needed to access the school. Government schools, especially upper primary and secondary schools, become inaccessible to CWDs not only because of distance³² but also due to lack of accessible transportation in villages and remote areas. Accessibility inside the school building is also a challenge. Operationalization of physical accessibility mostly takes the form of ramps.

Access to teaching and learning material, and school experiences such as participation in midday meals or cultural programmes are rarely considered. Furthermore, the term “disabled-friendly” is not clearly defined and in the context of schools could include a barrier-free environment, school functioning and adequate resource support to aid full participation of CWDs. Issues relating to physical accessibility and barriers to education are more severe for girls with disabilities as girls face double the prejudice with the baggage of traditional gendered representations in addition to their disability (Bakhshi, Babulal and Trani, 2017; Limaye, 2016).

GOVERNMENT EFFORTS TO ENSURE ACCESSIBILITY

- The Three-Year Action Agenda of the Niti Aayog (2017) recognizes challenges such as absence of ramps, disabled-friendly toilets, special teaching materials and sensitized teachers. The targets are, however, limited to schools having at least one section of each class accessible under Universal Design Guidelines³³, providing aids to approximately 3.5 lakh beneficiaries every year, and conducting cochlear implant and corrective surgeries for 5,000 children on a yearly basis (p. 163).
- One of the key interventions of the DEPWD, MSJE, is the Accessible India Campaign that audits public buildings, including schools, to assess accessibility of the physical environment, and obliges governments to retrofit existing buildings to meet accessibility norms.
- The National Building Code also requires public buildings to have barrier-free features.
- The National Policy on Disaster Management, 2009,³⁴ is silent on how school infrastructure should be designed for disaster management to cater to the special needs of CWDs. However,

Delhi has a School Disaster Management Planning document which takes into account such needs.³⁵

ACCESS AUDITS OF SCHOOLS

Between 2011 and 2014, Samarthyam, an NGO, with the support of Department for International Development (DFID), Government of the United Kingdom, conducted access audits in 500 schools in 16 Indian states. It was found that due to lack of expertise and poor understanding of access standards among construction personnel and school administration, school infrastructure was often barrier-filled and unsafe for CWDs. This hampered their access to, and use of, classrooms, playgrounds, libraries, drinking water units, toilets, mid-day meal areas, and other areas.³⁶ A review of state-wise audits of select girls' schools (see Table 11) shows that schools had no disabled-friendly toilets or emergency evacuation facilities. Access audits of school buildings show that, in some schools, drinking water facilities and classrooms too were not accessible. Lack of toilets accessible to girls with disabilities is a major reason for them dropping out, given the challenges it creates for maintaining menstrual hygiene (Women with Disabilities India Network, 2019). Children with disabilities are most vulnerable to disaster risks, and international efforts towards disability-inclusive disaster risk reduction have not percolated down to the school level.

³² Under RTE Rules in most states, the distance norm is 3 kms for upper primary schools and generally 5 kms for secondary schools. Without accessible and safe transportation, even the 1 km norm for primary schools could appear daunting for CWDs.

³³ As per the RPWD Act, “universal design” means the design of products, environments, programmes and services to be usable by all people to the greatest extent possible, without the need for adaptation or specialized design and shall apply to assistive devices including advanced technologies for particular group of persons with disabilities.’ A checklist for Making Schools Accessible to Children with Disabilities has also been prepared. See UNICEF, Samarthyam and Accessible India Campaign (2016).

³⁴ National Disaster Management Authority, Ministry of Home Affairs, Government of India (2009).

³⁵ Government of Delhi (n.d.).

³⁶ Cited in UNICEF, Samarthyam and Accessible India Campaign (2016). Making Schools Accessible to Children with Disabilities.



TABLE 11
Access audit for select schools – gender perspective

Site/City/State	Accessibility Rating	Areas
Children's Home Hyderabad, Andhra Pradesh	✘	Information and communication systems, accessible route, ramp, drinking water facility
	👎	Accessible toilets and entrance
Bankipore Girls' High School Patna, Bihar	✘	Accessible toilet, emergency evacuation
	👎	Accessible route, ramp, handrails, classrooms
Rajakiya Muka Badhir Balika Madhya Vidyalaya Patna, Bihar	✘	Accessible toilet, emergency evacuation
	👎	Accessible route, ramp, hand rails, classrooms, signages
Deorali Girls Senior Secondary School Gangtok, Sikkim	✘	Accessible toilets, corridors, emergency evacuation
	👎	Ramp, classroom and auditorium, signages, switchboards controls and operating mechanisms
Paljor Namgyal Girls Senior Secondary School Gangtok, Sikkim	✘	Accessible toilets, corridors, drinking water facility, emergency evacuation
	👎	Ramp, signages, switchboards controls and operating mechanisms, classrooms and auditorium
ITI for Girls Mumbai, Maharashtra	✘	Accessible route, entrance, alighting, stairs, ramp, handrail, accessible toilet, emergency evacuation
Kendriya Vidyalaya (1, 2, 3) Faridabad, Uttar Pradesh	✘	Accessible toilets, signages, emergency evacuation
Asha Kiran, Vocational Training Centre for differently abled Chandigarh, Punjab	✘	Accessible toilets, signages, emergency evacuation
Adarsh Nivasi School Higher Secondary School for girls Gandhinagar, Gujarat	✘	Accessible toilets, drinking water fountain, door hardware, ramps, handrails, accessible controls and switches, emergency evacuation

Note: All audits conducted in 2016. Five Point Rating symbols and criteria used.

✘ Hazardous, inaccessible, unsatisfactory, creating access to be given **highest** priority

👎 Inaccessible and unsatisfactory, creating access to be given high priority

Source: Retrieved from each state. Access reports available at http://disabilityaffairs.gov.in/content/access_report.php on 7 March 2019

ACCESSIBLE TOILETS

Majority of the schools in India do not have accessible toilets. According to the Secondary Education State Report Cards - Provisional (2016-17) (National University of Educational Planning and Administration, n.d.), accessible toilets are provided in less than 20 per cent schools across 12 states. Table 12 shows that there is not much

difference across types of schools. The situation is slightly better in urban areas, especially in large, composite schools with Grades 1 to 12. However, in urban areas, one-fifth of the schools with Grades 6-12 do not have accessible toilets. This contributes to poor transition rates of children to middle and high schools.

> **20** %
of the schools have accessible toilets for children with disabilities.

According to Secondary Education State Report Cards - Provisional (2016-17) in 12 states.

Source: Flash Statistics, National University of Educational Planning and Administration (NUEPA), 2018

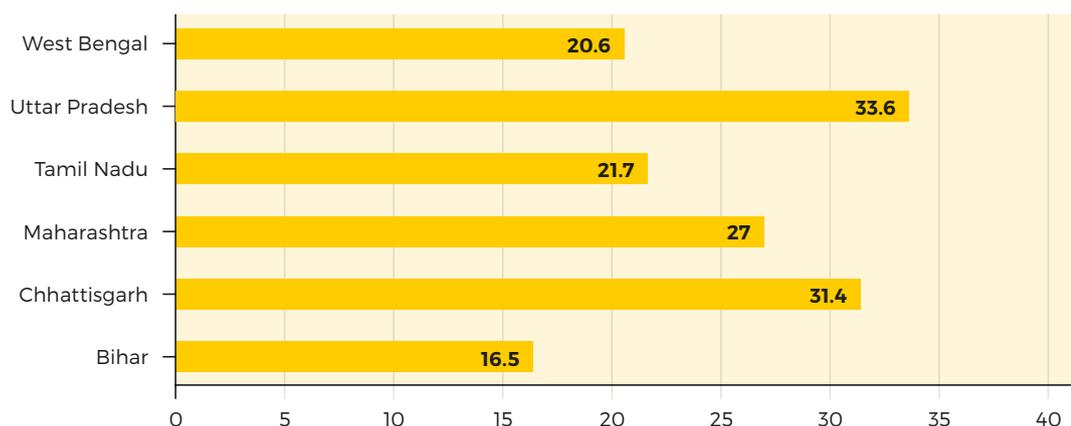
TABLE 12
Percentage of schools with disabled-friendly toilets

Type of school	All Areas (%)	Rural Areas (%)	Urban Areas (%)
Primary School (Grade 1-5)	19.57	19.42	20.86
Elementary School (Grade 1-8)	28.60	27.95	30.85
Higher Secondary School (Grade 1-12)	31.99	27.72	38.31
Upper Primary School (Grade 6-8)	18.95	18.73	21.64
Upper Primary to Higher Secondary School (Grade 6-12)	32.27	31.93	33.33
Elementary and Secondary School (Grade 1-10)	24.66	22.82	27.86
Upper Primary and Secondary School (Grade 6-10)	20.84	21.22	19.53
Secondary School (Grade 9-10)	25.28	24.98	26.45
Secondary and Higher Secondary School (Grade 9-12)	31.15	29.19	36.80
Higher Secondary School (Grade 11-12)	24.72	23.27	26.31
TOTAL	22.44	21.66	26.69

The state-wise status of percentage of schools with disabled-friendly toilets for 2016-17 shows that inter-state disparity (see Figure 14). Less than 10 percent of schools in Andhra Pradesh, Arunachal Pradesh, Goa, Jammu and Kashmir, Jharkhand, Manipur, Meghalaya, Sikkim,

Telangana, Tripura and Uttarakhand have disabled-friendly toilets. On the other hand, over 50 per cent schools in the states and union territories of Chandigarh, Chhattisgarh, Dadra Nagar Haveli, and Delhi have disabled-friendly toilets.

FIGURE 14
Percentage of schools with toilets for CWDs at the secondary level - select states



However, the reliability of this data is questionable. As noted by the Comptroller and Auditor General (CAG), there is a discrepancy between the data shown in U-DISE on barrier-free access, and findings of the joint physical verification undertaken during audits by the CAG. These discrepancies have been documented in nearly all the states in all the districts (CAG report, 2017, p. 52).³⁷

³⁷ In Karnataka, 52 schools had discrepancies in data regarding disabled-friendly toilets, 58 schools regarding functional disabled-friendly toilets, 83 schools regarding need for ramps, 68 schools regarding ramp availability, 88 schools regarding handrails availability. Source: Appendix VI A, MHRD, Union Government (Civil), 2017.

Source: National University of Educational Planning and Administration (NUEPA n.d.): "Secondary education in India". U-DISE, 2015-16, New Delhi. NUEPA.

AIDS AND APPLIANCES

Aids and appliances are primary requirements that make school education meaningful (as seen in Case Study 2).

CASE STUDY 2

Making a difference

How a teacher changed Gautam's life

This case is an account of a Block Resource Teacher (BRT) working with Grade 3 student Goutam Dey, age 8 years, enrolled in Barabati Primary School, Balasore, Odisha.

As a BRT, I had visited the Barabati Primary School in September 2006 for a survey of children with disabilities. I found Goutam was unable to walk properly. He was first taken to an assessment camp for Orthopaedic Impairments and Cerebral Palsy. He underwent surgery in 2007, and later, a medical assessment camp provided him with special shoes for smooth mobility. In 2007/08, he was admitted to Grade 1. The school was made barrier-free with ramps. As a BRT, I met all the teachers and trained them on how to work with children with disabilities, and when and where Gautam needs their care. I explained about the sitting arrangements and how he should be taught. I regularly visited the school and discussed his progress.

Goutam went to school regularly with the wheelchair provided. He was provided escort allowance in 2007/08 under Sarva Shiksha Abhiyan. The incentives helped improve his attendance in school. In 2008/09, Goutam was also provided hip-knee-ankle-foot-orthosis (HKAFO) through Sarva Shiksha Abhiyan, enabling him to leave the wheelchair and stand. I assisted him in positioning correctly and practising the use of HKAFO.

Now he can stand without any support and also walk a few steps with the help of HKAFO. In 2009/10, through Sarva Shiksha Abhiyan, I helped to get him a large rollator which he started using in school and around the neighbourhood. He was also provided a bus pass, train pass and identity card through a single window camp organized by Sarva Shiksha Abhiyan.

Source: Based on Swain Anna Purna (n.d.).

Although there has been wide-scale production and distribution of aids and appliances in India, various issues persist with the implementation, particularly at the last mile.

In a study of low and middle-income countries, Tangcharoensathien et al (2018) found four key gaps that contribute to limited access.

- 1 Low demand, in spite of high need, largely due to widespread lack of awareness among potential beneficiaries, caregivers, and healthcare providers.
- 2 Product designs are insufficiently informed by users' and caregivers' preferences and environments, and limited transfer of technologies to low-resource areas.
- 3 Barriers to supply including low production quality, financial constraints and scarcity of trained personnel.
- 4 A dearth of high quality evidence on the effectiveness of different types of technologies.

Evidence in India also suggests that although there has been wide-scale production and distribution, various issues persist with the implementation, particularly at the last mile.

- Availability of aids, appliances and rehabilitative services tends to be concentrated in urban areas. There is limited awareness among parents about income-based programmes for free aids and appliances. Some parents also find that the design of the aids and appliances provided do not help their child function effectively (Limaye, 2016).
- Much of the aids and appliances distributed by

the government and NGOs in camps etc. are abandoned as they are not suitable, or are of low quality. There is no system to assess the need of the individual and suitably customize the device (NDN and NCRPD, 2019, para 61).

- An evaluation of the ADIP Scheme by the Planning Commission revealed a number of issues and challenges in its implementation. Distribution of aids and appliances without adequate training on correct use and maintenance has not helped children with disabilities. The scheme does not cover cost of maintenance of aids and appliances. Moreover, repair and maintenance facilities for aids and appliances are often not located within reach. These factors lead to beneficiaries abandoning costly aids and appliances due to minor, fixable problems.. Many beneficiaries reported having to discard (in case of hearing aids) or sell (in case of tricycles) appliances received by them because they were not working properly (Planning Commission, Government of India 2013).
- There is a striking gender disparity among beneficiaries of ALIMCO/ADIP, although disaggregated data by age is not available. Only about one-fourth of the beneficiaries of all the aids and appliances are female (see Table 13). The ratio is slightly better in the Northeastern states compared to the rest of the country. Even in the case of ADIP camps conducted in schools through SSA, the percentage of female beneficiaries is around 36 (ALIMCO, 2015).

TABLE 13
Gender disparity in ALIMCO/ADIP beneficiaries (2014/15)

	Male Beneficiaries	Female Beneficiaries	Total
ALIMCO-ADIP – all India	51,244 (72.41%)	19,521 (27.59%)	70,765
ALIMCO-ADIP – Northeast (NE)	5,236 (60.52%)	3,415 (39.48%)	8,651
ADIP-SSA Camps – all India	47,237 (63.23%)	27,467 (36.77%)	74,704
ADIP-SSA Camps - NE	2,401 (63.80%)	1,362 (36.20%)	3,763

Source: ALIMCO (2015) 42nd Annual Report 2014/15.

- Assistive aids in India are taxed at 5 per cent under the new Goods and Services Tax (GST) regime (it was tax-free previously) and some parts, and accessories such as wheelchair cushions, attract a GST of 28 per cent – the prevalent rate for luxury items (NDN and NCRPD, 2019, para 62). The priority Assistive Products List (APL)³⁸ developed by the WHO to improve access to high-quality affordable assistive products globally as part of the Global Cooperation on Assistive Technology (GATE), needs to be reviewed by India.

It would be important for India to examine these gaps in provisioning, optimal use and maintenance of aids and appliances, and identify solutions that are local, workable and adaptable.

Information and Communication Technology (ICT) and assistive technologies

WHAT ARE ASSISTIVE TECHNOLOGIES?

Assistive technology refers to products and related services that enable and enhance inclusion and participation of people with disabilities. There is no one solution that fits all and the need for assistive technology is determined by user requirements (de Witte et al, 2018). Assistive technology is a key component in advancing inclusion of CWDs and is critical for many to access and benefit from education. It increases independence, improves participation, communication and overall functioning.

HOW DO ASSISTIVE TECHNOLOGIES HELP INCLUSION?

ICT and assistive technologies address barriers in participation in education by helping to make content more accessible, by facilitating content creation and by fostering classroom participation among others (Raja, 2016, p.13). Figure 15 depicts pathways by which assistive technologies help create inclusive classrooms.

INITIATIVES IN INDIA

Disability laws often fail to include ICT in their definition of accessibility. But India has addressed this by formulating the National Policy on Universal Electronic Accessibility (2013) which provides that electronics and ICTs curricula shall include accessibility standards and guidelines, and Universal Design concepts. It states that assistive technology laboratories or rehabilitation centres shall be set up across the country to facilitate persons with disabilities to identify the right assistive technologies for themselves, and increase usage. Special Education and Rehabilitation Curricula will be designed to cover assistive technologies and independent living aids.

FIGURE 15
Assistive technology pathways to create inclusive education

Accessing and understanding content	<ul style="list-style-type: none"> • Learning resources can be offered in electronic formats • Apps and online resources facilitate learning math and science for students with visual, hearing, and cognitive disabilities • Differentiated learning materials – videos, pictures, texts • Devices can be equipped with assistive software, and apps (touch navigation, magnification, text to speech, voice recognition) • Smart devices such as tablets can be provided as accommodations for students with disabilities • Lectures can be recorded for conversion to a suitable format or to replay later as suited to a student’s needs • Photos can be taken in real time and used with photo editing, story making, and other software for learning
Content creation and classroom participation	<ul style="list-style-type: none"> • Students can use alternate means for content creation such as voice recognition software • Students with disabilities can interact with teachers and peers using their communication devices including text instead of voice, electronic picture boards, instant messaging, and conferencing tools • Electronic whiteboards enable participation across all functional abilities
Organization and memory	<ul style="list-style-type: none"> • Calendars, memory aids, categorization and organization apps can assist in reducing barriers in concentration, focus and memory • Memory aids can support both learning tasks as well as daily functioning tasks in educational settings

Source: Raja (2016)

³⁸ Products are categorized into six broad domains: mobility, vision, hearing, communication, cognition and environment. For details see: World Health Organization. (n.d.).



Access to affordable assistive technology is considered a human right because it paves the way for inclusion. However, equitable access to assistive technologies is a key issue.

Following are some of the ways in which ICT and assistive technologies are used to support education.

- **Digital Accessible Information System (DAISY):**

Bihar and Madhya Pradesh use DAISY to create accessible e-books to meet the needs of students with disabilities. As of June 2015, non-profit organizations and the state-owned textbook publishing boards have converted 180 textbooks to DAISY format. The resulting positive impact has now prompted state publishers to create digital versions of new textbooks in accessible formats alongside print versions, and to provide them online to students with disabilities at the same time that traditional print formats of textbooks become available. In addition to the centralized development of written material, many students receive DAISY players or mobile phones free of charge from state governments to help them access such content. The success of this initiative is being extended to Punjab and Uttar Pradesh (United Nations ESCAP, 2016).

- **Web-based bilingual tool for assessment of children:** Punarjjani™ is a web-based bilingual (Hindi and English) tool to assist special teachers assess children with mental retardation (MR). The tool digitizes the current three standard manual methods – FACP (Functional Assessment Checklist Programming), BASIC-MR (Behavioural Assessment Scale for Indian Children with Mental Retardation), and the MDPS (Madras Development Programming System) – used for regular assessment of children with MR in the age group of 6-18 years. The tool enables special teachers conduct their assessment in an easy and structured way,

thereby saving time. Eight hundred and forty-six special teachers, representing 501 special schools and 122 SSA blocks throughout the country, have been trained in use of the tool. Their feedback is being used to further enhance it. (Ministry of Electronics and Information Technology, 2018).

- **Roshni:** Roshni is the national resource centre for Augmentative and Alternative Communication (AAC), a term used to describe a broad range of communicative behaviours and methods which support and enhance interactions for those who are unable to use speech as their primary mode of communication. Roshni is a repository of all AAC resources available for children with disabilities, parents, teachers and other professionals, and undertakes research and development of both low-tech and hi-tech resources, including field-testing of devices and software. The resources range from objects to symbols. The need for culturally relevant symbols led to the development of Indian Picture Symbols for Communication (IPSC), a library of culturally and linguistically appropriate digitized picture icons, and Sanyog, a software to navigate this library of 1900 symbols to make communication displays in collaboration with Indian Institute of Technology Kharagpur. Sanyog is a multi-lingual and multi-modal augmentative communication system with an accessible web browser and is an indigenous solution for a broad range of users with varied cognitive abilities. Sanyog works not only as an AAC device, but also as a teaching-learning resource.³⁹

³⁹ Basu, A. and Chakraborty, S., n.d.



EQUITABLE ACCESS TO ASSISTIVE TECHNOLOGIES

Access to affordable assistive technology is considered a human right because it paves the way for inclusion. However, equitable access to assistive technologies is a key issue.

- Disability and access to assistive technology are often heavily gendered, with girls and women often having less opportunity to access them. They may also reflect other inequities such as wealth, age, ethnicity or geographical factors (e.g. remote and rural areas) (MacLachlan et al, 2018, p.458).
- Earlier social divides may persist and new divides created when ICT-enabled development is not accessible to persons with disabilities, leading to an uneven distribution of benefits (Raja, 2016).

Private schools that have access to resources are able to use innovative tools, including those available in open source formats, as part of the classroom transactions (Case Study 3 showcases the use of computer readers at a private school in Mumbai).

CASE STUDY 3

Software to the rescue

Computer readers at The Gateway School

In an Indian classroom, especially one with an exam-oriented curriculum, a human reader is one of the most common accommodations provided to bridge the gap for struggling learners. However, for a subject like the English language, the Cambridge board does not permit the use of a human reader. The IGCSE curriculum requires the students to read and process large quantities of text, and students are specifically assessed on their reading skills. In this situation, the computer reader allows the student to access information independently by reading it out loud. The dependency on a human reader is eliminated. Using computer readers is not just an 'accommodation' the students use during the exams; it is now a life-skill for students that will stay with them after they have left school.

At the Gateway School of Mumbai, use of different text-to-speech software has been embedded into the daily classroom structure of students who require the support. Select and Speak, one of the free text-to-speech extensions available on Google Chrome was built into students' daily practice. It allowed students to select the text they wished to listen to, choose a speed they were comfortable with and reread the text

multiple times if required. Students were also able to access digital curriculum resources at home when a human reader was not readily available.

The students were given consistent practice for using computer readers through an online tool called Readworks. Readworks, a free software that builds reading comprehension for students through reading passages and questions, has audio versions of all reading content. Students can listen to all passages and questions. This was embedded as a daily classroom structure, where the first 15 minutes of the language class was dedicated to reading articles assigned on Readworks and then answering the subsequent questions. The repeated practice with the use of text-to-speech tools has allowed students to appear for their exams confidently.

The steady use of a computer reader across settings, ranging from daily use in the classroom to an accommodation in exams, has equipped the students to support themselves in the future.

Source: Khadija Rangwala, The Gateway School of Mumbai

BARRIERS TO ADOPTION OF ASSISTIVE TECHNOLOGIES AND WAYS OF OVERCOMING THEM

Even when assistive technologies are accessible, there are barriers to adoption due to the following reasons.

- Lack of awareness about which ICT and assistive technologies are available or suitable, and how they can be beneficial.
- Non-availability of the right kind of products and related services.

Much more work is required in this field with particular attention paid to bridging the digital divide and overcoming equity concerns. Some of the DPOs have emphasized the need to take into account accessibility when allocating resources to make education content available online (NDN and NCRPD, 2019, para 74). Box 9 presents a case for creating relevant assistive technology and making it accessible.

BOX 9

Documentation of sign language for school education in the Northeast

This is a two-year research-cum-documentation project initiated in January 2017, funded by PAC, NCERT.

The objectives of the study are to strengthen educational materials and resources in the education of hearing-impaired or deaf children and to provide relevant linguistic information to teachers, particularly language teachers. Data was collected from sign language native signers from the different states of the Northeast region.

The documented sign languages operating in the region has been compiled in a web-based application known as 'NESL Sign Bank'. It is an online open-source educational resource that contains information regarding the types of sign languages used by the deaf community in the region. The App was awarded with the Jury Appreciation Award (New Media/ICT category) at the 22nd All Indian Children's Educational Audio-Video Festival & ICT Mela, 2018. Currently the app incorporates data for 3000 words and has the potential to increase the database and integrate supporting materials in sign language for school education.

Source: Northeast Regional Institute of Education (n.d.).



It would be useful to pay particular attention to the following six domains when assessing the merits of assistive technologies (MacLachlan et al, 2018, and Tangcharoensathien et al, 2018; p.87)

- **Availability:** Assistive technologies are available in sufficient quantity for those in need in proximity to their communities
- **Accessibility:** Those who need assistive technology services know about them and are able to access them

- **Acceptability:** The assistive technology and related services are appropriate, useful and helpful in the lives of those who need them
- **Adaptability:** Assistive technologies are adaptable and sufficiently adjustable to meet each individual's needs
- **Affordability:** Assistive technologies are available at a cost the user and their family can afford
- **Quality:** Assistive technology and services are of sufficient quality to fulfil their intended purposes

Curricula, pedagogy and teaching materials



An equitable and inclusive system of education requires recognition of differences in the needs of children and adapting teaching-learning processes to cater to these differences (Mara & Mara, 2012). It calls for a child-centric approach, wherein the main objective is equitable learning opportunities for every child. The interrelated components of the teaching-learning process, viz. curriculum, pedagogy, assessment and teaching learning materials (TLM) require to be in sync to achieve this objective. If one is a barrier to inclusive practice, the others only contribute further.

As the National Focus Group's Position Paper on Curriculum, Syllabus and Textbooks points out, '[t]he basic problem in conceptualizing "flexibility" or "diversity" was closely tied to the system's inherent limitation and inability to define the role of the "curriculum" in the first place. What was understood to be the "curriculum?" It seemed to inevitably imply a

fixed core content, which was variously called the "syllabus" and also the "standards," and was in the form of a list of topics derived from the subjects to be taught, so that going "beyond the core" meant only providing either "enrichment for the talented" or "remedial inputs for the backward" (NCERT, 2006, p.5).

Frameworks for making teaching learning processes inclusive

Children with disabilities are not a homogenous group. There is significant diversity in types and degrees of disability which means there is considerable diversity in learning needs. While there is broad support to the view that children can benefit from adaptation to curriculum, the challenge lies in lack of awareness of the diversity in needs as well as practice-based evidence.

BOX 10

Science teaching and science labs for children with disabilities

In order to ascertain the educational needs and difficulties of CWDs in learning science, a research study was undertaken in 24 government schools of Delhi-NCR. Six of these schools had CWDs, four with visual and two with locomotor impairments. It was observed that although the children with disabilities are keen to pursue science even when appropriate facilities are not available, very few eventually opt for science stream at the higher secondary stage in both private and government schools.

The special teachers available in the school understand the requirement of children with disabilities and appropriately address the same. However they do not have adequate domain knowledge in science. On the other hand, regular science teachers are not oriented to the issues and concerns of CWDs. For example, most of the visually impaired students are not given an opportunity to do practical classes. To address this need, NCERT has brought out guidelines for including Children with Visual Impairments (CWVI) in science laboratory activities. 'Science beyond sight: source book for inclusion' comprises eight chapters viz. understanding inclusion, understanding children with disabilities,

inclusive science pedagogy, making practical work inclusive, safety concerns and risk assessment, and inclusive evaluation.

The study also found that locomotor impaired students faced less difficulty while performing practical classes either individually or in groups. However, they showed little interest in doing so because practicals entailed standing for long periods, and also problems related to accessibility of laboratory apparatus. The teachers were found to use ICT facilities like JAWS software that convert text into audio, smart board, tactile diagram, modified equipment, etc. for teaching science practicals. But they need further support and training to address the learning needs of children with disabilities. Also an inclusive infrastructure is required, including provisioning of teaching learning resources with necessary adaptations.

Source: National Council of Educational Research and Training (2018). Pp. 53-54.



There are frameworks such as Differentiation (differentiated curriculum and instruction) and Universal Design for Learning (UDL), which are recommended for diversified classrooms.

Differentiation, in simple terms, is defined as teachers responding to learners' needs. The principles that guide differentiation are:

- A differentiated classroom is flexible.
- A differentiated classroom provides an environment that encourages and supports learning.
- Differentiation of instruction stems from effective and ongoing assessment of learner needs.
- Students and teachers are collaborators in learning.

Differentiated curriculum and instruction requires considerable effort at the school level and in classroom transactions. However, it is found to have significant impact on children's learning when teachers are provided training through well-designed programs (Tomlinson, 1995, Valiandes & Neophytou, 2018).

UDL provides a framework for designing curricula and teaching methodology by thinking of all the potential needs of diverse students. The principles that guide UDL are:

- There are multiple ways of representing knowledge (content, information etc.) for students.
- There are multiple ways that students can demonstrate their knowledge and understanding (bringing into focus the purpose and modes of assessment).
- Teachers can engage students in learning in many ways.

Implementation of the UDL framework is said to improve the learning process for all students. Providing all students with multiple ways of accessing and demonstrating knowledge increases their chance at educational success (Capp, 2017). Flexibility too, is a key foundation for UDL. Just like inclusive education, UDL is an evolving paradigm, and evidence for its applicability to educational design continues to be generated.

Barriers to inclusive teaching learning processes

Textbooks are often considered synonymous with curriculum. The priority is to complete the textbook syllabus in time to meet the requirements of formal assessments. Development and use of alternate TLM is neither an inherent practice in schooling, nor a priority (Kidwai et al, 2013). A 'one size fits all' approach is not applicable to classrooms with diverse learner needs, hence the use of TLM that addresses diverse needs is important (Bajrami, 2013).

Perception of learning needs and ability as homogenous, and curriculum as fixed core content, along with large class sizes and limited resources can be a big challenge to curriculum and pedagogy modification. This challenge is further accentuated by teachers' lack of training in developing resources and classroom transactions for diverse learners (Sharma, Moore, & Sonawane, 2009). Teachers find it difficult to make their teaching-learning processes inclusive due to lack of professional and long-term guidance (Adami, 2004; Taylor, 2017). It also demands far more

commitment in terms of time and expertise on a continuous basis. However, when teachers are supported and modifications are made by understanding diverse needs, they are found to be effective (Bajrami, 2013; Taylor, 2017).

Initiatives by government and non-government organizations

Government bodies have undertaken certain initiatives to make resources accessible to children with disabilities. The NCERT has created Barkha - A Graded Reading Series for children (NCERT, n.d.) (see Box 11) which highlights the possibilities of Universal Design of learning. NCERT has developed two manuals on 'Including Children with Special Needs' for primary and upper primary stage teachers. However, data or information on the suitability of these resources across a range of disabilities, user feedback, and evaluation of reach and impact are not available. Such data could help in understanding the efficacy of existing resources, and the need to develop new ones.

BOX 11

Barkha - Graded Reading Series

The Barkha series is a supplementary graded reading series, developed by the Department of elementary Education, NCERT. It has been adapted into Barkha: A Reading Series for 'All' by the Department of Education of Groups with Special Needs (DEGSN) at NCERT. It is available in both print and digital version.

The digital version has the following features:

- A 'How To Use' page for viewers to facilitate navigation through the digital version (Hindi and English).
- An introductory audio note in regular and sign language.

- Key visuals in each page rendered in high resolution.
- Choice of colour combination for text (1).
- Ease of navigation with arrows.
- Green and red dots to indicate the beginning and end of sentences.
- Flash card to reinforce key words through real images.
- A note for teachers and parents in Hindi and English at the end of each story to help them facilitate early reading process in the classroom and at home.

Source: NCERT (n.d.).

Having no alternative to print resources in schools is a significant barrier to developing inclusive practices. An initiative to make textbooks, story books and other print resources relevant to schools available in alternative formats would greatly help children with disabilities. The initiative could be along the lines of Sugamya Pustakalaya, an online platform created by DEPWD in collaboration with member organizations of DAISY Forum of India, and powered by TCS Access. The platform makes DAISY content available to people with print-disability. The library

houses publications on a diverse range of subjects, including some children's books, in multiple languages and various accessible formats.

Along with government bodies, CSOs too have been involved in developing and testing pedagogies that enable diverse children to learn. The next case study shows how modifying the curriculum and transaction leads to improvement in learning for children, and continuous professional guidance to teachers to modify curriculum, pedagogy and assessment ensures successful transition to new practices.

CASE STUDY 4

Teaching the teachers

How professional guidance helps educators

In India, English is a second language for a large number of children attending English medium schools. A private school in Maharashtra approached Maharashtra Dyslexia Association (MDA) for help with teaching English. By the time students reached grade 4, their struggle with reading and comprehension affected their acquisition of other language skills and learning in general. In October 2015, an intervention in action research mode was designed and implemented in kindergarten at this school.

The intervention included training of teachers in phonological awareness and phonics instruction. Phonological awareness and phonics instruction along with alphabetic knowledge was included in the kindergarten curriculum. For development of word reading skills, graded readers were introduced. Implementation of lesson plans and teaching in the classroom based on the new curriculum was continuously monitored. It included multi-sensory learning to enhance memory and learning of written language to meet the varying needs of all children, including those with learning and attention issues.

At the end of six months of intervention, a batch of 36 students from the kindergarten

was shortlisted as a pilot group to track the effectiveness of the new methodology. The batch included three groups of 12 students each who had attained comparatively higher, average and lower language skills based on their assessments. A comparable group of 36 students from Grade 1 formed the control. The Control and Experimental Groups were assessed for reading and spelling skills on the Wide Range Achievement Test 3 Blue (WRAT3 Blue) in the beginning of Grade 2 in July 2016 and 2017 respectively. The Experimental Group performed better on standardized reading and spelling tests as compared to the Control Group.

Taking forward the pilot intervention, a new language curriculum has been designed for up to grade 4. Correspondingly, the literacy and language instruction has been modified and teachers of the primary grades continue to receive training and guidance. The pilot batch will continue to be tracked and studied to record the result of the intervention until it completes grade 4.

Source: Masarrat Khan, Maharashtra Dyslexia Association, Mumbai and Rameeza Khan, B.A.F. Petit Girl's High School, Mumbai

Assessment

School based assessment

The goal of assessment is mostly understood in terms of evaluation through examinations (Kidwai et al, 2013; Taneja 2014). However, school-based assessments have direct impact on children's participation in classroom processes and on their learning. School-based assessments are designed by teachers and regularly planned and administered by schools. The results from these assessments provide feedback on the progress made by children and their learning needs, and help plan the teaching-learning process accordingly. In a study commissioned by UNESCO India, assessment provisions in schools was considered one of the variables for access to classroom processes. Data to check access to classroom processes was collected from 40 schools in the two states of Assam and Uttar Pradesh with a total of 253 children with disabilities. It was found that none of the 40 schools had assessment provisions to identify learning needs (Cupta, 2018).

A school-based continuous comprehensive evaluation (CCE) system was envisaged in the

National Curriculum Framework (NCERT, 2005, p.21) to 'provide space to the teacher for creative teaching and a tool for diagnosis and producing learners with greater skills.' CCE was introduced in schools in 2009. But it was done so reductively with a fixed schedule of formative and summative assessments implemented into schools as one of many externally designed schemes or interventions. The CCE framework and manuals neither empowered teachers to teach creatively nor provided them with the flexibility needed to design assessment relevant to their school's context. It also did not provide an opportunity to understand students' needs (Srinivasan, 2015; Yagnamurthy, 2017). CCE was discontinued in the CBSE schools from the academic year 2017-2018, but some state government schools continue to follow it (Davar, 2017).

School-based assessments are necessary to understand learning needs of CWDs and to adapt curriculum and pedagogy to the needs of each child. Flexibility and autonomy is necessary for designing school-based assessments relevant to the schools' contexts and the diversity in children.

School based assessments are required to understand learning needs of children with disabilities. Flexibility and autonomy is necessary for designing school based assessments relevant to the schools' contexts and diversity in children.

School-based assessments are necessary to understand learning needs of CWDs and adapt the curriculum and pedagogy to the needs of each child.

Individual education plan

1 An Individual Education plan (IEP) is developed to fulfil individual learning needs of children.

The design of an effective IEP involves the following steps (Alkahtani & Kheirallah, 2016).

- Collection of the relevant information about the child.
- IEP meetings that include the parents and the child, if possible.
- Design of the actual programme and its components.
- implementation of the IEP.
- Evaluation of achievement of the IEP goals.

This process is cyclical i.e. the final evaluation informs the information-gathering for the next IEP cycle.

The main challenge of IEP is paperwork, which takes up a considerable amount of teachers' time. (Kartika et al, 2018; Blackwell & Rossetti, 2014). Following are some ways to reduce the time spent on paperwork are (Kartika et al, 2018).

- Limit the number of children with IEPs assigned to each teacher.
- Provide administrative assistance to the teacher.
- Use online tools to create IEP forms and reduce the time spent on writing the IEPs.

But not all educators recommend IEP in inclusive settings due to the practical difficulties it raises.

They advocate planning based on UDL guidelines so teachers can build in flexibility from the beginning by means of taking into account the varying abilities and needs of their students. The NCF (2005) also recommends child-centred pedagogy to help ensure that lessons are comprehensible and engaging for all children (Rao & Meo, 2016).

Examinations and exemptions

The DEPWD has issued guidelines for written examinations applicable to children with disabilities for their tenth and twelfth grade board exams. See Box 12 for key extracts from the guidelines. The DEPWD guidelines provide the framework for examination boards to create their own guidelines and rules on exemptions and accommodations. The different examination boards in India are as follows.

- 1 Central Board of Secondary Education (CBSE)
- 2 Council for the Indian School Certificate Examinations (CISCE)
- 3 National Institute of Open Schooling (NIOS).
- 4 State level boards for education

The first three are central boards to which schools from any region in India can affiliate. Each state has its own state board of examination. Each board has its own guidelines on exemptions provided to children in board exams.

BOX 12

DEPWD guidelines for conducting written examinations

Extracts from DEPWD Guidelines for conducting written examination for Persons with Benchmark Disabilities defined in terms of RPWD Act, 2016.

The digital version has the following features.

- There should be a uniform and comprehensive policy across the country for persons with benchmark disabilities for written examination taking into account improvement in technology and new avenues opened to benchmark disabilities providing a level playing field. Policy should also have flexibility to accommodate the specific needs on case to case basis.
- The disability certificate issued by the competent medical authority at any place should be accepted across the country.

- Persons with benchmark disability should be given, as far as possible, the option of choosing the mode for taking the examinations i.e. in Braille or on the computer or in large print or even by recording the answer...
- The candidates should be allowed to use assistive devices like talking calculators (in cases where calculators are allowed for giving exams), tailor frame, Braille slate, abacus, geometry kit, Braille measuring tape and augmentative communication devices like communication chart and electronic devices.

Source: Office Memorandum, DEPWD (2018b), MSJE

As per DEPWD, the policy on examination exemption should be uniform across the country. However, a comparison (Table 14) of exemptions

by the CBSE, NIOS and Haryana school education department, shows that there are variations.

TABLE 14

Comparison between CBSE (CBSE, 2019), NIOS (NIOS, n.d.) and Haryana School Education Department guidelines (SED-GOH, 2015) on exemptions in examinations for CWDs



CBSE	<ol style="list-style-type: none"> ① Central or state government hospitals ② Recognized national level institute ③ NGOs registered with RCI or central or state governments ④ A competent authority
NIOS	<ol style="list-style-type: none"> ① Central or state government hospitals ② Recognized national level institute ③ NGOs registered with RCI or central or state governments
Haryana School Education Department	Not Mentioned
Exemptions (Disability-Wise)	
CBSE	<ul style="list-style-type: none"> • Flexibility in choosing subjects • Relaxation of attendance (on request) • Exemption in studying second language • Examination through computers • Scribe and compensatory time • Examination room on ground floor • In subjects where practicals are involved, theory paper of the same marks can be provided in lieu of practicals, as happens in case of visual impairment • Permitting assistive devices during exam (as per doctor's advice) • Options of skill based subjects • Waiving registration fees for IX/X & XI/XII examinations
NIOS	<ul style="list-style-type: none"> • Provision of additional time • Provision of amanuensis • Use of computers and assistive devices • Separate examination room on ground floor • Suitable seating arrangement
Haryana School Education Department	<ul style="list-style-type: none"> • Extra time with breaks • Use of computers and assistive devices • Accommodation in response methods, for example, oral response or response through communication board instead of written response • Suitable seating arrangement • Exemption from three-language formula

Note: The Haryana school education department guidelines are for school-based examinations and the others are for the secondary and higher secondary level 'public' examinations conducted by the respective boards.

Though each document lists disability-specific exemptions, there are discrepancies.

Board-wise and state-wise variations in the exemptions as well as the lack of proper awareness compound the difficulty in accessing the available accommodations in examinations. The CBSE guideline document itself makes the observation that neither schools nor students are fully aware of the exemptions and the correct way of seeking them.

The RPWD Act addresses modification in curriculum and examination systems to meet the needs of students with disabilities through the provision of extra time in examinations, scribes and amanuensis, and exemption from second and third language courses. However, it does not indicate flexibility to accommodate specific needs not covered in the exemption guidelines.



Medical diagnosis of disability

While school based assessments diagnose children's learning needs and enhance their participation in learning, children with academic difficulties may also require medical diagnosis to assess hidden disabilities.

Medical certification is necessary for children with disabilities to avail central and state governments provisions under various schemes, including exemptions provided by the examination boards. Schools play an important role in screening and referring children for assessment of disability, and arranging for certificate issuance. The DEPWD (n.d.) has issued the following guidelines to schools for the above.

- 1 The responsibility for arranging the issuance of the certificate lies with heads of the schools.
- 2 On the written request of school authorities, the district medical board should visit the school to evaluate the student's disability and issue certificate as per notified guidelines and format.
- 3 In case the medical board is of the view that the evaluation of disability of a particular student can be done only after carrying out certain tests with equipment available in the district hospital, the school authority shall make arrangements for the student to visit the hospital. The expenditure for the same will be borne by the education department of the state government or the union territory administration.
- 4 No fee should be charged from students with disability for issue of disability certificate.

- 5 The certificate may be issued before completion of the schooling of the disabled student along with their School Leaving Certificate, or as and when required.

The RPWD Act states that the duty of educational institutes is to detect specific learning disabilities in children at the earliest and take suitable pedagogical measures to overcome them. However, guidelines for assessment of the extent of specified disability in children and issuing of certificate for children with disabilities is not provided. This has to be considered in the rules being developed by the states.

Identification of hidden disabilities

Hidden or invisible disabilities refer to disabilities that are not apparent. Primarily these are neurological in nature but may also include physical disabilities. When children in classrooms show academic and/or behavioural issues, they are often referred to assessment for disability, commonly referred to as Learning Disability (LD). Many CSOs conduct these assessments, but for the purpose of valid certification to avail exemptions in board exams, schools have to refer them to hospitals run by central, state or local bodies.

As per a notification dated 4 January 2018 by DEPWD, MSJE, teachers in both public and private schools should carry out screening of children with academic difficulties in Grade 3 or at eight years of age. Every school should have

a screening committee headed by the school principal. The notification refers to a screening test within the document, but in place of a screening test it provides a process flow chart starting from screening in school to referral for formal assessment to certification. The notification prescribes screening without providing information that can help schools understand what the screening entails, or refer to sources from where schools can seek information on conducting the screening. After screening, schools are to refer children to certified psychologists.

According to an RCI document on LD (RCI, n.d.), before a specialized assessment is referred to, it is important for teachers to do a pre-referral discussion regarding the nature of the child's problem in order to make possible modifications to teaching. The psychologist at the hospital is also required to gather relevant information through discussion with teachers, parents, peers and school support staff (psychologists, special educators), and administer the required battery of tests to help with proper assessment. This should include assessment of health, vision, hearing, motor skills, social and emotional status, communication, general intelligence, and academic performance. The ideal objective of the assessment would be to obtain useful and accurate information about a child and their environment in order to assist teachers, parents and other service providers to better understand the child, to plan and support their learning and development, and enable inclusion. After identification, parents are also supposed to be involved in planning the intervention (Ahmad, 2015).

The process followed in Case Study 5 does not follow the process suggested for schools by the RCI. The child was directly referred for formal assessment based on academic performance. The assessment did not lead to a better understanding of the child's learning needs or modification of curriculum and instruction. It seems to be situated in the medical model, wherein the issue is seen to be with the child, which is to be fixed medically.



CASE STUDY 5

Ridhima's story

Issues with the medical model of assessment

Ridhima was in Grade 5 when her class teacher and school psychologist asked her mother to get her assessed for learning disability. She was failing in exams and the teachers complained that she either day dreamed in the class or kept talking to her friends. In Grade 6, her assessment for learning disability began at the municipal hospital designated for assessments in Mumbai.

After a series of assessments, she was diagnosed as having ADHD. The psychologist's advice was to put her on medication and referred her back to the doctor. The doctors reviewed her case and prescribed medication for a month without consultation with the parents. On asking what the medicine is, the response given was, 'it is allopathy medicine.'

Except for the initial interview with the parents to learn about the child's behaviour, throughout the process there was no

discussion with or counselling of the parents. The assessment was completely one-sided with doctors neither explaining the diagnosis nor seeking consent from parents before prescribing medical treatment. No school-based intervention for improvement in learning was planned, neither the notes, observations and results of the assessment were shared with the parents or the school. Only the disability certificate was handed over for submission to the school.

After getting the certificate, the school told the parents not to worry as Ridhima will be promoted to the next class until grade 8. In grade 9, her disability certificate will be useful, as it will allow her to choose subjects she finds easy and she will get exemptions in board exams.

Source: Bhagyalaxmi Velugu, based on observations of Ridhima's assessment schedules (entire process) at the hospital and interview with the parents.

An important challenge in assessments is diagnostic tools. Most of the diagnostic tools/batteries used in India are from the West and are in English. According to Ahmad (2015), the following issues make assessment and identification challenging in India.

- the construction and validation of identification tools
- inappropriate diagnostic practices resulting in labelling of children whose learning and

behavioural issues are not attributable to LD, yet they get diagnosed as having learning disabilities

Due to this, the prevalence rate of LD in India is said to be inflated (see Box 13). Even though the procedures used in diagnosing learning disabilities may lack sound empirical basis, children continue to be diagnosed in this fashion, falling back on medical explanations for problems that require social solutions (Coles, 1978).

BOX 13

Assessment for learning disability: dyslexia assessment for languages of India (DALI)

In the last ten years, the number of children labeled as learning disabled (LD) or dyslexic in India has increased exponentially. Currently, about 10 per cent, or 30 million children, are estimated to have a learning disability (Dyslexia Association of India, 2011). The label of learning disability is itself new to India. With the increase in competitiveness to get into and do well in school, students who experience academic difficulties are often perceived as “hopeless or badly behaved” and labeled LD, despite the stigma associated with it ('Pain of Dyslexia,' 2008). Sometimes children from non-English speaking homes, many of whom may also be poor or Dalit, may get labeled when they perform at a lower level than students who come to school knowing English, and not because they have a disability.

Given India's multilingual context, the main challenge in assessing children for dyslexia is ensuring that language is not a confounding factor and that assessment instruments are in the language in which the child being assessed is fluent. Recent research shows that individuals speaking and reading two languages recruit a common neural circuitry (Cherodath & Singh, 2015), emphasizing that bilingual, bi-literate children be assessed for dyslexia on the processes necessary for building reading skills in both languages. In the absence of appropriate standardized screening and assessment tools in Indian languages, the diagnosis of dyslexia in India so far has been incomplete or even unavailable. To address this gap, the National Brain Research Centre (2015), collaborating with various centres across the country, developed a set of screening and assessment measures to identify reading-related problems among children being taught in English, Hindi,

Kannada and Marathi, which have been compiled under the umbrella term 'Dyslexia Assessment for Languages of India' or DALI. DALI is designed to capture the unique characteristics of the phonological structure and writing systems of Indian languages and English and is normed and standardized on children in Indian schools.

The school being the child's primary contact for learning, DALI contains screening tools for school teachers, the Junior and Middle Screening Tools (JST and MST respectively), and the Indian Language Assessment Battery (I-LAB) for psychologists and speech-language pathologists. The JST (Grades 1-2, ages 5-7 years) and the MST (Grades 3-5, ages 8-10 years) consist of simple, easy-to-answer checklists of questions in the domains of reading, writing, arithmetic, visual-motor coordination, attention and concentration, communication and overall classroom behaviour. The child's screening profile determines whether in-depth assessment is warranted. The I-LAB contains nine sub-tests each that assess processes necessary for the development of reading skills, such as picture naming, phoneme replacement, semantic and verbal fluency for Grades 1-2, and word reading, spelling and reading comprehension for Grades 3-5. Finally, a Remediation Manual suggests interventions for different language and reading deficits identified during assessments. DALI is being expanded to six languages for K-12 by 2020.

Source: Maya Kalyanpur, University of San Diego and Nandini Chatterjee Singh, UNESCO Mahatma Gandhi Institute of Education for Peace and Sustainable Development

10 %
children are estimated to have a learning disability in India.

According to Dyslexia Association of India, 2011



Summary

The attitude of parents and teachers towards including children with disabilities into mainstream education is crucial to inclusive education. A combination of socio-cultural and systemic factors underlies negative attitudes of parents and teachers towards inclusion. However, there is some evidence indicating that relevant measures with parents and schools can offset attitudinal barriers.

There have been concentrated efforts by the centre and states to ensure physical accessibility, including accessible toilets. However physical verification during CAG audits has documented variations in the data provided by nearly all the states on the provisioning of barrier-free access. Gaps in the provisioning, optimal use and maintenance of aids and appliances are also widespread.

There has been a steady progress on use of ICT and assistive technologies for improving the educational experiences of children with disabilities. A number of innovative and encouraging tools have been developed through partnerships between government and technology based scientific bodies and CSOs.

The National Curriculum Framework 2005 attempts to address the barriers that curriculum, pedagogy and teaching-learning resources can impose on inclusive education. Despite a few examples being tried out, implementation at scale remains a challenge due to lack of awareness of the diversity in needs, as well as adequate practice-based evidence from inclusive classrooms.

School-based assessments help diagnose children's learning needs and enhance their participation in learning. Policies stipulate exemptions in examinations for children with disabilities, but they are not uniform across the country. Also there is a lack of awareness of the exemptions and the related rules and regulations both among schools, as well as parents. Greater flexibility to accommodate specific needs not covered in the exemption guidelines is also needed.



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Systemic issues in implementing inclusive education

Building on the discussion on barriers to education of children with disabilities in Chapter 6, this chapter provides an overview of the system-wide interventions and highlights specific issues pertaining to early childhood interventions, implementation of the key legislations, existing data systems on children with disabilities and lastly, governance and finance related challenges. It provides an account of what is the current status of implementation and the gaps and challenges that remain.





Systemic issues in implementing inclusive education

Early childhood interventions

Importance of early childhood interventions

Identification of developmental delays or impairments in children at an early age is crucial. In addition to accessible early childhood healthcare, one cannot emphasize strongly enough the importance of sensitization at

the community level and orientation of the caretakers to notice anomalies in growth and behaviour and opt for timely expert opinion. India, with its large population of children, requires a robust and widespread early childhood care and education (ECCE) facility to meet the health and developmental needs of early childhood.

CASE STUDY 6

Listening for early signs

Learnings from a hearing impairment early screening camp

By identifying a hearing loss early in a child's life, families can help ensure age-appropriate overall development. It is necessary that all children get identified before the age of 3 years. What is needed is awareness drives around deafness for the general public and parents, and early intervention screening for hearing impairments and rehabilitation services.

A camp was organized by The Stephen High School for the Deaf in collaboration with Montfort Care recently, wherein 100 parents and children registered. The screening test involved a 1-minute otoacoustic emissions test (OAE) by an audiologist, after which a pathology report detailed the need for

a follow-up ENT consultation if required. Each participant parent was also given a brief about looking out for signs of hearing impairments among children in early childhood, and also information handouts for their respective community outreach efforts.

The camp demonstrated the potential of early screening for hearing impairment. But the lack of a follow-up mechanism prevents beneficiaries from making the most of its findings. Involvement of local government bodies and health centres is needed to address this gap.

Source: Contributed by The Stephen High School for the Deaf and ATMA, Mumbai





Within the Indian context, the lower age limit for a child is specified as six years in both the RTE Act and the RPWD Act. Both acts refer to ECCE but there is no specific reference to younger children with disabilities and their right to early childhood education.

PREVENTION

Anganwadi workers are responsible for

identifying possible disabilities among children during their home visits and referring cases immediately to the nearest primary health centre (PHC) or DDRC. Although this task is critical for early identification, diagnosis and treatment – besides providing village level data on prevalence of disability during early childhood – Table 15 shows that the overburdened Anganwadi workers are unable to conduct these surveys.

TABLE 15
Disability surveys conducted at Anganwadis (2010)

State and districts covered	Number of Anganwadis where a disability survey was conducted in the past one year	Number of Anganwadis where a disability survey was never conducted
Assam ⁴⁰ (Karbianglong, Kokrajhar, Goalpara, North Lakhimpur)	23	24
Bihar ⁴¹ (Gaya, Samastipur, West Champaran, Araria)	20	39
Jharkhand ⁴² (Chatra, Palamu, West Singhbhum, Godda)	13	17
Orissa ⁴³ (Nuapada, Kandhamal, Balasore, Gajapati)	39	13

⁴⁰ Institute of Development Action and The Action Northeast Trust. (2010).

⁴¹ Office of Commissioners to Supreme Court & Adviser, Supreme Court Commissioners, Bihar in the case PUCL vs. Union of India & Ors. (CWP 196/2001) (2010).

⁴² Office of Commissioners of Supreme Court (CWP 196/2001) (in the case PUCL vs. Union of India and ors.) and Office of Adviser to Supreme Court Commissioners, Jharkhand. (2010).

⁴³ Office of Commissioners of Supreme Court (CWP 196/2001) (in the case PUCL vs. Union of India and ors.) And Office of Adviser to Supreme Court Commissioners, Orissa. (2010).

EARLY DIAGNOSIS AND REFERRAL

Evidence (Mathur et al. 1995) shows that training of Anganwadi workers can help in early detection and appropriate management of incipient and preventable childhood disabilities. Workers are meant to list all such cases in a special register and refer them to the medical officer of the PHC

or sub-centre. Madhya Pradesh, Maharashtra, Rajasthan and a few other states under National Rural Health Mission (NRHM) have established Nutrition Rehabilitation Centres (NRCs) at district hospitals and community health centres (CHCs). ICDS extends support in referring children with medical complications to these centres.

CASE STUDY 7

Preparing for school

Karnataka's school readiness programme centres

Children with intellectual impairment need training to be able to adequately practise basic skills of survival, social interaction, cognition and writing. Preparation is therefore crucial for their successful inclusion in mainstream schools. The same can be provided in pre-schools or Anganwadis by teachers and Anganwadi workers trained to work with children with high support needs, and groups of children with intellectual impairments.

During 2012/2013, the Karnataka government established cluster-level school-readiness programme centres (SRPCs) under Sarva Shiksha Abhiyan. The centres were set up at government school premises in clusters where a greater proportion of children were undergoing home-based education (HBE). The objective was to transit children with disabilities from HBE to these centres that would in turn prepare them for inclusion in mainstream schools.

Run by HBE volunteers, special teachers and physiotherapists (wherever available), the SRPCs served as a bridge to mainstream schooling for children with high support needs, helping them exercise their right to

attend school on an equal basis with others. In 2012/13, 132,823 children with disabilities – out of a total of 147,999 – were enrolled in schools. 12,216 were covered through SRPCs and the remaining 2,960 were covered under HBE. Among these, 2,127 children were mainstreamed through SRPCs and HBE.

Under Samagra Shiksha Abhiyan, numbers of HBE volunteers have dropped in Karnataka due to shortage of central funds, leading to a reduction in SRPCs to one per block only. Currently, they function twice a week with four block inclusive education resource teachers (BIERTs) per block. This is highly inadequate, and a direct result of reduced human resources and funding. In contrast, SRPCs in Bengaluru city, run by NGOs in collaboration with the education department, are functioning regularly with special teachers and therapist support. The additional resources brought in by the NGOs have helped improve quality of services offered by the centres.

Source: Based on extracts from Nanjundaiah, M. (2016) with further updates from the author, and Sarva Shiksha Abhiyan, Government of Karnataka (n.d.)

A study undertaken by the erstwhile Planning Commission on the health records of children enrolled in Anganwadi Centres (AWC) was conducted in December 2013, and repeated in January 2015. The findings are presented in Table 16 below.

TABLE 16
Representing the health records of children enrolled in AWCs

	Normal health (N)	Malnourished (MM)	Severely malnourished (SM)
December 2013	74.6%	19.7%	5.7%
January 2015	75.4%	19.1%	5.5%

It was also found that

- 99 per cent of AWCs provide child healthcare counselling to mothers
- 68.6 per cent of AWCs intervene on behalf of malnourished children

The report further pointed out that more than 40 per cent of AWCs did not have adequate infrastructure and facilities. Although these statistics give us an idea about the functioning of AWCs with respect to general healthcare of children, they do not provide any information about their activities towards identification and enlisting of children with developmental anomalies and signs of incipient disability (Niti Aayog, 2015).

The MHFW is currently implementing a number of programmes to address disability early. The National Programme for Control of Blindness aims at reducing the prevalence of blindness. The National Leprosy Eradication Programme focuses on early detection and prompt treatment of leprosy to prevent disability. The Urban Leprosy Control Programme addresses complex problems that impact leprosy control in urban areas, like larger population size, migration and poor health infrastructure. The National Iodine Deficiency Disorders Control Programme undertakes surveys to assess the magnitude of iodine deficiency disorders, the impact of control measures, supply of iodized salt, and availability of information, education and communication materials.

The WHO (2011) emphasizes the need to pay attention and invest in Early Childhood Development (ECD). It reiterates the crucial importance of the initial three years of a child's life in providing the essential building blocks for the child's future growth. In India, the focus on ECD is restricted to the Anganwadi Centres in rural areas. Urban areas lag in this regard. Private schools are often not trained to identify

developmental delays in children within the play school or the pre-primary school environment. There is an urgent need for authorities to focus on early screening and diagnosis so that timely interventions can be made. Case Study 8 provides an example of how comprehensive intervention that reaches the community through a holistic and integrated system can be the key to success in early detection and prevention.

CASE STUDY 8

Samarpan -

A community-based early intervention showcase

Samarpan is a unique intervention developed by the district administration of Hoshangabad, Madhya Pradesh, for early identification, screening, treatment and rehabilitation of children with developmental delays or physical disability. Samarpan's early intervention clinic (EIC) epitomizes a convergence model of the departments of Public Health & Family Welfare (PHFW), Women and Child Development (WCD), the DDRC, the Department for Social Justice & Empowerment, and the revenue department. It examines around 5,000 children below the age of 5 every year, leveraging and coordinates the implementation of schemes such as the NRHM and the Mukhya Mantri Bal Hriday Upchaar Yojana. This initiative is supported by the United Nations Office for Project Services (UNOPS) and Norway India Partnership Initiative (NIPI). In February 2013, NHRM launched the Rashtriya Bal Swasthya Karyakram (RBSK) that was modelled and scaled up based on Samarpan. Samarpan brought critical innovation by working on the twin concepts of critical development period and neuroplasticity as part of policy agenda for the first time in India.

The main objectives of this intervention were as follows.

- 1 Identify early signs of development delays en masse in children under the age of 5 in Hoshangabad district, by conducting screening tests based on development milestones for that age group.
- 2 Have a comprehensive facility under one roof for specialized and multidisciplinary evaluation of children's social development, visual development, speech and hearing development, mental development, and growth.
- 3 Provide comprehensive and specialized intervention to remove or reduce development impediments.
- 4 Create awareness about potential development issues children could face, in a bid to involve people in society-based and home-based identification.

- 5 Facilitate acceptance in the family about onset of development delay in the infant, so that appropriate interventions may be sought and/or accepted.

The specially designed Vatsalya software programme was linked to that of Samarpan, and helped store case specifics such as parental history, detailed birth history of the baby, developmental assessment, assessment of hearing and visual functions, intervention strategy and periodic evaluation, in order to aid district-wide identification of children showing signs of delayed development. It utilized existing human resources and trained Anganwadi workers, accredited social health activists (ASHAs) and specialist functionaries like physiotherapists, child psychologists and special educators, audiologists, speech and language pathologists, nurses, auxiliary nurses and midwives. The estimated cost for upgrading the DDRC to a Samarpan facility was around Rs 2 million.

Over a hundred thousand children were screened until 2014 in Hoshangabad, and hundreds received medical and educational intervention. There was an increase in societal sensitivity, family acceptance of disability and treatment-seeking behaviours. However, lack of any policy direction to guide the practical roll-out of the initiative was a big challenge. There was no policy in India that took a preventive perspective on disability, especially in the case of children.

Since 2015, Mini Samarpan, one for every two blocks, are being set up on an experimental basis in Hoshangabad. A hostel is being constructed for severely disabled children on the premises of the Samarpan facility. Samarpan Plus, providing tertiary links in cases requiring surgery, is being implemented in urban Bhopal district.

Source: Niti Aayog & UNDP (2015). "Social Sector Service Delivery: Good Practices Resource Book." pp. 237-243.

Implementation of the RTE Act 2009 and RPWD Act 2016

As discussed in Chapter 2, the legal provisions under the RTE Act and the RPWD Act contain some ambiguities and gaps that have implications on the manner in which the two legislations are interpreted and implemented.

Implementation of the RTE Act, 2009

The provisions of the RTE Act have been

operationalized through central government flagship programmes. From 2010 to 2018, the RTE Act was implemented by revamping the SSA⁴⁴ and adopting a zero rejection policy with the aim of mainstreaming all children in neighbourhood schools. From 2018 onwards, Samagra Shiksha Abhiyan (SSA) provides the framework for implementation. Indian high courts have interpreted right to education in the following cases (see Box 14).

BOX 14

High Courts on Right to Education of children with disabilities

Kamal Gupta vs State of Uttarakhand and Ors.

Writ Petition (PIL) No. 87 of 2014. Decided On: 11.07.2018. MANU/UC/0458/2018: AIR2018Utr163

The High Court of Uttarakhand gave the following mandatory directions to the Government of Uttarakhand

- Appoint special educators in all government schools, and also ensure all government-aided and unaided private schools appoint their special educators within a period of six months
- All schools are directed to make building / school premises / transportation system barrier free
- Set up special teachers' training institutions within one year
- Provide monetary incentives to the parents / guardians of children with special needs.
- Construct sufficient number of hostels for children with disabilities
- Provide books, uniforms and other material to children with disabilities
- Pay scholarship of Rs 1,000 per month to each child with disability

- Prepare a special curriculum by taking into consideration the difficulties faced by children with special needs
- All educational institutions within the state of Uttarakhand are directed to provide amanuensis to blind students within a period of three months

Jeevoday Education Society, Nagpur vs The State of Maharashtra and Ors.

Writ Petition No. 1068 of 2017. Decided On: 19.09.2018. MANU/MH/2721/2018.

The Bombay High Court held:

- ...no distinction can be made amongst the students with disabilities at least while formulating welfare measures for their benefits. (para 18).
- ...an obligation upon the State Government to provide necessary infrastructure to enable a mentally retarded student up to the age of 18 years to take education in neighbourhood school or then in a special school of his choice can be spelt out. That education has to be free and hence obligation is automatically cast upon the State Government to extend grants for that purpose (para 20).

A number of studies (Soni and Rahman, 2013, ASTHA, 2017, Bhan, 2018, Alkazi et al, 2015, Alkazi and Rajasree, 2012, RTE Forum, 2018) have been conducted on implementation of the RTE Act in the context of education of children with disabilities, and they specifically reveal the following issues in implementation.

STATE LEVEL

- Challenges in procuring disability certificates makes it difficult for parents to avail concessions, and incentives, and apply to private schools

under Section 12(1)(c) of the RTE Act.

- Schools encourage the option of home-based education irrespective of the extent of disability and the specific needs of the child. This goes against the legal intent of inclusion.
- Delays in providing aids and appliances to children due to administrative hurdles makes it difficult for children to fully benefit from and participate in education⁴⁵.
- The provision for transportation and escort facilities has been poorly implemented.⁴⁶



COURT ORDERS

⁴⁴ The Government had set up a committee chaired by Shri Anil Bordia on the implementation of RTE and the resultant revamp of SSA. Based on its report, the SSA Framework of Implementation and norms were revised and approved by the Executive Committee for SSA on 1 February 2011 and by the National Advisory Council for RTE on 2 March 2011 (MHRD, Col, 2011).

⁴⁵ See Comptroller and Auditor General (CAG) Report, MHRD, Union Government (Civil), (2017). Para 3.8.

⁴⁶ Almost all State Rules provide for transportation and escort facilities, except Gujarat, Tripura, Uttar Pradesh and Uttarakhand. In Tamil Nadu, 22,310 to 25,468 CWDs identified between 2010 and 2014 were not provided transport as funds available under IED scheme were not allocated under SSA. In March 2016, 20,588 children with disabilities did not have transport arrangements. See CAG report, MHRD, Union Government (Civil) (2017).



- Even the limited norms for accessible physical infrastructure (ramps and disabled-friendly toilets) remain unimplemented in most of the states and 76 per cent schools are without ramps⁴⁷.
 - In spite of some progress in pupil-teacher ratio (PTR) and student-classroom ratio (SCR), they remain adverse in some states, making it difficult for teachers to pay special attention to children with disabilities.⁴⁸
 - Despite capacity building and in-service training, teachers' ability to work with diversity remains limited, resulting in a lack of confidence in their own ability to teach children with disabilities in regular classrooms.
 - Despite the elaborate guidelines on special training programmes for mainstreaming out of school children with disabilities⁴⁹, such interventions are lacking in most states⁵⁰, thereby leaving children outside neighbourhood schools.
 - In spite of efforts made by state academic authorities to make existing textbooks accessible and disabled-friendly, progress remains uneven across states.
 - Most of the state-level academic resource structures, namely BRCs and cluster resource centres (CRCs) are not equipped with the appropriate TLM to support inclusive pedagogies.
- Even where it is available, resources are inadequate to meet the needs of children with disabilities studying in schools under their jurisdiction.
- Closures and mergers of schools undertaken by some state governments⁵¹ Resource rationalization exercises by state governments has led to closures and mergers of some schools. This has had adverse effects on education of children with disabilities, as it has meant a process of readjustment, facing bullying, and hostile and impersonal environments in larger schools.
 - Despite RTE Rules in some states⁵² mandating membership of a parent of children with disabilities in the school management committee (SMC), the provision has largely remained on paper, unless there is pressure exerted by CSOs. Trainings conducted for SMC members have largely remained focused on monitoring attendance, mid-day meals, cleanliness drives or civil works without much emphasis on meeting the needs of children with disabilities.
 - The preparation of participative, decentralized and need-based school development plans by SMCs is found inadequate in several states⁵³ and do not reflect the needs of children with disabilities.

⁴⁷ As per U-DISE data, cited in CAG report MHRD, Union Government (Civil), (2017). Para 3.18.4.

⁴⁸ According to U-DISE Flash Statistics 2016-17, about 70 per cent schools had a PTR of 30 or below at the primary level, and about 77 per cent had a PTR of 35 or below at the upper primary level, as per RTE norms. About 74 per cent of schools in Bihar and Delhi had PTR above RTE prescribed norms (NIEPA, 2018).

⁴⁹ Circulated by MHRD to Education Secretaries of all States/UTs on October 8, 2013. The suggested approach and interventional strategy for Special Training was developed by the Task Force on Special Training with NUEPA and UNICEF. See, Ministry of Human Resources Development, Government of India (2013).

⁵⁰ Maharashtra has Multi-Purpose Resource and Training Centres (MPRTC). Karnataka has School Readiness Programme Centres (SRPCs). Uttar

Pradesh has a ten month residential special training programme for children with visual and hearing impairments, non-residential camps for other children with disabilities, and Bachhpan Care Centres for mainstreaming children with disabilities. However, in comparison to the need, the coverage of these programmes is limited.

⁵¹ The state governments of Rajasthan and Madhya Pradesh have initiated the process. In Karnataka, a similar proposal met with intense civil society advocacy and media pressure. For details on the impact of school closure on children with disabilities, see Alkazi et. al, 2015 and ASTHA, 2017.

⁵² The state rules of Andhra Pradesh, Arunachal Pradesh, Assam, Dadra & Nagar Haveli, Haryana and Kerala provide for representation of parent or guardian of children with disabilities in the SMC.

⁵³ See CAG Report MHRD, Union Government (Civil), (2017). Para 4.4.3.



SCHOOL LEVEL

- Although government schools cannot deny admission to any child, there is evidence of school principals and teachers suggesting that children enrol in special schools or avail home based education or attend school only on days when the resource teacher is available in the school.
- Children with disabilities continue to face difficulties in seeking admission in private schools, even under the 25 per cent reservation scheme (see Box 15).
- Classroom infrastructure, toilet facilities, drinking water and learning materials are not designed to meet the needs of children with disabilities.
- A study conducted in Rajasthan found low awareness levels about RTE and RPWD among members of SMCs, no awareness of disability and inclusion. These are among the main obstacles to making SMCs and schools inclusive (Ratan & Soji, 2018).
- School activities like physical education, midday meals, sports, cultural programmes are often not inclusive, leading to children experiencing segregation.
- Parents are unaware about their own rights and therefore do not demand and advocate their entitlements. However, there are exemplar cases like Mohammed Asim from Kerala who fought and won a high court directive to upgrade his village school (see Case Study 9).
- Teachers who successfully create inclusive

BOX 15

Delhi High Court on Section 12 (1)(c) of the RTE Act and rights of children with disabilities

In **Araav Porwal v. The Mother's International School and Ors.**, the petitioner, who had a physical impairment, was denied admission by an unaided private school. The Delhi High Court directed the school to admit the child in Grade 1 (W.P.[c] 9024/2011 decided on: 30 April 2012).

In **Pramod Arora v. Hon'ble Lt. Governor of Delhi and Ors.**, the Delhi High Court held that authorities need to ensure that schools remain barrier-free spaces of learning. It directed the government to formulate a mechanism to enable admission of children with special needs to schools with requisite facilities, keeping in mind the neighbourhood criterion and the children's specific needs. The court proposed an admission and reporting mechanism along with a nodal agency in the Department of Education to process all applications pertaining to

admission of children with disabilities. (W.P. (c) 1225/2014 Decided On: 03 April 2014).

In **Social Jurist, A Civil Rights Group v. Govt. of NCT of Delhi**, the Delhi High Court directed all recognized aided and unaided schools to appoint special educators within two years and to make their buildings and premises barrier-free by 31 March 2013. The appropriate authorities were directed to ensure that schools comply with the directions and derecognize noncompliant schools. The Delhi High Court also held that schools where children with special needs are presently, or about to be, admitted should immediately make provisions for special educators, and not refuse admission to children with disabilities on account of lack of special educators or barrier-free access in school premises. (Writ Petition (C) No 4618 of 2011. Decided on 5 September 2012. (2012) 132 DRJ 393).



CASE STUDY 9

A heartening judgement

Kerala High Court directs school upgrade

Mohammed Asim, student of Government Mappila Upper Primary School, Velimanna, Kozhikode, Kerala, was born without arms and has 90 per cent disability. After completing Grade 7, he would have had to shift to the nearest high school 5 kms away to continue his education. Asim petitioned the Kerala High Court (Writ Petition, Civil, No. 10663 of 2018) to upgrade his school to a high school and challenged the state government order that Velimanna did not figure as an area having any educational need.

The Kerala High Court cited Kerala Rules that explicitly indicate that the government or local authority must make appropriate and safe transportation arrangements to enable children with severe disabilities attend school and complete elementary education. Sub-rule (8) of Rule 6 provides that additional assistance in the form of home-based teaching must also be arranged for children with severe disabilities by the government and the local authority. Clause (a) of sub-rule (3) of Rule 7 states that the government should also ensure access to free education for children with

disabilities until they attain the age of 18 years, and promote their integration in the regular schools.

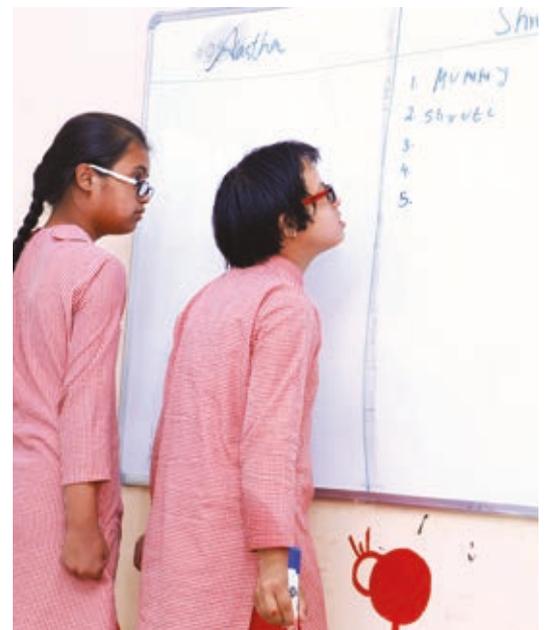
On 11 June 2018, considering the nature of disabilities, the Kerala High Court directed the State and educational authorities to ensure that Asim is permitted to pursue Grade 8 at Government Mappila U.P. School, Velimanna itself by sanctioning Grade 8 as a special case, considering the peculiar facts and circumstances of that case and the provisions under the Kerala Rules. However, a group of other 134 similar petitions for school upgradations were dismissed by the High Court. However, news reports indicate that although Asim has mobilised support from key political leaders, and social media, the High Court directions have remained on paper and his school is yet to be upgraded to Grade 8.

Source: The Manager, Ithihadul Islam Aided Lower Primary School vs The State of Kerala and Ors Decided on June 11, 2018. MANU/KE/1308/2018 and media reports

schools remain exceptions and have not become the norm. Lack of adequate teacher preparation on inclusive pedagogies, lack of resource material, demands on teachers to demonstrate learning outcomes, and a plethora of non-teaching duties impose limits on the extent to which teachers are able to meaningfully engage children with disabilities in their classes.

With the RTE Act implemented, children with disabilities should be enrolled in neighbourhood schools. However, as both the previous section and other research in the area of inclusion of children with disabilities show (see Anthony, 2013; Sawhney, 2015), implementation of the act is highly problematic. Despite the Supreme Court upholding the constitutionality of the RTE Act and directing private schools (other than the minority unaided schools) to adhere to its provisions, the implementation of Section 12(1)(c) if falls short of the legal requirement. In instances where children with disabilities are enrolled in mainstream private schools, their retention has been found to be minimal (Sawhney, 2011; Deliberations during the Workshop on Perspectives on Disability and Inclusion in Educational Settings, 2014; 2015; 2016; 2017). In annual workshops organized at TISS Hyderabad between 2014 and 2019, deliberations with parents of children with disabilities brought to the fore parents' experiences of issues such as lack of inclusive practices, infrastructure as well as other cultural and social stigmas that hinder

inclusion after enrolling their child in mainstream schools (Sawhney, 2019). These parents reported being left with no alternative but to withdraw their child within the first six months of enrolment. Further, lack of teacher training and preparation for carrying out inclusive education has also hindered the successful implementation of the Act (AARTH-ASTHA, 2013; Sawhney, 2019). However, as Case Study 10 shows, support and some handholding can make inclusion a reality for children with disabilities.





CASE STUDY 10

**Dreams
can come
true**

“
My disabled child's life has changed. Imagine he goes to school daily and is happy. The children in the school no longer make fun of him, in fact a few help him to do work and are ready to sit with him. His behaviour has improved and he wants to go to school, while at the beginning we had to force him.
 ”

These are the words of the father of a child with cerebral palsy residing in Pachkhora village, Asoha cluster, Chitrakoot district. The child's family comprises a farmer father, a housewife mother, four sisters and a deceased brother. The father is the sole breadwinner with an annual income of Rs 24,000.

The CBM-Prajayatna team came to know about the child through 2016 survey they conducted to identify children with disabilities using the SCERT checklist. Three children with disabilities were identified in Pachkhora out of whom two were going to school and the third, the child in question, was out of school. The parents were quite surprised when the CBM-Prajayatna facilitator made a number of home visits to meet them. At first, the parents were reluctant to send the child to school. In the mother's words, "Something is wrong with our son from birth itself, he cannot speak at all, drools continuously and has a problem in walking and in the past one year things has been suffering from fits too." However, after a number of visits and discussions, the facilitator convinced them. '[the facilitator] tried to understand our child's needs and problems and we tried to find a solution to his drooling,' said the father.

The facilitator also interacted with teachers at the government lower primary school to convince them to let the child attend. The teachers were initially of the opinion that he will not be able to learn anything in the school and will only be a nuisance. They also felt that since they 'were not trained to

handle such children, it would be better not to enrol him in the school.' The child was finally enrolled in January 2017.

In the beginning, many of his classmates were unwilling to sit next to him due to his severe drooling problem. The teacher reported, 'At first he was disruptive, extremely naughty and showed no interest in doing anything or listening to anyone. He only enjoyed physical activity.' The teacher worked with the parents to together identify ways of dealing with the situation. It was jointly decided that he required certification, and a tricycle for him to commute to school. It was decided that the teacher would try to involve the child in activities, communicating to him through actions, and that one of the parents would come to drop and pick him up. The latter would also help teacher confer with the parents whenever needed, on a regular basis.

According to the parents, 'There are so many things that helped my son and us too. What can I say-the repeated visits by [the CBM-Prajayatna facilitator] that played a crucial role in our finally agreeing to enrol him, our attending the certification and medical camps, being given the tricycle to bring him to school, and support of the teacher in helping us jointly decide what to do for him. Now even the attitude of the other children has changed towards him. He has made friends in school and some children help him in doing things in class.'

Source: CBM-Prajayatna, Uttar Pradesh

⁵⁴ Bihar, Chandigarh, Madhya Pradesh, Manipur, Meghalaya, Odisha, Tamil Nadu, Telangana, Uttar Pradesh and West Bengal are the states that have notified state rules.

⁵⁵ Assam, Goa, Himachal Pradesh, Kerala, Madhya Pradesh, Manipur, Meghalaya, Nagaland, Odisha, Punjab, Tamil Nadu and Uttarakhand are the states that have constituted SABs.

⁵⁶ Chandigarh, Madhya Pradesh, Meghalaya and Odisha are the states that have constituted district committees.

⁵⁷ Assam, Bihar, Chandigarh, Delhi, Haryana, Madhya Pradesh, Manipur, Odisha, Puducherry, Punjab, Tamil Nadu, Telangana, Tripura, Uttar Pradesh and West Bengal have not yet appointed commissioners.

Implementation of RPWD Act, 2016

The implementation of the RPWD Act has been slow, with the formulation of subordinate legislation, establishment of institutional

mechanisms and resource provision taking place at a variable pace across states (see Box 16). An extensive study conducted by DPOs (DRIF, NCPEDP & NCRPD, 2018) on the implementation of the provisions of RPWD Act in 24 States and UTs shows:



BOX 16

Supreme Court seeking compliance with RPWD Act, 2016

Justice Sunanda Bhandare Foundation vs Union of India (UOI) and Ors., I.A. No. 10 of 2015 in Writ Petition (Civil) No. 116 of 1998 (Under Article 32 of the Constitution of India). Decided On: 25.04.2017. MANU/SC/0510/2017: (2018)1SCC(LS)130.

The Supreme Court held the following.

- The 2016 Act is noticeably a sea change in the perception and requires a march forward look with regard to the persons with disabilities and the role of the states, local authorities, educational institutions and the companies (para 23).
- State governments shall take immediate steps to comply with the requirements of the 2016 Act and file the compliance report so that this Court can appreciate the progress made (para 24).

- The matter is still before the Supreme Court and all state governments have not filed their compliance reports.

Rajive Raturi vs Union of India (UOI) and Ors. Writ Petition (Civil) Nos. 243 of 2005 and 228 of 2006 (Under Article 32 of the Constitution of India). Decided On: 15.12.2017. MANU/SC/1618/2017: (2018)2SCC413.

The Supreme Court held the following.

- There is a statutory obligation on the part of the central government as well as the state governments to provide proper access to public facilities to the persons with visually disability.
- The central government had taken various measures, but many state governments have not responded at all.

⁵⁸ Only 3 States – Assam, Goa and Himachal Pradesh – have constituted Advisory Committees, comprising of experts, to assist the State Commissioner.

⁵⁹ States that have instituted the State Funds are Himachal Pradesh, Madhya Pradesh, Odisha, Tamil Nadu and Uttarakhand. Odisha has allocated Rs 2 crore, Himachal Pradesh Rs 5 crore, Tamil Nadu Rs 10 crore and no amount has been fixed in for the Uttarakhand fund (it is stated that the penalties and fines levied by the Special Court and Magistrate will constitute the Fund).

⁶⁰ States that have appointed District Nodal Officers for education are: Delhi, Madhya Pradesh, Meghalaya (8 out of 11 districts) and Odisha

⁶¹ States issuing Disability Certificates to the newly added categories are Chandigarh, Delhi, Madhya Pradesh, Manipur, Meghalaya, Odisha, Puducherry, Punjab, Tamil Nadu, Telangana, Uttar Pradesh and West Bengal.

- Most states have not notified state rules under RPWD Act, despite the mandatory requirement to do so within six months.⁵⁴
- State advisory boards (SABs) that are meant to advise state governments, develop state policy, coordinate activities, monitor and evaluate state level implementation have been constituted in only half the states.⁵⁵
- Majority of the states and union territories have not constituted district committees to coordinate decentralized implementation.⁵⁶
- 15 States have not appointed Commissioners for Persons with Disabilities⁵⁷ for independently monitoring and hearing complaints on non-compliance. Even in states where there are commissioners, the progress has not been substantial due to part-time appointments.

- Most of the state governments have not constituted expert advisory committees to assist state commissioners⁵⁸
- Only 5 states have constituted a state fund for implementing the Act⁵⁹.
- Only 4 States have appointed a nodal officer in the District Education Office to deal with all matters relating to admission of children with disabilities⁶⁰.

- Only half states have started issuing disability certificates pertaining to the new disabilities added in the Act⁶¹.

The RTE Act and the RPWD Act have established the foundation for a rights-based framework to ensure education of children with disabilities. This means parents, DPOs and the children themselves can hold governments accountable for meeting their mandatory commitments, and seek administrative and judicial recourse in case of failure or non-compliance. Yet, this can become truly empowering only when these rights are enforced. At present, obstacles to the rights-based framework include lack of awareness about legal rights and entitlements of children with disabilities, lack of accessibility of grievance redress mechanisms, and lack of a coordinated enforcement mechanism. Hence, approaching the judiciary has been the only remedy available to those working for the rights of children with disabilities. Even though children and persons with disabilities are eligible for free legal aid under the Legal Services Authorities Act, 1987, accessing legal aid itself is a challenge. It is in this context that the pro bono legal work undertaken by non-governmental organizations, DPOs and legal clinics at law schools has contributed to the expanding jurisprudence on right to education of children with disabilities.



Human resources: provisions, practices and problems



Current policies and programmes in India have taken appropriate measures to empower teachers and educational functionaries including school leaders to meet the needs of every child in terms of quality education. This has been briefly described in Chapter 5. The previous chapter enumerated how attitudes of teachers and other stakeholders including parents and community can act as barriers to inclusive education. This section briefly analyses the challenges in ensuring adequately trained human resources for inclusive education.

Teachers and Teacher Education

One of the targets of SDG 4 is to substantially increase the supply of qualified teachers (Target 4.c). Currently India has 9 million teachers employed in classes 1 to 12 across government and private schools. The national average for pupil-teacher ratio at the elementary level is 30, which meets the RTE mandated norm (MHRD, 2016). However there are large variations across regions and types of schools (NIEPA, 2014). The problem is especially acute in some states where there is a huge backlog of unqualified teachers. Alongside ensuring adequately qualified teaching workforce, it is widely recognized that their competence, motivation and performance are crucial factors for fostering quality education (MHRD, 2018). This has long been acknowledged with the first National Education Policy (NEP) of independent India (MHRD, 1968) highlighting the crucial role of teachers in nation building. However systemic

support for teachers was established only in 1987, through the centrally sponsored Scheme of Restructuring and Re-organization of Teacher Education, upon the specific recommendation of the second NEP (MHRD, 1986/92). The scheme is currently subsumed under Samagra Shiksha Abhiyan. More recently, the National Mission on Teachers and Teaching has been launched in 2014 to meet the demand for teachers at every level and ensure continuing professional development opportunities for practising teachers.

India has also invested in the provisioning of special educators or resource teachers for the education of children with disabilities. Their role is to primarily support diagnosis, undertake functional assessment, and teach children with disabilities in special schools, home-based or inclusive settings. They are also expected to help regular teachers by suggesting modifications to curriculum and adaptations to pedagogy. SSA and RMSA have provisions for appointing them at the block level, and Samagra Shiksha Abhiyan plans to support additional appointments. There are 18,174 special educators appointed under SSA and 3,245 under RMSA (MHRD, 2015).

Current schemes and legislations in India, including Samagra Shiksha Abhiyan, RTE Act, RPWD Act, and curricular reforms in teacher education as recommended in the National Curriculum Framework for Teacher Education (NCFTE) (NCTE, 2009) have mandated expectations from teachers and recommended structures and programmes to support them. These are summarized in the facing page.

TABLE 17

Summary of teacher and teacher education related expectations and recommendations

	Samagra Shiksha Abhiyan	RTE Act	RPWD Act	NCFTE
Expectations from teachers	Ensure improved learning outcomes for every child.	Sec. 24 – duties of teachers include maintaining regularity and punctuality in attending school, completing the curriculum on time and as per the principles laid out, assessing the children’s learning abilities and providing additional instructions, holding parent meetings and any other duties prescribed under the state rules.	Educational institutions are required to detect specific learning disabilities in children at the earliest, take suitable pedagogical and other measures to overcome them, and monitor participation and progress in terms of attainment levels and completion of education for every student with disability. Institutions will in turn expect teachers to fulfil this function.	Humane and reflective teachers who have the required knowledge, abilities and values to create inclusive learning environments.
Teacher education programmes	Intensive programmes to sensitize and build capacity of regular teachers and resource teachers to meet teacher training needs.	Sec. 23 (2) – the central government may relax the minimum qualifications for appointment of teachers if the state does not have enough institutions offering courses in teacher education.	Diversify the teaching work force by including persons with disabilities, including courses in sign language, Braille and for teaching children with intellectual disabilities.	Adopt a process-oriented, holistic approach to teacher preparation that is university based, and of a minimum of four years duration. Need-based and diversified programmes for continuous professional development of teachers and educators.
Academic support structures	SCERT to become the state level nodal agency for conducting and monitoring all teacher education programmes, making them need-based and dynamic. District, block and cluster level structures (DIET, BRC, CRC) to be strengthened to ensure safety and security of children with special needs and meet their learning needs.	Sec. 29 – curriculum and evaluation procedures shall be laid out by an academic authority as per specific principles laid down in the act.	Establish adequate numbers of teacher training institutions. Establish adequate numbers of resource centres to support educational institutions at all levels of school education.	Establish teacher learning centres at every teacher education institute, and academic networking among all education functionaries.
Special educators/ Resource teachers	Fresh appointments of special educators will be made at block or cluster levels, as required, in addition to those already appointed under SSA and RMSA.	RTE Act does not mention special educators but court rulings have mandated their deployment at par with other teachers in general schools for optimum utilization. Kerala State Rules are the only ones that refer to special educators and training.	Educational institutes are mandated to provide necessary support, individualized or otherwise, in environments that maximize academic and social development consistent with the goal of full inclusion. This requires them to appoint special educators.	NCFTE 2009 does not mention special educators.
Other education functionaries	Regular training of educational administrators including head teachers.	RTE Act does not specify training in inclusion of other functionaries and authorities e.g. SMCs. One member of the NCPCR & SCPCR is required to have specialized training and experience in working with children with disabilities (as per the Commission for Protection of Child Rights Act, 2005).	Training professionals and staff to support inclusive education at all levels of school education.	SCERT-DIET to train coordinators at block and cluster levels to assess teachers’ needs for support in functioning as reflective practitioners.

The crucial link between vision and implementation enumerated by these policies and programmes is teachers’ professional development.

Initial teacher education (Pre-service programmes)

- A number of pre-service teacher education (PSTE) programmes—both long distance and regular, and of duration between two and four years—currently exist under a variety of nomenclatures, and offer degrees, diplomas and certificates.
- Chapter 5 has details on National Council for Teacher Education (NCTE) and RCI, the two statutory bodies that regulate these programmes.
- RCI recognizes 60 different programmes ranging from Doctoral (PsychD), MPhil, Masters and undergraduate degrees, to diploma and certificate courses in both regular and open and distance learning (ODL) modes of varying duration (two years for B.Ed./M.Ed. Special Education).
- NCTE currently recognizes 15 diploma, bachelors and masters programmes, including two-year standalone programmes, four-year integrated programmes (awarding BSc, B.Ed/BA, B.Ed) and three-year integrated B.Ed-M.Ed programmes.

RCI's programmes were traditionally aimed at preparing teachers to address a single disability, while NCTE recognized programmes had, at best, one optional course on education of children with disabilities. The council is now gearing up to meet the statutory requirements of the RTE and RPWD acts, and heed the call of the National Focus Group on Education of Children with Special Needs for 'all teacher education programmes (both pre-service and in-service) to develop pedagogical skills required in inclusive classrooms' (NCERT, 2006:23)/ A task force of special educators are being developed who can deliver the best in all settings, be it inclusive, special, open or home based, and in diverse roles as classroom teacher, resource teacher, itinerant teacher or cross disability teacher facilitators (Banerjee, 2018). Similarly, one of the stated aims of the National Curriculum Framework for Teacher Education is to prepare teachers for inclusive education (NCTE, 2009). All general teacher education programmes are now mandated to have a course on inclusive education (NCTE, 2014).

[RCI] is now working to meet the statutory requirements of the RTE and RPWD acts, and the recommendation of the National Focus Group on Education of Children with Special Needs for 'all teacher education programmes...to develop pedagogical skills required in inclusive classrooms' (NCERT, 2006:23).

Continuous professional development of teachers

- Existing teachers who have undergone their PSTE programme prior to 2015 are not adequately prepared for inclusive classrooms whereas special educators are equipped to handle a single disability, primarily in a special school setting.
- Under SSA, nearly 3 million teachers have been provided with 2 to 3 days of training on inclusive education and 42 per cent have been provided with 3 to 5 days of additional training with the support of CSOs and special schools (GoI, 2015). While this has raised awareness, children's learning levels have not improved (MHRD, 2015).
- As mentioned in Chapter 5, RCI and NCTE now have an agreement to ensure coordination between teacher education programmes that prepare general teachers and special educators. In 2017, RCI introduced the Advanced Certificate Course in Inclusive Education through blended mode – a combination of face-to-face and online / distance course delivery – to train special teachers across disabilities.
- Samagra Shiksha Abhiyan also plans on intensive teacher education programmes for regular teachers and special educators to sensitize and build capabilities to meet the learning needs of children with disabilities.

Role of school leaders

School leaders play a crucial role in the effective implementation of inclusive education. Drawing on research evidence and ideas from a range of international literature, Ainscow & Sandill (2010) argue that leadership practice is a crucial element in gearing education systems towards inclusive values and bringing about sustainable change. The case study (next page) provides further evidence.

To facilitate the inclusion of children with disabilities, it's important to create awareness about their needs among school leaders. But SSA's training provisions have suffered from poor outreach, with only 188,219 head teachers having received any training (Banerjee, 2018). In 2014, the National Institute of Educational Planning and Administration (NIEPA) initiated a nationwide school leadership development programme across all the levels of school education to build and enhance the capabilities of school heads on a long term and continuous basis.

Based on a systemic understanding of quality education, the National Education Policy (1986) recommended the system to proactively support schools and teachers. This resulted in the setting up of cluster and BRCs under SSA.



CASE STUDY 11

Leading from the front

How school leaders can help students

The Government Lower Primary School in Soppugudde, Thirthahalli in Karnataka's Shimoga district is a unique example of a school fulfilling education aspirations of children with disabilities, particularly those with neurodevelopmental disabilities and high support needs. The school was established in 1983 and started enrolling children with disabilities in 1991. It has classes from lower kindergarten to Grade 5. Out of a total of 61 students, 54 have disabilities. There are 4 children with disabilities in lower kindergarten, 6 in upper kindergarten, and an additional 44 studying in Grades 1 to 5. 6 children have cerebral palsy, 8 have autism, 38 have intellectual disabilities, 5 have orthopaedic disabilities, 2 have hearing impairments, and 10 students have ADHD.

The school has 4 teachers including head teacher Kumara H. C. who has played a proactive role in enrolling and providing education to children with disabilities, developing a resource centre, and mobilizing therapy equipment, aids and appliances from the community. Kumara, who has worked with the school since 1996, is a trained teacher (TCH) with special education in hearing impairment and a B.Ed. in intellectual disability. He works with the children and parents from 9 am to 10 pm daily. The school curriculum is based on the functional activities and the necessary adaptations to regular classroom teaching to meet the needs of children both with disabilities and without.

Resource Centre

The school has a fully equipped resource centre with physiotherapy, speech therapy and cognitive stimulation aids to help

children with disabilities, especially those with neurodevelopmental conditions and high support needs. In the absence of therapeutic facilities in this remote area, these services offered in the government school have huge demand, to the extent that parents from other districts have relocated here. Parents play an important role in providing therapy to their children, and at least one parent is regularly in the school to assist in therapy. Some parents come in the evening and stay until 10 pm.

Community Participation

The school has strong community support. By mobilizing community resources, Kumara has not only been able to bring more equipment and teaching materials but he has also been able to renovate the school building making it accessible to children with disabilities. The community appreciates efforts made by Kumara for developing the village school and provides him with all necessary support. Kumara is a role model for school leaders and his work shows how provisions and opportunities for learning and development can be created within existing government schools for children with high support needs.

So far, nearly 200 children with disabilities have graduated from the school. The school has received a district-level award and Kumara a number of teaching awards, including the prestigious Karnataka Rajyotsava Award and the National Award for the Best Teacher for 2017-2018.

Source: Dr Jagadesha, HOD, Psychiatry and Rehabilitation Services, NIMHANS, Bengaluru, Karnataka and Ruma Banerjee, Seva-in-Action, Bengaluru, Karnataka.

Community, parents and civil society organizations

Community mobilization and parental training have received significant focus under SSA. The RTE Act 2009 provides for community involvement through mandatory setting up of an SMC. The latter's duties, stipulated by the Act include ensuring special provisions for children admitted under the RTE Act and children with disabilities (Refer Table in Chapter 2). Although SMCs require external support and handholding until they are able to independently fulfil their role, notable improvements in facility use and

classroom management are visible with greater SMC involvement (Jha, et al. 2013). Section 47 of the RPWD ACT 2016 also has a number of provisions for building human resource support for children with disabilities through parents and community participation.

Recent research evidence suggests growing awareness among parents, even among low income families, to educate their child with disabilities (World Bank, 2018). Parents are making important decisions, even when faced with limited choices in quality of school provisions (Singal & Muthukrishna, 2014).



CASE STUDY 12

Communities at work

The following is a study of a community-based inclusive development project in Chamarajnagar Karnataka jointly implemented by the Education Department, CBM, The Teacher Foundation, and Mobility India. The project set up community education centres (CECs) or after-school clubs within government schools to support children with disabilities and others who needed help. These were run for two hours a day, six days a week, by trained community coordinators, and monitored by a disabled people's organization (DPO). A core task of the CECs was to help children experience fun and joy in learning. The coordinators gave children regular encouragement in everyday learning challenges.

During evaluation, it was found that the CECs increased the demand for quality education. They benefitted children from families who have no literate members to help them in learning. They created an environment of inclusion by giving more time, space and a platform for children, both with and without

disabilities, to learn and grow together. The project helped children with disabilities move from the margins of effective classroom engagement to take more active and participatory roles in classroom activities.

Due to poor infrastructure in rural communities, it becomes necessary to help children with disabilities reach schools. This is often provided by the peer group or a CEC volunteer, continuing into higher education. It was found that support from the CECs has indeed helped children with disabilities in school attendance and is being replicated in other villages by community members utilizing their own resources and on their own initiative. (Soji., F., 2017); Similar success stories were found in Anekal, Karnataka. It was encouraging to find that the local panchayat took responsibility and ownership of improving education of children with disabilities within their villages by paying a monthly honorarium to the coordinators (Soji, F., J. Kumar and S. Varughese. 2016).

CASE STUDY 13

Positive activism in Manipur

There are two government schools for children with disabilities in Manipur. One for those with blindness, and another for those with deafness. Over the last 10 years, staff members have retired and those positions have not been filled. This has affected the quality of teaching. Both schools are residential, yet the funds necessary for running hostels were not being released. As a result, the teachers themselves have been trying to raise funds, further reducing their teaching time. There were also concerns for the safety of girls with disabilities in the hostel. A parent body was constituted to demand attention from the state government, and to ensure that these two schools are run properly.

From 8 to 12 October 2019, the Parents and Guardians Council of Persons with Disabilities, Manipur, along with students of the Government Ideal Blind School and Government Deaf and Mute School, Takyel, launched a sit-in agitation with an 8 point charter of demands. The four points demanded on priority were as follows.

- 1 Upgrading of the Government Ideal Blind School and Government Deaf and Mute School, Takyel, to higher secondary level, and provision of a state government school for children with intellectual and developmental disabilities
- 2 Framing of a state disability policy
- 3 Hiring of teachers and staff at the schools to meet requirements
- 4 Timely release of diet allowance funds for hostel students

The agitation stopped when the government invited the parties for talks and assured them that all their demands will be met in 3 months. The students had earlier agitated in 2016 and 2017, but at that time they had stopped after receiving oral assurances from the government. But this time, they have received assurance from the government in writing.

Source: Interview with Dr. Chakpam Rupachandra Singh, spokesperson of Parents and Guardians Council of Persons with Disabilities, Manipur conducted by Bhagyalaxmi Velugu.

In a study conducted in a district in Assam, 99% of the 110 parents interviewed believed that cooperation between school authority and teachers can make inclusive education successful. Parents of children with disabilities believe that inclusive education is good for their children as it not only increases their child's academic growth through peer group learning and a stimulating classroom environment, but help develop social behaviour and skills (Saikia, 2016). In a study by Venkatakrisnashastry & Vranda (2012), parents responded they lacked opportunities to share experiences and gain support. The study suggests CSOs can play an important role in forming social support groups for parents (see Case Study 14).

CSOs have been at the forefront in supporting the implementation of programmes for the education of children with disabilities, be it in special school settings or inclusive schools. The CSOs have provided technical assistance ranging from planning for inclusive education, awareness building, community mobilization and early detection, to identification and assessment of children with special needs, development of training materials, training of in-service teachers and key resource persons, provision of assistive devices, computer literacy, parent counselling etc (NIEPA, 2014).

Challenges in optimizing human resources

AVAILABILITY OF TRAINED TEACHERS

Development of adequately skilled human resource to meet the diverse needs of children with disabilities is currently the biggest challenge. There is a vacancy of about 1 million general teachers across the country (NIEPA, 2014). 21,646 special educators have been appointed across the country under the SSA scheme (NIEPA, 2014) translating to a grossly insufficient number of one special educator for every 60 to 70 children with disabilities spread across a block (GOI, 2015). With nearly two-third of vacancies as yet unfilled, meeting the Samagra Shiksha Abhiyan requirement of appointing additional special educators will remain a herculean task (Banerjee, 2018).

TEACHER CAPACITIES AND ATTITUDES

Teachers need adaptive expertise to cater to the diverse needs of every child. Children with disabilities range from high functioning to high support needs and including them requires pedagogic and resource adaptations. Teachers in the system have very little training to make these adaptations. This results in a lack of motivation and feelings of helplessness among teachers (Julka & Bharti, 2014). Although SSA had made provisions for training of regular teachers with



CASE STUDY 14

An ecosystem of support

The belief that every child has a right to love, inclusion, education, nutrition and healthcare, regardless of ability, class, caste or religion, led to a comprehensive model that offers an ecosystem of services to address the needs of children with disabilities and their families.

Gubbara, Latika Roy Foundation's first public-private partnership with the Government of Uttarakhand, was for assessment of developmental risks and disabilities of new-borns at the neonatal intensive care unit (NICU) of the government-run Doon Hospital. Gubbara provides developmental assessments, counselling, therapy, home management plans, training and information to parents. The Foundation was subsequently appointed lead agency to train medical and educational personnel and help establish District Early Intervention Centres (DEICs) across the state's 13 districts. The foundation trained the staff of four DEICs in Uttarakhand. This improved the government's capacity, and marked an important step towards early identification and accessibility for families with special children living in rural districts across the state.

The foundation constantly innovated ways to reach families, be it at the centres, in the community, or in their own homes. A team of psychologists, therapists, educators and child development aides provide counselling and support groups for families, train them on early intervention strategies, and empower them to manage and support their children in a planned and systematic way.

As part of the ecosystem, they have engaged village health workers, doctors,

government officials, corporate employees, other organizations, teachers, and students in both private and government schools, through their outreach, awareness and training programmes. Their resource centre serves the entire state, providing information, awareness, outreach, advocacy and support to people with disability, organizations, activists, students and citizens. Their follow-up programme routinely works through the PHC and community health centres to cover neighbouring peri-urban and rural blocks of surrounding districts of Dehradun, taking assessment and intervention to families who find accessibility and distance a challenge.

Disabled children run a more than threefold risk of physical and/or sexual abuse than their non-disabled peers because they may lack the physical or cognitive ability to disclose the abuse. The foundation conducts workshops on sexuality and disability, provides counselling, and forms support groups where parents, grandparents and siblings can interact with others who share similar concerns. Emphasis is given on providing parents with information about their child's disability and encouraging them to take the lead in promoting their child's development. These efforts prepare parents to recognize both the external signs of child abuse as well as indirect signals such as age-inappropriate sexual language or behaviour, and to take appropriate action.

Source: Secondary review of documents and literature on activities of Latika Roy Foundation (<https://latikaroy.org/>)

the intent of mainstreaming children with mild disabilities (who constitute nearly 80 per cent of CWDs), the overall quality and effectiveness of the programmes has been a major concern (GOI, 2015). The duration of these in-service programmes (ranging from two to five days) is too short and the cascade mode of delivery has been ineffective. The capacity to train teachers is also limited in many states (Banerjee, 2018).

TEACHER EDUCATION CURRICULUM

The content and depth of the inclusive education course that has recently been added to the programme to prepare general teachers (NCTE, 2014) is inadequate to sensitize and equip prospective teachers on inclusion. Given the larger lack of awareness in Indian society, it is important to provide adequate time to engage with the student-teachers' own beliefs and perspectives on disabilities and marginalization before they can be prepared for inclusive education.

TEACHER EDUCATORS

There is a dearth of teacher educators with experience in inclusive education who can train future teachers, be it in initial teacher preparation, or in their continued professional development afterwards (Banerjee, 2018).

CAPACITIES OF SPECIAL EDUCATORS

Special educators have so far been trained in handling single disabilities. They also lack the skills to meet the needs of children in an inclusive set up. It remains to be seen how effective the cross-disability training being piloted by RCI will be. Experts have also criticized the model on the ground that it is unrealistic to expect a single special educator to handle a range of disabilities through a multi-category, short-duration training module. Teachers have also indicated that the training is incomplete, and does not help them implement inclusive pedagogy in the classrooms (Banerjee, 2018).

FUNCTIONING OF ACADEMIC SUPPORT STRUCTURES

The structures created under SSA to provide support to teachers at the sub-district level in the form of block and cluster resource centres are functioning sub-optimally for various reasons (GOI, 2011). Among the very few studies on inclusive education, one by Julka and Bharti (2014) indicate a number of difficulties that teachers face in inclusive classrooms. This includes lack of support from educational administrators and resource persons, non-availability or non-functionality of assistive devices and teaching-learning resources, inability of teachers to use assistive devices, and other issues.

Case Study 15 captures the effort required to get structures to function and be of service to teachers.

OTHER SYSTEMIC ISSUES

- **Inadequate provisioning of on-site resources**
 - Special educators follow the itinerant model and are therefore unable to visit schools frequently. As a result, the only way for parents to avail resource support is through CRCs and BRCs that have the equipment and resources to provide therapy and meet the educational needs of children with disabilities. In states where CRCs are not very actively involved, parents have to take their child to the BRC once a week or so to avail the facilities. Although SSA has made provisions for appointment of physiotherapists, speech therapists and occupational therapists at BRCs, non-availability of multipurpose rehabilitation workers or therapists willing to work in rural areas remains an issue (Banerjee, 2018). As a result, parents may be unable to utilize resources optimally even when they travel long distances to visit the BRC.
- **Alienating experiences faced by parents**
 - The thematic report on development of human resources for inclusion of children with disabilities highlights the problems faced by parents who point out that authorities do not make adequate efforts to interact with them and understand their difficulties. In the absence of adequate transport and very little transport allowance, parents have to drop and pick up the child themselves. Parents also bear the burden of picking and dropping the child to school every day, sitting throughout the school hours to attend to the child's daily needs, protecting their child from bullying, teasing and managing behaviour if the child becomes restless etc. Parents feel quite insecure about leaving their child in the school. 'We are not sure anybody else will look after our children in school. If we have to go for some work, we have to bribe the watchman to keep an eye on our child as our child may drift out of the school without telling anyone.' (UNESCO New Delhi, Unpublished).
- **Low expectations of parents and school authorities towards academic learning of CWDs** – A study conducted on the implementation of inclusive education at the elementary level in 30 schools across Assam, Meghalaya and Tripura is indicative of this symptomatic issue. The study found that while children with disabilities are enrolled in schools, the schools are not equipped to meet their learning needs. A majority of the children with disabilities were happy to attend school, make friends and participate. However when it came to academic learning, they were unable to cope. It appears that teachers and parents are satisfied to merely have the children enrolled in mainstream schools and see their social skills improve, and are not so concerned about academic learning outcomes.

Ensuring skilled human resources to meet the needs of children with disabilities in regular or special schools, home-based education or in community-based settings continues to be a challenge.

CASE STUDY 15

Getting things to work

A success story from Karnataka

In India, resource support systems have been identified as an important component in developing and implementing inclusive education programmes at the block level. BRCs are established with the aim of supporting practising teachers and special educators in implementing inclusive education, besides providing therapeutic support to children with disabilities.

In 2015/16, SCERT Karnataka planned to augment an existing BRC in South Bengaluru into an inclusive education resource centre (IERC) with funding from UNICEF and academic support from a teacher-education institute and an NGO. The IERC was meant to support teachers of neighbouring schools develop inclusive classroom practices through periodic interactions and a range of field-tested resources and periodic interactions. The physical space for the resource centre was constructed the previous year with a grant of Rs 5 lakh from SSA. The room was however utilized to store sanitary pads from the health department, while the equipment meant to provide therapy to children with disabilities lay in disuse. The special educator at the centre expressed her inability to get

the space vacated despite repeated pleas.

Constant follow-ups, negotiations with concerned officials, and finally a diktat from the office of the Deputy Director of Public Instruction were required to make the resource centre operational. The centre is now functional for special educators to utilize for therapy, and to teach children with disabilities. It holds monthly cluster level meetings where teachers are sensitized towards developing inclusive classrooms. Short-duration workshops led to the creation of a few exemplary learning resources adaptable for individual needs of children, in all school subjects across classes 1 to 8. These resources were retained in the centre for use by special educators and other teachers who attend training sessions at the BRC. Special educators of the block helped write instruction booklets to enable others recreate the resources for classroom use.

Source: Ruma Banerjee & Manjula Nanjundaiah, *Seva in Action*

- Top-down approach and inconsistencies in policies and programmes** (Singal, 2005) points out the current inclusive agenda in developing countries is top-down, largely driven by policy makers rather than educators and schools. This has led to challenges in implementing the larger vision of inclusive education espoused in legislations and policies without a more nuanced understanding of ground realities. The twin approaches of inclusion and segregation of children with disabilities in special schools legislated by the RTE Act is problematic as research indicates it spreads scarce resources thin across parallel settings (Jha, 2004).
- Labelling** - Another issue is the reliance on impairment-led labelling, arising from a medical model, to identify benefactors of inclusion, which is a social justice-based approach (Kalyanpur, 2008). A more nuanced approach of identification is required to counter labelling (see the section on data systems for more details on measures of disability).
- Inadequate research** - Research documenting what works in an inclusive setup is sparse, and there is little evidence from the field to highlight the effectiveness of resource teachers (Singal, 2009).
- Lack of involvement of larger society and the highly competitive nature of the education system** - Based on a decade-long research programme, Ainscow (2005) argues that many of the barriers experienced by learners arise from existing ways of thinking. An important challenge that is barely recognized in policy discourses is the highly competitive education system in the country. This competitive ethos is counter-productive for inclusion and has so far resisted reform efforts (NCERT, 2005). Larger support of the community and parents is crucial in addressing this.

Adequate systemic provisioning in terms of structures and programmes, and a legal mandate for inclusive education is in place in India. But ensuring skilled human resources to meet the needs of children with disabilities in regular or special schools, home-based education or in community-based settings continues to be a challenge. Human resource development and training is an ongoing strategy requiring continual investment and flexible planning to address emerging issues. While curriculum, pedagogy, teaching-learning materials and human resources are crucial requirements for inclusive education, data systems play an important role as well.

Data systems for effective inclusion of children with disabilities

A robust data system that provides high-quality, relevant, reliable data about education of children is necessary for determining policy direction, planning programmes, allocating budgets, and evaluating implementation. The need for reliable data systems has been underscored in both national and international policy frameworks (see Box 17). As seen in

Chapter 5, there is a lack of comprehensive data on education of children with disabilities. An absence of disaggregated data based on disability, age, gender, location and social category creates challenges in monitoring the implementation of UNCRPD, Agenda 2030, and SDGs.

BOX 17

Policy commitments on data systems

The National Policy for Persons with Disabilities (2006)

There is a need for regular collection, compilation and analysis of data relating to socioeconomic conditions of persons with disabilities (para 38).

Incheon Strategy to 'Make the Right Real' for Persons with Disabilities in Asia and the Pacific (2013–2022)

Goal 8: Improve the reliability and comparability of disability data

The 2030 agenda for Sustainable Development (2015)

Data, monitoring and accountability: By 2020, enhance capacity-building support to developing countries to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts (para 17, 18)

According to Niti Aayog (2017), a major obstacle to designing effective policy interventions for children is the unavailability of credible data (para 22, 17, p. 154). Government of India's Strategy for New India@75 recognizes that accurate identification of the disabled population in India has been a major problem (Niti Aayog, 2018b).

Most education programmes in low- and middle-income countries do not have systems that can identify and count children with disabilities, thereby leaving them out of education programmes and services (Hayes & Bulat, 2017). However, India has established systems for gathering data that use diverse sources, different definitions and a mix of disability measures.

namely disability in seeing, hearing, speech, movement, mental retardation, mental illness, any other and multiple disability. Due to gaps and changes in the categories of disabilities covered, it is difficult to compare data over time.

NSS: Surveys are conducted by the National Sample Survey Office (NSSO) and use a nationally representative stratified sample approach. In the 58th Round conducted in 2002, the sample size was 70,302 households. Unlike the census, the definition of disabilities has not changed much from the previous rounds, making it available for a comparative analysis over the years. In earlier NSS rounds (36th and 47th), the definition covered those with one or more of the three physical disabilities—visual, communication (i.e. hearing and/or speech) and locomotor disabilities. During the 58th Round, the definition was extended to also include mental disability. No survey has been conducted after 2002.

School-based Data: There are two main sources of school-based data. The U-DISE is a school-level database collected annually with information about children studying in mainstream schools. It captures data from every school. After the adoption of the RPWD Act, U-DISE covers 21 categories of disabilities based on school records.

Sources and definitions

Data on disability is collected through Census of India, National Sample Survey (NSS) and the U-DISE. They are explained below.

Census of India: The decennial population Census of India has not consistently covered the question of disability over the years (Office of Registrar General & Census Commissioner, 2016).⁶² In 2011, information on eight types of disability was collected through self-reports,

⁶² From 1941-1971, the question on disability was not included in the Censuses. In 1981, information on three types of disability was collected, in 1991, the question related to disability was dropped. In 2001, the question was included and information on five types of disability, namely disability in seeing, in hearing, in speech, in movement and mental disability, was collected.

The other source is the All India School Education Surveys (AISES). The 8th Survey measured, for the first time, the enrolment of children in recognized schools along with their degree of disability, with 2009 as the reference year (NCERT, 2016). An obvious, yet serious limitation of these school-based data sources is that they do not include children who are outside the mainstream education system, thereby limiting its usability in planning and estimating finances for educating children with disabilities as a whole.

Some of the issues created related to the diverse sources and definitions are as follows.

COMPARABILITY OF DATA

The overall estimates of persons with various types of disabilities, and their age distribution, differ substantially across the census and the NSS, mainly due to differences in concepts, definitions and the data collection methodologies (MoSPI, 2012). School-based data provides information that is not collected by census and the NSS. U-DISE is the only data system that is aligned with and covers all the 21 categories of disabilities specified under the RPWD Act, 2016. The Census and NSS do not cover all the 21 categories.

- 1 Comparability of data even within the same source, especially the census, is limited because consistency has not been maintained in categorizations and definitions during data collection over the years.

- 2 The overall estimates of disability prevalence are not comparable, even when data is collected around the same time period (2001/02). There is a 20 per cent difference in prevalence data provided by the 2001 census (21.9 million) and the 2003 NSS survey (18.5 million). A possible reason could be that the census did not have an overall definition of disability while NSS considered a person to have a disability if the person has restrictions, or a lack of ability to perform an activity in the manner, or within range, of what is considered normal for a human being. (Mitra & Sambamoorthi, 2006).

- 3 There are definitional differences between the census and NSS, making comparability across sources difficult. For example, in the 2011 census, the definition of disability in seeing included persons with blurred vision who had no occasion to test if their eyesight would improve after taking corrective measures, while the NSS definition did not. Similarly, the definition of disability in hearing in the 2011 census included a person using a hearing aid, while the NSS defined it without taking into consideration the use of hearing aids.

- 4 There is a variation in categories of disabilities covered and nomenclature used across these three sources of data. For example, the 2011 census has separate definitions for 'mental retardation' and 'mental illness,' while the NSS has a single category of 'mental disability' which provides a common definition referring to 'persons who had difficulty in understanding routine instructions, who could not carry out their activities like others of similar age or exhibited behaviours like talking to self, laughing / crying, staring, violence, fear and suspicion without reason.'

INADEQUACY OF DATA

- 1 Dropout rates maintained by SSA and UDISE are not disaggregated by disability
- 2 The NSSO does not include disability as a social group when conducting socioeconomic surveys including education (NDN & NCRPD, 2019, Para 19).
- 3 There is very little gender disaggregated data outlining present state of access to education for disabled children (Women with Disabilities India Network, 2019, para 24).
- 4 The Management Information Systems of the Ministry of Women and Child Development that is responsible for early childhood care and development, does not capture information on children with disabilities.
- 5 Most ministries do not collect data about disabled populations served or data on their beneficiaries segregated by disability and gender.





There are issues of comparability of data which requires the harmonization of definitions and consistency in the categories covered. Data on key educational indicators is not disaggregated by disability, and disability data is not disaggregated by gender.

Measures of disability: medical versus activity-based approaches

There are three primary approaches for generating disability data, and currently the census and the NSS use a mix of the following definitions based on activity limitations, functional limitations and impairments (Hayes & Bulat, 2017; Mitra & Sambamoorthi, 2006).

- Impairment measures based on a medical model where the respondent self-identifies as having a disability (e.g. 'Do you have a disability and, if so, what disability?')
- Functional limitations measures based on a medical model where the respondent selects from a list of disability categories (e.g. 'From this list of disabilities, select those that apply.')
- Activity-based limitations measures based on a social model where the respondents answer questions about their level of functionality, or what activities they need help for (e.g. 'Do you need help feeding yourself?')

The UN Disability Data Experts Group recommends the use of the Washington Group Short Set of questions for disaggregating data by disability for SDGs. The new Washington Group / UNICEF module aims to assess a child's functioning in terms of barriers and supports to daily living and social participation, and to ensure

that the entire age spectrum and additional relevant domains are captured. It covers children between 2 and 17 years of age, and assesses speech and language, hearing, vision, learning (cognition and intellectual development), mobility and motor skills, emotions and behaviours. This screening instrument was included as part of the Multiple Indicator Cluster Surveys (MICS) in order to create a low-cost and rapid method for identifying children who have congenital and developmental disabilities in populations where professional resources are extremely scarce. Two separate questionnaires are utilized—one for children aged between 2 and 4 years, and another for children aged between 5 and 17 years. In order to better reflect the degree of disability, each area is assessed against a rating scale that is in line with the WHO International Classification of Functioning, Disability and Health – Children and Youth version (ICF-CY), and the UN Convention on the Rights of Persons with Disabilities (Avetisyan, 2016).

Although India has participated in the discussions of the Washington Group of Disability, it does not use Washington Group questions in its census or the NSS. A few organizations have tried to test the tool in India. Able Disabled All People Together (ADAPT) participated in the cognitive tests of the tool. International Centre for Evidence in Disability, CBM, and the Indian Institute



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of Public Health used the tool in Telangana and found that self-reported tools measuring activity limitation are the most appropriate and resource-efficient way to measure disability in a population or within a programme or project.

The approach used by the Census of India is impairment based, and follows a categorical model. In 2011, it had a direct question on disability status (yes / no) which is found to produce under-reporting, and hence underestimation, of the prevalence of disability. In India, very few (0.6 per cent) self-identify as 'disabled' under the census question (Sightsavers, 2016). Women are more likely to report functional limitations than self-identify themselves as 'disabled' (as per the census question), compared to their male counterparts (Sightsavers, 2016, p. 4-5).

In a CBM-facilitated Indian study using the Rapid Assessment of Disability (RAD) tool, the overall prevalence of disability in the population aged 18 years and above was found to be 10.4 per cent in Andhra Pradesh and 6.8 per cent in Uttarakhand. (Ramachandra S.S., et al., 2016 and Grills N. et al., 2017)

Some of the issues with regards to the disability measures used are as follows.

- 1 Evidence shows that self-reports result in underestimation of disability prevalence. As stated earlier in the report, the prevalence of disability as per the 2011 census that uses self-reports and direct questions, is 2.1 percent, which is considerably lower than the

international estimates of 15 percent (WHO, 2011).

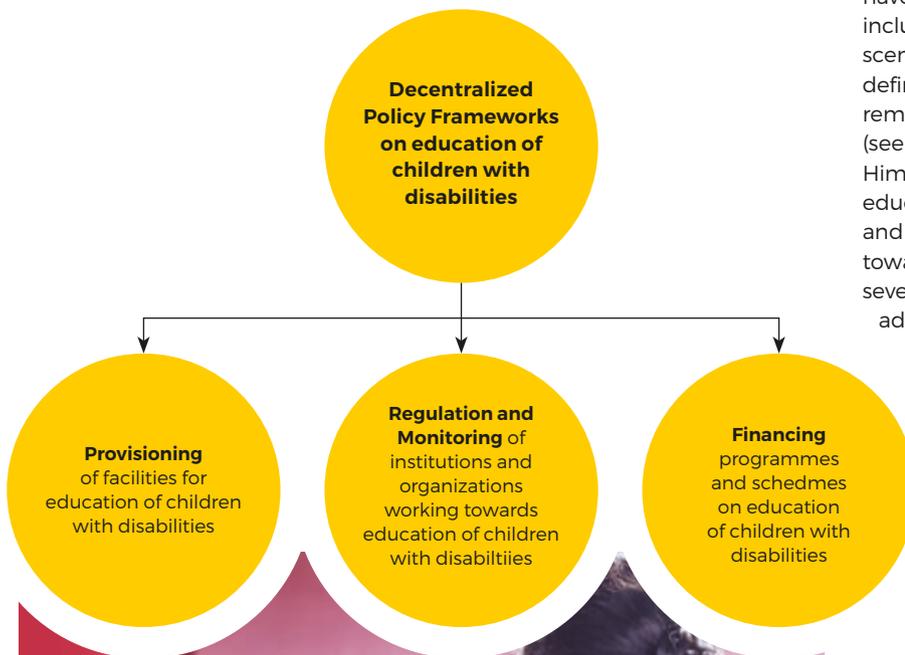
- 2 When functionality questions are used, the incidence of disabilities reported increases to approximately between 10 and 20 per cent of the population (Mont, 2007).
- 3 There is a need to take on board the cultural contexts of administering questions on disability, and minimize confusions created by the simultaneous use of multiple approaches.
- 4 Harmonization of definitions and selection of an appropriate approach on disability measures would help improve comparability of data and leverage international best practices.

To sum up, of the three sources of data, the population census and the NSS do not include all 21 categories of disabilities provided under the RPWD. There are issues of comparability of data which requires the harmonization of definitions and consistency in the categories covered. Data on key educational indicators is not disaggregated by disability, and disability data not disaggregated by gender. There is a need to address underestimation by adopting tools that are aligned with the WHO International Classification of Functioning, Disability and Health, and the UNCRPD. The systemic interventions discussed in this chapter towards the realization of inclusive education for children with disabilities as per UNCRPD and SDG goals, hinge on robust governance and financing provisions.

Governance and finance

As per the Seventh Schedule under Article 246 of the Indian Constitution on division of powers between the union and the states, 'education' is a concurrent subject and 'relief of the disabled' is a state subject. The state governments, therefore, have a significant role in formulating delegated legislation, allocating budgets, and implementing programmes and schemes through its decentralized panchayati raj institutions and urban local bodies. Figure 16 depicts different components of governance and the role of governments at different levels.

FIGURE 16
Components of governance



Decentralized policy frameworks

In addition to the national policy frameworks applicable across all the states, state-specific policies allow for a decentralized articulation of vision, position and roadmap to address state-specific challenges. In its Three-Year Action Agenda, Niti Aayog (2017) has encouraged states to develop their own disability policies and has set the end of 2020 as a target date for at least 20 states to have a policy on disability (para 22.90, p. 162).

Currently, only three state governments (Chhattisgarh, Himachal Pradesh and Karnataka) have policies on persons with disabilities that include education, address state-specific scenarios, articulate state-specific goals, and define approaches to operationalize them.⁶³ There remain variations in state-level policy provisions (see Annexure 9). Although the Chhattisgarh and Himachal Pradesh policies commit to inclusive education, they also provide for special schools and home-based education as interim measures towards inclusion, and targeted at those with severe disabilities. Himachal Pradesh provides additional entitlements to improve access and retention of children in schools. Chhattisgarh prescribes standardization of teacher training, curriculum adaptation, and salaries of all special educators with mainstream school teachers. There is paucity of data on how the state-specific policies are being tracked and monitored within the state. Moreover, the three state policies need updating as they were formulated before the RPWD Act 2016 and the SDGs were adopted.

State level planning and governance are also influenced by the Three-Year Action Agenda of Niti Aayog which suggested areas of institutional reform and specific areas of work in pursuance of the goals of the RPWD Act (see Box 18).

⁶³ Draft State Policies on Persons with Disability are available for Maharashtra and Bihar. A draft policy on Education for Children with Special Needs is available for Karnataka. There is no information about the status of adoption of these draft policies.

BOX 18

Excerpts from Three-Year Action Agenda of the Niti Aayog (2017/18 to 2019/20)**Proposals for institutional reforms**

- It is important to strengthen the institutional framework at all levels to have a stronger and more direct role for persons with disabilities.
- The responsibility for specific initiatives for persons with disabilities should be brought under the purview of the relevant line ministries. For instance, all education related matters should be with the Ministry of Human Resources Development.
- The number of schemes administered by the DEPWD should be rationalized. It would be prudent to have a limited number of schemes with adequate budgetary allocation that are implemented and monitored well.
- The financial and human resource capacity of the central and state commissioners' offices need to be strengthened so that they are able to perform their functions more effectively.
- The Unique Disability Identity Card (UDID) Project should be rolled out in 14 states and union territories over the next three years. Specifically, with regards to education
 - Over the three-year period, around 480,000 scholarships and fellowships (fresh and renewals) should be awarded to students with disability.
 - Four regional centres of the RCI should be established. Independent functioning of the National Board of Examination in Rehabilitation under the RCI should be ensured.
 - The Indian Sign Language, Research & Training Centre should be set up and 500 additional sign language interpreters should be trained.

Provisioning education for children with disabilities – key actors

India is a welfare state, and state provisioning of education is one of its core welfare functions.⁶⁴ As discussed in Chapter 4, the central and state governments provide for a range of programmes for educating all children, including those with disabilities. Yet, the key issue related to provisioning is the limited reach of government programmes, given the scale and the complexities involved. According to the official

Third and Fourth State Report to Committee on Rights of the Child, the population of children with disabilities is officially between 6 and 30 million. Yet, rehabilitation services have not reached more than 0.50 million people.⁶⁵ The problem of reach is particularly serious in rural areas and the NE region (see Box 19).

Given the problem of limited governmental reach, NGOs, corporates and local bodies fill the gaps. While the government remains the key actor and primary duty-bearer, partnerships with other actors help in mobilizing resources and expertise.

BOX 19

The problem of reach - Northeast (NE) India

The key challenges in NE India with regards to education of children are as follows.

- Access to qualified rehabilitation professionals, appropriate training materials and specific training courses for persons working at community level and in rehabilitation services
- Access to the full range of assistive devices— from hearing aids to reading glasses, artificial limbs and wheelchairs.
- Lack of systematic evaluation of needs, training for use of appliances and their adaptation, follow-up, maintenance and repair.

Furthermore,

- Facilities for specific types of disability, like cerebral palsy, are limited. There are only three centres in Assam, and a single centre each in Mizoram and Tripura.
- Other support services for children with developmental disabilities are not available outside the big cities of the NE
- For children living outside these cities depend on CBR programmes, which are few and their staff often lack specific skills.

Source: Deepak (2016)

⁶⁴ The constitutional provisions embody the principles of welfare and underline the state's role in fulfilling welfare obligations.

⁶⁵ Section 6B.6, Point No. 32, Table 6.1, Page 120, Third and Fourth State CRC Report. See, Government of India, Ministry of Women and Child Development (2011).

CSOS

CSOs have historically played a key role in providing education for CWDs. They provide a range of services from early identification, assessment, research, audits, advocacy and running special schools, home-based education, bridge courses and teacher training. The NGOs bring in expertise and additional resources, thereby complementing state provisions. However, there is a substantial variation across states in terms of numbers of NGO providers and the quality of their provisioning. Tamil Nadu, West Bengal, Karnataka and Maharashtra have a history of effective collaborations. There are some interesting state-specific examples of convergence between the government and non-governmental initiatives. In Chennai city, children are integrated into regular schools for four days a week, and attend special schools run by a CSO once a week.

LOCAL BODIES

Under decentralized administration, *panchayati raj* institutions and urban local bodies are primarily responsible for education at the community level.⁶⁶ These bodies play a pivotal role in the implementation of schemes and programmes discussed earlier. There are a few examples of local bodies playing a proactive role in inclusion, and taking initiative using local resources. The BUDS institution catering to those with intellectual disabilities started by Kudumbashree in Venganoor Panchayat with 181 institutions run by the *panchayati raj* institutions across Kerala, the inclusive park for children with disabilities run by The Greater Chennai Corporation, and the Education Training and Service Centre of the Navi Mumbai Municipal Corporation are examples of local bodies playing a proactive role in innovating and offering new initiatives. See Case Study 16.

CASE STUDY 16

Local heroes

Responsible governance by an urban local body

Education Training and Service Centre for Persons with Disabilities (ETC) is a service centre for persons with disabilities, managed and funded (through 3 per cent reservation for people with disabilities in local government budgets) by the Navi Mumbai Municipal Corporation (NMMC). NMMC is the first municipal corporation to have a separate department for disability (Department for Disability Affairs and Rights). A survey by NMMC for SSA brought into focus the financial burden of families with children with disabilities and a lack of awareness about disabilities. This prompted the corporation to start a special school. It began with a special school for children with hearing impairments in 2007, and which expanded in 2008 to schooling for children with other disabilities. From a special school, it has now transformed into a centre that caters to lifelong needs of PWDs. The centre is involved in guidance and rehabilitation services, and works on making Navi Mumbai more accessible to persons with disabilities. In terms of educational activities, CWDs are enrolled into regular schools – both private-run and NMMC schools – with the centre providing support services, remedial education, occupational therapy, physiotherapy, speech therapy etc. Special educators from ETC provide support to both children and the regular teachers in schools. In addition to educational and therapeutic services, it also offers various schemes to provide financial support to families, and for aids and appliances. One of the centre's most effective schemes ensures involvement of parents in the care and development of their



child with disability by offering an amount of Rs 100 per day to a parent participating at the centre, to compensate for loss of the day's income. Parents are paid Rs 5000 to attend trainings. A child in the home-based learning programme receives a financial aid of Rs 1500 per month. Aid for a cochlear implant amounts to Rs 100,000. There is a monthly train and bus allowance of Rs 550. Full financial support is offered for aids and appliances, and so on. ETC works closely with NGOs and national institutes for disabilities.

Source credit: Visit to ETC and interview of Dr. Varsha Bhagat, CEO, ETC, by Bhagyalaxmi Velugu

⁶⁶ The 73rd and 74th Constitution (Amendment) Acts of 1992 devolved powers to *panchayati raj* institutions in rural areas, and the urban local bodies. The Eleventh and Twelfth Schedule included education as one of the matters to be devolved.



Regulation and monitoring

In addition to the coordination of multiple state and non-state actors that play a role in education of children with disabilities, regulation and monitoring of the quality of services offered is an important governance function.

REGULATION OF SCHOOLS (PRIVATE SCHOOLS, SPECIAL SCHOOLS, HOME-BASED EDUCATION)

Regulatory norms prescribed under sections 18 and 19 of the RTE Act empower education officials to inspect and monitor mainstream private schools. However, as discussed in Chapter 2, the scheduled norms do not include parameters that would make a school inclusive. Special schools lie outside the regulatory purview of the education department, thereby precluding the schools' environment and curriculum from educational regulation. Certain state governments like Haryana monitor the delivery of home-based education by tracking the records of the special educator. However, there are no norms specified with regards to quality.

REGULATION OF TEACHER EDUCATION INSTITUTES

As discussed earlier under the section titled 'Human resources: provisions, practices and problems,' although the RCI imposes regulatory standards and monitors the quality of pre-service special teacher education programmes, there is no regulation or quality check of in-service training programmes that are conducted for general teachers on inclusive pedagogies. Given that general teachers play a pivotal role in making classrooms inclusive, lack of regulation of quality of training is a serious gap.

MONITORING OF NGOS

The Niti Aayog Three-Year Action Agenda recognizes the limited nature of the government's capacity to monitor as a major challenge due to the number of schemes implemented through NGOs (para 22.89, p. 162). For example, the DDRS is implemented through NGOs across states, and the number of NGOs supported through the scheme has steeply dropped from 592 in 2016/17 to 386 in 2017/18. It is not clear if this is a result of strict regulation and monitoring of supported organizations (see Annexure 10). In addition, a project monitoring system has been developed to monitor physical and financial progress of implementation of various components under Samagra Shiksha Abhiyan, including appraisal of annual plans and issuing of sanctions.

MONITORING OF SCHOOL QUALITY

Equity and quality are two core objectives of SDG 4. Quality monitoring of schools is done through different mechanisms such as Shagun,

CORPORATE SECTOR

The corporate sector has been actively involved in supporting and running education programmes for children with disabilities after corporate social responsibility (CSR) contributions were made mandatory in 2013.⁶⁷ A 2018 report on India's CSR reporting shows that 65 per cent of the projects supported under CSR are in education including special education and vocational skill development for persons with disabilities. However, the report indicated that only 32 per cent of the companies have aligned their CSR policies with the SDGs, including SDG 4. The spread of CSR is not uniform. In particular, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha and Uttar Pradesh which have a high concentration of aspirational districts have only 25 per cent CSR projects, and receive only 13 per cent of overall CSR expenditure in a given year (KPMG, 2018).

Effective coordination between the above-mentioned key external actors, and the convergence between different ministries and departments within the government at state and national levels, as discussed in Chapter 4, remain key challenges of governance.

⁶⁷ Section 135 of the Companies Act, 2013 specifies a net worth of Rs 5000 million or more, or a turnover of Rs 10,000 million or more, or a net profit of Rs 50 million or more, as threshold limit for applicability of CSR to a company. Such companies are required to spend 2 per cent of average net profits during the three immediately preceding financial years. Schedule VII under section 135 of the Companies Act, 2013 provides a list of activities that can be supported under CSR.

an online monitoring module which measures state-level performance and progress against key educational indicators and allows real-time assessments, Shaala Siddhi, a school standards and evaluation framework developed by the NIEPA that enables schools to self-evaluate based on seven key domains, and the MHRD's performance grading index (PGI) that uses a 70 indicator matrix to grade the states and union territories. The School Education Quality Index proposed by Niti Aayog in 2018 to measure 'effectiveness and efficiency of the school education sector' and positioned as a 'means to an end, so as to focus on improving teaching and learning in schools' has no indicators for the education of children with disabilities. The Index for Developing Inclusive Schools developed by NCERT serves as a useful reference for indicators and scoring of schools on inclusion (Julka, n.d.). School teachers' performance is assessed using the NCERT developed framework for Performance Indicators for Elementary School Teachers (PINDICS). With regards to student performance, there is a prescription of learning outcomes for each grade and each subject. The National Achievement Survey is conducted to test student learning outcomes.

The Strategy for New India@75 includes a proposal to establish an electronic national educational registry for tracking each child's learning outcomes through a unique ID, based on continuous comprehensive evaluation (CCE) and final exams, with greater attention paid to needs of children with physical and intellectual disabilities (Niti Aayog, 2018). The strategy document also recommends developing indicators for rating schools on inclusivity (see Box 20). Given that currently there is no measure to track the practice of inclusion of students

with disability, innovative pedagogies used, reasonable accommodation measures and learning outcomes for students with disabilities in the education system, operationalization of such tracking would be of interest to the sector.

Financing of education of children with disabilities

Literature shows that those who experience intersecting discrimination tend to be particularly marginalized, and are likely to be at a disadvantage in budget processes (Cote & Meeks, 2017). Literature shows that inclusive education is cost-effective (see Box 21), and child-friendly inclusive education (especially when started from early years onwards) leads to better social, academic, health and economic outcomes for all learners, and at less cost than special or segregated education. (IDDC and Light of the World, 2016). Yet, budgetary efforts in education are directed towards special schools rather than adequately resourcing inclusive education (Cote & Meeks, 2017).

The overall trends in financial provisioning show that allocation and utilization of finances are key issues in ensuring education of children with disabilities.

Issues in allocation

1 Allocation to education has not reached 6 per cent of GDP. This target was recommended by the Kothari Commission (1964–1966),⁶⁸ and reiterated in every NPE since 1968. Education 2030 also sets forth

BOX 20

Niti Aayog Strategy for New India @75 - Education

- Include courses in disability etiquette and success stories of persons with disabilities in the mainstream curriculum to change attitudes towards persons with disabilities.
- Provide special education training in teacher training courses.
- Enhance scholarships and fellowships to students with disabilities.
- Make schools more inclusive by addressing barriers related to the physical environment (e.g. accessible toilets), admission procedures as well as curriculum design.
- Ensure that schools have at least one section of every class accessible under Universal Design Guidelines.
- Foster partnerships between the MHRD and MSJE to promote synergies among inclusive and special schools in both government and private sectors.
- Develop indicators for rating schools on inclusivity.
- Include disabled-friendly sports, cultural and technical programmes in schools and colleges
- Increase government spending on education as a whole (not just school education) to at least 6 per cent of GDP by 2022.

Source: Niti Aayog, Government of India (2018). Strategy for New India@75. Pp. 158-159.

⁶⁸ Also known as the Education Commission, Ministry of Education, Government of India (1966).

BOX 21

Inclusive education is cost-effective - international evidence

- In low-income contexts, inclusive education is more cost-efficient than special or segregated education (UNESCO Bangkok, 2009; Peters, 2003)
- Countries are recognising the inefficiency of multiple systems of education (UNICEF, 2012)
- Evidence from Bangladesh, Cambodia, India, Nepal and Philippines shows that the returns on investing in education for people with disabilities are two to three times higher than returns on investing in persons without disabilities (Lamichhane, 2014)
- The cost of exclusion of children with disabilities has an impact on national economic growth and is not economically viable (Morgon Banks & Polack, 2014).
- Inclusive education has a mediating effect on poverty and can be a powerful way of ensuring that children and young people are protected against extreme poverty as adults (Filmer, 2008).
- The earlier in the child's life that the investment is made, the greater the return on investment (Heckman & Masterov, 2007)

this target. Yet, the overall government spending on education (both centre and state governments together) has remained below 4 per cent, ranging from 3.2 per cent in 2006/07 to 3.7 per cent in 2013/14 (Budget Estimate - BE) (CBGA, 2017).

- 2 **Of the total education budget, school education, comprising elementary (Grades 1 to 8) and secondary (Grades 9 to 12), gets the highest allocation.** In 2013/14 (BE), the centre and the state together allocated 2.85 per cent of GDP to school education. Although the overall quantum of budgetary spending may have gone up, its proportion to national GDP has declined (CBGA, 2017). See Figure 17.
- 3 **The allocation of Rs 363,220 million for Samagra Shiksha Abhiyan is higher than the allocations made in previous years for the flagship programmes it now subsumes.** However, it might not be adequate to correct the accumulated deficits, particularly with respect to making schools inclusive according

to the provisions of the RTE and RPWD acts. See Figure 18.

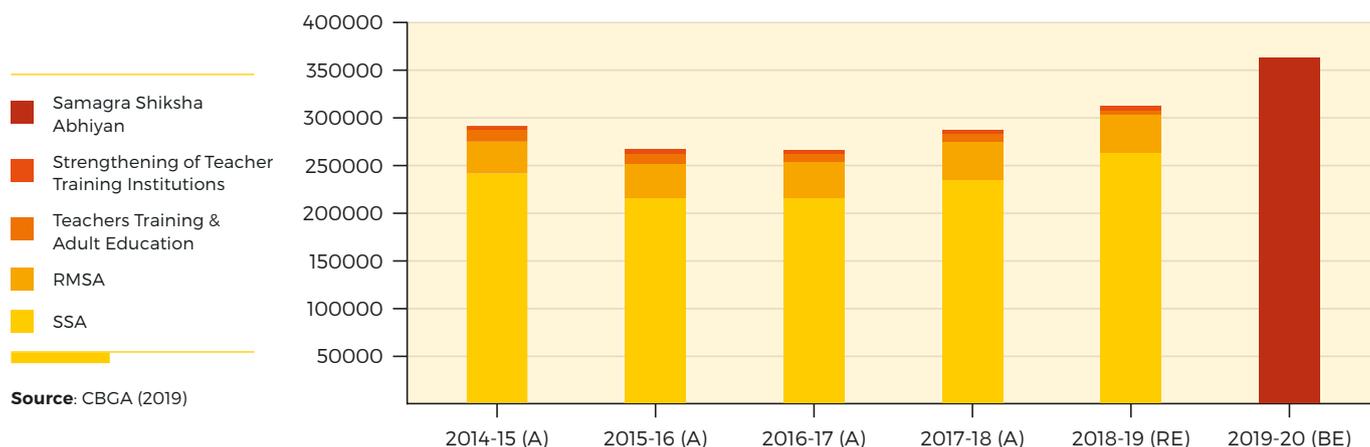
- 4 **During the Fourteenth Finance Commission period (2015/16 to 2019/20), the central share in education has reduced and state share in education has increased.** The central government's expenditure on education as percentage of central budget decreased from 4.6 per cent in 2014/15 (BE) to 3.5 per cent in 2019/20 (BE). The devolution of central taxes to states has increased from 32 per cent to 42 per cent, and states have received more untied resources. An analysis of state budgets for the first three years of 14th Finance Commission (2015/16 [A] and 2017/18[BE]) shows a three percentage point increase in states' share of expenditure for education (CBGA, 2019).
- 5 **There are inter-state variations with regards to allocations made for education.** The allocation and expenditure of select states for all educational interventions for children with disabilities by different state departments

FIGURE 17
Public expenditure on school education as percentage of GDP



Source: CBGA (2017)

FIGURE 18
Allocations by MHRD to select education schemes



Source: CBGA (2019)

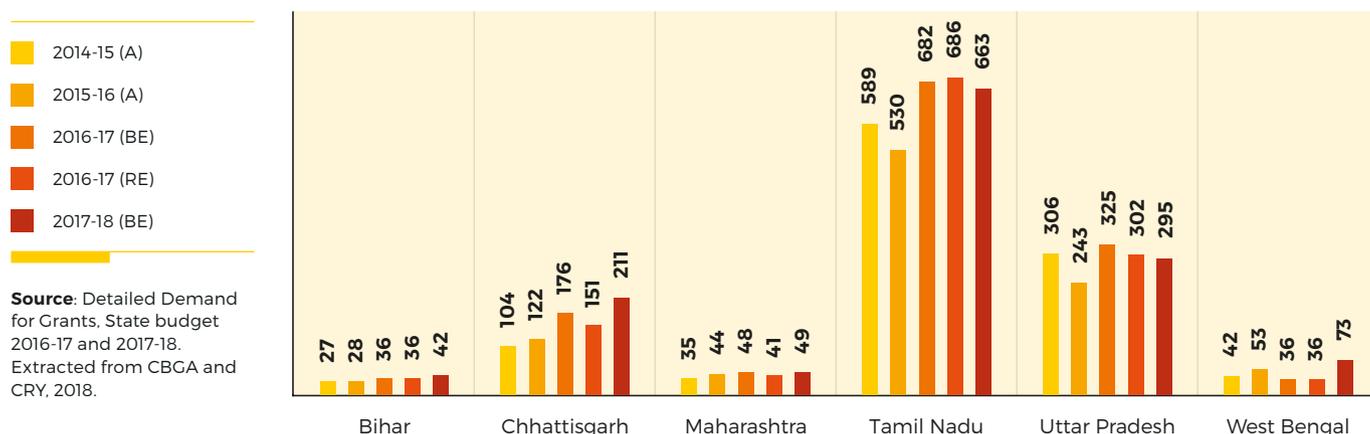
shows wide variations. Tamil Nadu has a relatively higher allocation due to a separate department for persons with disabilities since 1993 (CBGA & CRY, 2018). The data also shows that from 2014/15 (A) to 2017/18 (BE), there has been an increase in allocations in the states except in Uttar Pradesh.

6 Allocations made for education of children with disabilities constitute a very small percentage of outlays under SSA and RMSA and large variations exist across states. An examination of the allocations made under SSA and RMSA (see Tables 18 & 19) shows that under SSA, the approved outlays for children with disabilities was less than 1 per cent in the case of Bihar, Chhattisgarh and Uttar Pradesh from 2016/17 to 2017/18, in spite of adopting the RPWD Act and SDG 4. Even in the case of Maharashtra, and Tamil Nadu, there were declines in the percentage of approved outlay set aside for children with disabilities. In the case of RMSA, the state-level variations are enormous with Bihar and Chhattisgarh having less than 1 per cent of their outlays allocated

to IEDSS, while Maharashtra, which has lower outlays approved for RMSA, has almost a quarter of its outlays allocated for IEDSS.

- 7 The Strategy for New India @75 document suggests a 5 per cent allocation of resources across social sectors to be earmarked for persons with disabilities.** However, there has been no guideline or circular to this effect so far (CBGA, 2019). The central government allocation towards expenses for persons with disabilities has remained 0.02 per cent since 2016. The proportion of state contribution is over three times that of the Centre. (National CRPD Coalition-India, 2019).
- 8 Allocations to the DEPWD have increased over the years.** Yet, funds have remained unspent every year. See Figure 20.
- 9 No financial commitment has been made towards implementing the RPWD Act across states.** The fund allocated for SIPDA has been primarily used for implementing the Accessible India campaign, skill development programme and awareness building.

FIGURE 19
Budgetary interventions for school education for children with disabilities - select states (Rs Millions)



Source: Detailed Demand for Grants, State budget 2016-17 and 2017-18. Extracted from CBGA and CRY, 2018.



TABLE 18
Interventions for children with disabilities in SSA – select states (Rs Millions)

States	2016-17			2017-18		
	Approved Outlay for SSA	Approved Outlay for CWDs	Approved Outlay for CWDs as percentage of total SSA approval	Approved Outlay for SSA	Approved Outlay for CWDs	Approved Outlay for CWDs as percentage of total SSA approval
Bihar	96,650	540	0.6	1,05,590	520	0.49
Chhattisgarh	23,510	160	0.7	22,690	130	0.59
Maharashtra	22,960	760	3.3	24,470	680	2.78
Tamil Nadu	26,560	410	1.5	27,780	410	1.47
Uttar Pradesh	1,90,140	500	0.3	2,06,880	640	0.31
West Bengal	46,880	450	1.0	51,570	312	0.60

Source: 1] Based on MHRD: 'Minutes of the Meeting of Project Approval Board (PAB) of SSA for Implementation of the Annual Work Plan & Budget for 2016-17,' New Delhi, Government of India.

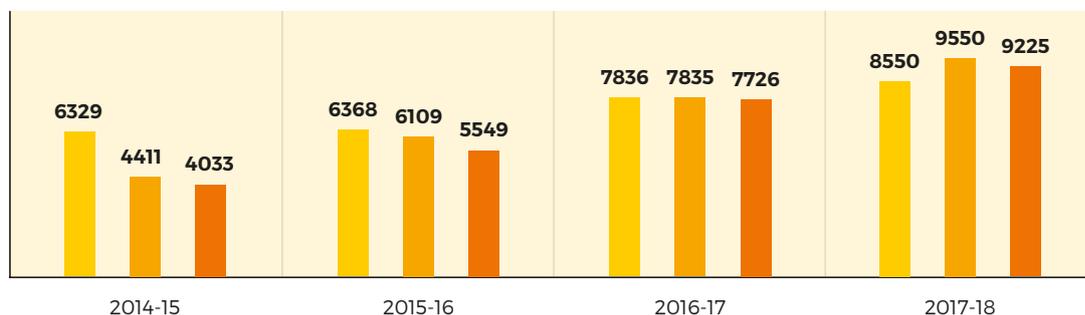
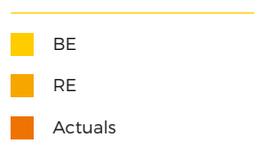
2] Based on MHRD: 'Minutes of the Meeting of Project Approval Board (PAB) of SSA for Implementation of the Annual Work Plan & Budget for 2017-18,' New Delhi, Government of India (CBGA & CRY, 2018)

TABLE 19
Interventions for children with disabilities in RMSA 2017/18 – select states (Rs Millions)

States	Total RMSA approval	IEDSS Approval	IEDSS as percentage of total RMSA approval
Bihar	8,640	38	0.4
Chhattisgarh	3,390	14	0.4
Maharashtra	2,940	730	24.8
Tamil Nadu	4,490	118	2.6
Uttar Pradesh	3,160	119	3.8
West Bengal	2,420	68	2.8

Source: Based on MHRD 'Minutes of the Meeting of Project Approval Board (PAB) of RMSA for Implementation of the Annual Work Plan & Budget for 2017-18,' New Delhi, Government of India (CBGA & CRY, 2018).

FIGURE 20
Allocations to the DEPWD



Source: Compiled by CBGA from successive years' union budget documents. CBGA (2019).

TABLE 20
Trend in allocation for SIPDA (Rs in millions)

Year	BE	RE	Actuals
2014-15	710	553	431
2015-16	1,180	792	161
2016-17	1,930	1,930	1,863
2017-18	2,070	2,570	2,723
2018-19	3,000	2,580	NA
2019-20	3,300	NA	NA

Source: Compiled by CBGA for the union budget document, various years. CBGA (2019)

As Table 20 shows, the sudden increase in 2015/16 can be attributed to the launch of the Accessible India campaign which was brought under the purview of the SIPDA. Yet there unspent funds in all the years in question except in 2017/18.

- 10 **The financial allocations for institutional development have remained stagnant.** Allocations made between 2015/16 and 2019/20 show that the amount allocated for establishing the Indian Sign Language Institute has largely remained stagnant from 45 million in 2017/18 to 50 million thereafter (CBGA, 2019), although the Institute has started admitting small batches of students and has a target to achieve. The Institute for Universal Design, one of the key measures towards ensuring accessibility, finds a marginal allocation of Rs 5 million. The allocations made to the RCI marginally increased from Rs 62 million (BE) in 2014/15 to Rs 72 million (BE) in 2018/19, but reduced to Rs 50 million (BE) in 2019/20. Although the Three-Year Action Agenda of the Niti Aayog commits to building regional centres, a corresponding increase in allocation to support this commitment is not seen (CBGA, 2019).



Issues of management and utilization

Delays and underutilization are the biggest issues with financial management and performance at both central and state levels. Delays in releasing funds has contributed to underutilization, although the latter is also a result of poor absorptive capacities of state governments, particularly at decentralized levels. Even when there is limited allocation for education of children with disabilities, financial management issues and underutilization of funds allocated to both MSJE and MHRD have been recorded by the Lok Sabha Committee on Social Justice and Empowerment, the Comptroller and Auditor General, official reports and budget analysis.

UTILIZATION OF FUNDS UNDER THE SCHEMES OF MSJE

- The Committee on Social Justice and Empowerment (Lok Sabha Secretariat, 2018b) noted the following issues with regards to specific schemes implemented by the MSJE.
- Important schemes like budgetary support to National Trust, Rehabilitation Council of India, Artificial Limbs Manufacturing Corporation (ALIMCO) and National Handicapped Finance and Development Corporation (NHFDC) had 50 per cent unspent balance as of 15 February 2018.
 - Schemes like Indian Spinal Injury Centre and Establishment of Centre for Disability Sports saw nil expenditure up to 18 January 2018.
 - Regarding RCI and National Trust, the MSJE submitted that the low utilization of funds was due to non-receipt of proposals for financial assistance to candidates pursuing RCI approved courses.
 - Under the Scheme of Budgetary Support to National Trust, the entire amount of Rs 4 crore earmarked for the Northeast region remained unutilized due to insufficient number of registered organizations in the region to implement schemes.

The Planning Commission (2013) reviewed implementation of ADIP for three years. The financial performance in 18 selected states showed that only about 46 per cent of funds allocated were actually released and utilized.



UTILIZATION OF FUNDS FOR IMPLEMENTING THE RTE ACT

The CAG report (2017) on implementation of the RTE Act found the following.

- Government of India has not provided any separate budget for implementation of the RTE Act.
- State governments were constantly unable to utilize between 21% and 41% of funds during the first five years of the RTE Act, from 2010/11 to 2015/16.
- Unutilized grants at the close of each year ranged from between Rs 12,259.46 crore to Rs 17,281.66 crore across 35 states and union territories.
- There was short utilization (between 9 and 65 per cent) of research, evaluation, monitoring and supervision (REMS) funds by nine states.
- There are delays in release of funds from state nodal departments to districts, especially in the NE states.
- Audit observations with regards to education of children with disabilities by the CAG report showed issues in disbursing entitlements, and shortfalls in verification of disability certificates (See Box 22).

BOX 22

Financial management under RTE Act of education of children with disabilities - select states



State	Audit observations
Assam	Out of 607,182 children with identified disabilities, 516,169 (85 per cent) were enrolled in schools and the balance (15 per cent) were provided home-based education. The shortfall in providing transport allowance (TA) to enrolled children with disabilities ranged from 66.27 per cent to 96.65 per cent from 2010 to 2015. No TA was provided during 2015/16 due to non-receipt of funds from the Indian Government.
Gujarat	Braille books were not provided to 9,189 children between 2010 and 2016. SPD stated (in September 2016) that Braille books were not provided during the preceding two years as approved cost of Braille books was very low in comparison to actual cost, and there was no participation in online tender for Braille books between 2014 and 2016. The department was silent on why corrective measures were not taken.
Kerala	In 60 test-checked schools in Thrissur and Idukki Districts, between 42 and 79 children with disabilities were eligible for free and safe transportation between 2010/11 and 2015/16. However, no facility was provided between 2010/11 and 2011/12. From 2012/13 to 2015/16, between 1 and 6 students received the facility.
Tamil Nadu	Between 22,310 and 25,468 children with disabilities identified between 2010 and 2014 were not provided transportation as funds were not allotted by SSA, though funds were allotted under Inclusive Education for Disabled (IED). As of March 2016, 20,588 children with disabilities were not provided with transport. Also, a grant of Rs 357.5 million was received under IED for provision of equipment such as callipers, hearing aids, wheelchair and transport arrangements in five test-checked districts. Out of this, only Rs.327.2 million was utilized. Despite having a closing balance of Rs 30.3 million, 798 out of 7,049 children with disabilities were not provided the equipment they were entitled to.
Uttar Pradesh	As per the Manual for Planning and Implementation of Inclusive Education, children with mild disabilities (less than 40 per cent) were not eligible for benefits provided to children with disabilities. Out of 1,876,000 children enrolled as children with disabilities from 2010 to 2016, only 209,000 children had disability certificates. However, 1,667,000 children who were not issued disability certificates were also considered eligible, leading to irregular expenditure of Rs 2564.9 million.



Summary

Early detection of developmental delays and timely interventions are not yet widespread. In India, the focus on early childhood development has been through the Anganwadi centres. A survey by NITI Aayog indicated more than 40 per cent of these centres did not have adequate infrastructure and facilities.

Barriers to using the substantial provisioning ensured by the RPWD and RTE Acts include lack of awareness about legal rights and entitlements of CWDs, lack of accessibility of grievance redressal mechanisms, and lack of a coordinated enforcement mechanism for implementation.

The professional development of teachers is the crucial link in implementing the vision and action plan for inclusive education. The National Council of Teacher Education and the Rehabilitation Council of India (the two statutory bodies that regulate professional development of general teachers and special educators respectively) are taking measures to prepare teachers for inclusive education. But meeting the diverse needs of all children, especially those with disabilities, in regular or special schools, home-based education or in community-based settings remains a substantive challenge. Human resource development and training is an ongoing strategy requiring continual investment and flexible planning to address emerging issues.

There is an increasing awareness of the importance of education among parents of children with disabilities. However parents from low income families face challenges such as absence of adequate transport and very little transport allowance, forcing them to physically drop and pick up the child themselves. A UNESCO commissioned study in select states indicate parents feel insecure about the safety of their child in the school.

According to Niti Aayog, a major obstacle to designing effective policy interventions for children is the unavailability of credible data. Data systems specifically focused on information related to children with disabilities require streamlining in order to improve the availability, validity and reliability of data.

There are governance related issues such as poor provisioning for education of CWDs in all kinds of educational settings, the problem of reach and disparities in access, and effective coordination between different stakeholders. Financing of education for CWDs suffers from inadequate and reducing allocations, delays in releasing funds and underutilization of allocations. Budgeting exercises undertaken by central and state governments are restricted since they focus only on children within the system rather than those who are currently outside but need to be brought in.



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Recommendations

The following specific recommendations are aimed at strengthening implementation of policy goals, and are based on the foregoing analysis of the status of right to education as well as the commitments made under the UNCRPD, SDG 4, the RTE Act and the RPWD Act.





Recommendations

Recommendation 1

Amend the RTE Act to better align with the RPWD Act by including specific concerns of education of children with disabilities.

NATIONAL LEVEL

There is a need for additional amendments to the RTE Act –the primary legislation on right to education – that specifically include rights of children with disabilities. These could comprise the following.

- Prescribing norms and standards to be followed by special schools and minimum standards for provision of home-based education.
- Revising the existing Schedule of the RTE Act to include physical infrastructure norms to make all schools accessible, such as disabled-friendly toilets, accessible entrances, signages, accessible drinking water facilities, emergency evacuation facilities and provision of assistive technologies in the library.

- Making appropriate authorities responsible for filling up vacancies of special teachers along with vacancies of general teachers as prescribed under Section 26.
- Mandating the Academic Authorities to incorporate inclusive pedagogies in curriculum and evaluation procedures under Section 29(2).

STATE LEVEL

The state governments need to amend their respective state rules following the RTE (Amendment) Act, 2012, and also harmonize them with the RPWD Act and the RPWD State Rules. Specifically, they can include provisions related to reasonable accommodation, assistive technologies and the role of SMCs in facilitating and supporting inclusive schools.

Recommendation 2

Establish a coordinating mechanism under MHRD for effective convergence of all education programmes of children with disabilities.

NATIONAL LEVEL

Education of CWDs requires a cross-cutting approach. Hence there is a need to operationalize how convergence can be actualized, and how it would work at different levels for different activities, between different departments, ministries, and schemes. Planning for convergence could take into account specific areas where there are multiple agencies and interventions involved, to leverage existing resources and remove inconsistencies. Appointing nodal officers within concerned departments and ministries will help ensure mainstreaming of rights of children with disabilities within each department or ministry..

STATE LEVEL

State governments too need to operationalize and build convergence across departments that play a role in education of children with disabilities. Preparing concrete roadmaps and articulating specific district-wise targets, strategies, timelines and key stakeholder roles shall help in better convergence of central and state schemes at district level. These policies and roadmaps should be made available in the public domain and tracked annually during budgeting and annual reporting.



Recommendation 3

Ensure specific and adequate financial allocation in education budgets to meet the learning needs of children with disabilities.

NATIONAL LEVEL

In keeping with national commitments and international norms, 6 per cent of GDP and 20 per cent of the budget need to be allocated to education. Alongside, financial management systems and processes need to be streamlined to minimize delays in release of funds to states. Like gender budgeting, disability budgeting could be used to track resource allocation for various interventions to enable review and action in case budgets are found to be lacking in their focus on children with disabilities.

STATE LEVEL

There is a need to improve utilization of funds allocated to education of children with disabilities. Absorptive capacities can be built by encouraging innovation, experimentation and learning from other stakeholders. Establishing appropriate accountability and transparency processes at a decentralized level can help improve financial management of resources.

Recommendation 4

Strengthen data systems to make them robust, reliable and useful for planning, implementation and monitoring.

NATIONAL LEVEL

Data forms the backbone of effective planning and progress monitoring. There is hence a need to streamline the different data systems by including all 21 disabilities covered under the RPWD Act, bringing uniformity in definitions, and providing disaggregation of data on disability and gender. In order to improve accuracy and comparative value of data, the next rounds of Census and NSSO should consider internationally used disability measures such as the new Washington Group Questions or contextually appropriate UNICEF tools. Data about special

schools, home-based education and children with disabilities who are out of school should also be included in the EMIS-school based census and surveys.

STATE LEVEL

The mandatory annual school-mapping exercise undertaken as per the RTE Act should include the disabilities listed under the RPWD Act to help generate an annually updated local database. There is a need to create a culture of data-driven decision-making at state and district levels. This in turn requires building capacity and training officials and SMC members in data use.

Recommendation 5

Enrich school ecosystems and involve all stakeholders in support of children with disabilities.

NATIONAL LEVEL

A learner-friendly school environment demands coordinated understanding and effort from all concerned stakeholders. This will entail rethinking capacity building. Curriculum frameworks for teachers' professional development need to look beyond deficit models and build on the inherent cultural strengths of Indian society, such as acceptance of diversity to tackle negative attitudes and promote inclusion. Resources and efforts towards teacher preparation need to be streamlined under one regulatory authority. In the long term, general teachers must be trained to address needs of children with disabilities, reducing dependence on special educators. A large array of short term courses can be offered for teachers to choose from, should they wish to specialize further. Educational administrators and school leaders should take the lead in reaching out to parents of children with disabilities, forging closer

links between schools and communities, and networking across contexts to support teachers towards inclusion. Systematic collection, use and dissemination of evidence on what works and under what conditions is essential.

STATE LEVEL

Communities of practice will help create a common sense of purpose around inclusive education through a shared, contextual understanding. Higher education institutions with experience in the sector can be identified to design need based, contextually relevant programmes engaging teachers over an extended period of time. Periodic follow up and feedback is essential for programmes to translate into changes in classroom practices. This will be resource intensive and a long term plan needs to be charted out to ensure flow of funds, with support from the central government.



Recommendation 6

Massively expand the use of information technology for the education of children with disabilities.

NATIONAL LEVEL

There is a need to develop more assistive technologies and encourage multi-disciplinary research and development in this area in keeping with the emphasis on technology-enabled learning within the Samagra Shiksha Abhiyan programme. This would include supporting the development of no-cost or low-cost accessible solutions for various learning needs of children with disabilities, and making these available in open source formats. Diksha, the national digital portal for teachers, could provide a platform for sharing and creating assistive technologies that can be used by both general teachers and special educators.

STATE LEVEL

The SCERTs should consider incorporating the Universal Design for Learning (UDL) framework within the state curriculum. This will help make learning accessible with the use of proactive designs of accessible and usable standards, inclusive curricula, instructional methods and materials, and assessments. It would also require training general teachers on use of UDL principles and techniques as part of their orientation in inclusive practices.

Recommendation 7

Give a chance to every child and leave no child with disability behind.

NATIONAL LEVEL

Given that inclusion is a critical parameter of quality, the School Education Quality Index should include specific indicators about education of children with disabilities, and use them track if schools are inclusive. The role of school leadership in building quality, inclusive learning environments should be recognized at the national level by initiatives such as the National Centre for School Leadership (NCSL), NIEPA by including 'Leading Inclusive Schools' as one of their focus areas.

STATE LEVEL

State governments should consider building school clusters that include all educational settings catering to children with disabilities.

Mainstream schools should play a pivotal role in fostering inclusion by developing strong and organic linkages with special schools and home-based education. This would allow optimization of existing resources and offer unified educational interventions for children with disabilities. In the long term, all mainstream schools would have to be transformed to become fully inclusive. Incentives should be provided to school leaders of mainstream schools, SMCs and district authorities who help build inclusive learning environments across the school clusters.

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Recommendation 8

Transform teaching practices to aid the inclusion of diverse learners.

NATIONAL LEVEL

Strengthening pedagogy, teaching-learning material and assessment cannot be achieved without appropriate teacher education. Part-time or online courses on inclusive education leading to certification should be institutionalized as in-service opportunities for teachers. Such courses can be created as a collaboration between NGOs, universities and national institutes. Teachers, both special and mainstream, working in inclusive settings can be brought onboard to provide field data and feedback to inform the course design. Creating open access repositories of teaching-learning materials and best practices on inclusive pedagogies will lead to better knowledge sharing. Contextual, standardized assessment and diagnostic tools in different

Indian languages should be developed for efficient identification of hidden disabilities.

STATE LEVEL

Since in-service training programmes are planned at the state level and conducted at local levels, there is a need to design these not as a one-time events, but as extensive, periodical, continuing practice-based education with inbuilt mechanisms for transfer of knowledge into classrooms. Special educators in special schools and those providing support in mainstream schools should be provided in-service training in inclusive education. In addition, state governments can consider issuing detailed guidelines towards bringing in flexibility in the schooling processes, keeping in mind the specific needs of children with disabilities.

Recommendation 9

Overcome stereotypes and build positive dispositions towards children with disabilities, both in the classroom and beyond.

Since attitudinal barriers play a significant role in determining inclusive education, there is a need to launch concerted campaigns and awareness drives at all levels. The key messages must emphasize rights of children with disabilities to participate in inclusive schools and the duties

of all key stakeholders in respecting, protecting and fulfilling these rights. Exemplars and best practices of inclusion and what works should be shared at the national, state and local levels, particularly in local languages.

Recommendation 10

Foster effective partnerships involving government, civil society, the private sector and local communities for the benefit of children with disabilities.

The efforts of multiple stakeholders working on the issue can be strengthened by building partnerships and fostering collaborations. The knowledge base of the NGO sector, which is highly active and effective in creating innovative and inclusive practices, should be tapped into. Research and development contributions of national institutes and academic institutions can be utilized and scaled up through programmes

and schemes. Additional resources and visibility brought by the corporate sector can be utilized to address unmet needs. Above all, the thought leadership of DPOs would need to be proactively used at every stage of planning, development and evaluation. These partnerships are critical to achieve desired results and for reaching the goals of building inclusive societies through inclusive schools.





Annexures

ANNEXURE 1

Select provisions from international treaties, declarations and political commitments

UN convention on the Rights of the Child, 1989

(ratified by India on 11 December 1992)

ARTICLE 23

- 1 States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.
- 2 States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.
- 3 Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.
- 4 States Parties shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of children with disabilities, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen

their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.

ARTICLE 28

- 1 States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:
 - Make primary education compulsory and available free to all.
 - Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need.

The UN Convention on Rights of Persons with Disabilities

(ratified by India on 1 October 2007)

ARTICLE 7

- 1 States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.
- 2 In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.
- 3 States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

ARTICLE 8

- 2b Fostering at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of persons with disabilities.



ARTICLE 24

- 1 States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to:
 - The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity.
 - The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential.
 - Enabling persons with disabilities to participate effectively in a free society.
- 2 In realizing this right, States Parties shall ensure that:
 - Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability.
 - Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live.
 - Reasonable accommodation of the individual's requirements is provided.
 - Persons with disabilities receive the support required, within the general education system, to facilitate their effective education.
 - Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.
- 3 States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:
 - Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring.
 - Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community.
 - Ensuring that the education of persons, and in particular children, who are blind, deaf or deaf blind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.
- 4 In order to help ensure the realization of this right, States Parties shall take appropriate

measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.

- 5 States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.

ARTICLE 30

- 30 To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system.

Declaration on the Rights of Disabled Persons, 1975

ARTICLE 6

Disabled persons have the right to medical, psychological and functional treatment, including prosthetic and orthetic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, aid, counselling, placement services and other services which will enable them to develop their capabilities and skills to the maximum and will hasten the processes of their social integration or reintegration.

Standard Rules on the Equalization of Opportunities for Persons with Disabilities, 1993

RULE 6

States should recognize the principle of equal primary, secondary and tertiary educational opportunities for children, youth and adults with disabilities, in integrated settings. They should ensure that the education of persons with disabilities is an integral part of the educational system.

- 1 General educational authorities are responsible for the education of persons with disabilities in integrated settings. Education for persons with disabilities should form an integral part of national educational planning, curriculum development and school organization.
- 2 Education in mainstream schools presupposes the provision of interpreter and other appropriate support services. Adequate accessibility and support services, designed to meet the needs of persons with different disabilities, should be provided.
- 3 Parent groups and organizations of persons with disabilities should be involved in the education process at all levels.
- 4 In States where education is compulsory it should be provided to girls and boys with all kinds and all levels of disabilities, including the most severe.
- 5 Special attention should be given in the following areas:
 - Very young children with disabilities.
 - Pre school children with disabilities.
 - Adults with disabilities, particularly women.



- 6 To accommodate educational provisions for persons with disabilities in the mainstream, States should:
 - Have a clearly stated policy, understood and accepted at the school level and by the wider community.
 - Allow for curriculum flexibility, addition and adaptation.
 - Provide for quality materials, ongoing teacher training and support teachers.

The Salamanca Statement and Framework for Action on Special Needs Education, 1994

ARTICLE 2

We believe and proclaim that: every child has a fundamental right to education, and must be given the opportunity to achieve and maintain an acceptable level of learning.

- Every child has unique characteristics, interests, abilities and learning needs.
- Education systems should be designed and educational programmes implemented to take into account the wide diversity of these characteristics and needs.
- Those with special educational needs must have access to regular schools which should accommodate them within a child centred pedagogy capable of meeting these needs.
- Regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes and building inclusive society a; moreover, they provide an effective education to the majority of children and improve the efficiency and cost- effectiveness of the entire education system.

ARTICLE 3

We call upon all governments and urge them to:

- Give the highest policy and budgetary priority to improve their education systems to enable them to include all children regardless of individual differences or difficulties.
- Adopt as a matter of law or policy the principle of inclusive education, enrolling all children in regular schools, unless there are compelling reasons for doing otherwise.
- Develop demonstration projects and encourage exchanges with countries having experience with inclusive schools.
- Establish decentralized and participatory mechanisms for planning, monitoring and evaluating educational provision.
- Invest greater effort in early identification and intervention strategies.

- Ensure that, in the context of a systemic change, both preservice and inservice teacher education programmes address the provision of special needs education in inclusive schools.

Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific, 2002

- 1 Enact and/or enforce legislation and policies related to equal opportunities and treatment of persons with disabilities and their rights to equity in education, health, information and communications, training and employment, social services and other areas.
- 2 Ensure that disabled persons be an integral part of efforts to achieve the millennium development goals, particularly in the areas of poverty alleviation, primary education, gender and youth employment.
- 3 Strengthen national capacity in data collection and analysis concerning disability statistics to support policy formulation and programme implementation.
- 4 Adopt a policy of early intervention in all multisectoral areas, including education, health and rehabilitation, and social services for children with disabilities from birth to four years.

Beijing Declaration on Disability-inclusive Development, 2012

Governments are urged to:

PARA 6

Commit to the establishment and implementation of laws, policies and national action plans to achieve quality, inclusive education for all and guarantee the enrollment and retention of all school age children with disabilities, with provision of the necessary resources and support, and clear milestones towards

- 100 percent completion of education.

PARA 7

Incorporate training on special needs education and inclusive education in the pre-qualification and professional continuing education curricula for training teachers.



Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific, 2012

GOAL 5

Expand early intervention and education of children with disabilities. Target 5.A Enhance measures for early detection of, and intervention for, children with disabilities from birth to preschool age; Target 5.B Halve the gap between children with disabilities and children without disabilities in enrolment rates for primary and secondary education.

GOAL 6

Ensure gender equality and women’s empowerment. Target 6.A Enable girls and women with disabilities to have equitable access to mainstream development opportunities.

Education 2030: Incheon Declaration and Framework for Action, 2015

PARA 7

Inclusion and equity in and through education is the cornerstone of a transformative education agenda, and we therefore commit to addressing all forms of exclusion and marginalization, disparities and inequalities in access, participation and learning outcomes. No education target should be considered met unless met by all. We therefore commit to making the necessary changes in education policies and focusing our efforts on the most disadvantaged, especially those with disabilities, to ensure that no one is left behind

PARA 21

Given the significant challenges faced by persons with disabilities in accessing quality education opportunities and the lack of data to support effective interventions, particular attention is needed to ensure access to and outcomes of quality education and learning for children, youth and adults with disabilities.

Sustainable Development Goals, 2015

SDG 4

"Ensure inclusive and quality education for all and promote lifelong learning." Two of the targets for this goal mention disability:

- By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations
- Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, nonviolent, inclusive and effective learning environments for all.

SDG 11

"Make cities and human settlements inclusive, safe, resilient and sustainable." Two of the targets for this goal mention disability:

- By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons.
- By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.

2030 Agenda for Sustainable Development, 2016

²³ People who are vulnerable must be empowered. Those whose needs are reflected in the Agenda include all children, youth, persons with disabilities (of whom more than 80 per cent live in poverty)...We resolve to take further effective measures and actions, in conformity with international law, to remove obstacles and constraints, strengthen support and meet the special needs of people living in areas affected by complex humanitarian emergencies and in areas affected by terrorism.

²⁵ We commit to providing inclusive and equitable quality education at all levels – early childhood, primary, secondary, tertiary, technical and vocational training. All people, irrespective of sex, age, race or ethnicity, and persons with disabilities, migrants, indigenous peoples, children and youth, especially those in vulnerable situations, should have access to life-long learning opportunities that help them to acquire the knowledge and skills needed to exploit opportunities and to participate fully in society. We will strive to provide children and youth with a nurturing environment for the full realization of their rights and capabilities, helping our countries to reap the demographic dividend, including through safe schools and cohesive communities and families.

ANNEXURE 2A

Schemes under DEPWD, MSJE

Department of Empowerment of Persons with Disabilities (<i>Divyangjan</i>) ⁷⁰ (DEPWD) Ministry of Social Justice and Empowerment		
Sr. No.	Schemes	Details
1.	Deendayal Disabled Rehabilitation Scheme (DDRS) ⁷¹	<p>Model Projects</p> <ul style="list-style-type: none"> • Pre-schools, early intervention and training. • Special schools for mental retardation, hearing, speech and visual impairments. • Project for children with cerebral palsy. • Home-based rehabilitation and home management. • Community-based rehabilitation programmes (CBR). • Low vision centres.
2.	Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP) ⁷²	<ul style="list-style-type: none"> • Assist in procuring aids and appliances. • Covers visual impairment, leprosy, intellectual and developmental disabilities, hearing impairment, orthopaedic impairment. • Implementation through government and non-government agencies.
3.	Scheme for Implementation of Rights of Persons with Disabilities Act, 2016 (SIPDA) ⁷³	<ul style="list-style-type: none"> • Assistance to various implementing agencies to take a multi-sectoral collaborative approach towards implementation of the provisions of the RPWD Act. • Financial assistance to various implementing agencies. • Activities include providing a barrier-free environment, improving accessibility, skill development programmes, supporting composite regional centres and District Disability Rehabilitation Centre (DDRC). • Research on disability-related technology, products and issues
4.	District Disability Rehabilitation Centres (DDRC) ⁷⁴	<ul style="list-style-type: none"> • Creation of infrastructure and capacity building at district level for awareness generation, rehabilitation, training and guidance of rehabilitation professionals. • A joint venture between the centre and the state. Combination of financial and technical support by the central government, and infrastructural and administrative support by the state governments • Rehabilitative services offered include early intervention, therapeutic services, counselling, support services for education and vocational training. • After the initial 3 years, DDRCs are handed over to the local district administration and identified implementing agency.
5.	Scheme of financial assistance for skill training of persons with disabilities ⁷⁵	<ul style="list-style-type: none"> • Provide financial assistance for skill training for persons with disabilities. • Operate through training institutes recognized by DEPWD. • Cover all disabilities, including the ones under the National Trust. • For age 15 years and above.
6.	Indian Sign Language Research and Training Centre (ISLRTC)	<ul style="list-style-type: none"> • Development of manpower for using, teaching and conducting research in Indian Sign Language • Promoting use of Sign Language in education

⁷⁰ Department for Empowerment of Persons with Disabilities. Retrieved on 12 March 2019 from: [http://disabilityaffairs.gov.in/upload/uploadfiles/files/Compendium%20of%20Schemes-2018%20\(Eng\).pdf](http://disabilityaffairs.gov.in/upload/uploadfiles/files/Compendium%20of%20Schemes-2018%20(Eng).pdf)

⁷¹ Department for Empowerment of Persons with Disabilities. Retrieved on 12 March 2019 from: [http://disabilityaffairs.gov.in/upload/uploadfiles/files/ddrs\(1\).pdf](http://disabilityaffairs.gov.in/upload/uploadfiles/files/ddrs(1).pdf)

⁷² Department for Empowerment of Persons with Disabilities. Retrieved on 12 March 2019 from: <http://disabilityaffairs.gov.in/content/page/adip-scheme.php>

⁷³ Department for Empowerment of Persons with Disabilities. Retrieved on 12 March 2019 from: <http://disabilityaffairs.gov.in/content/page/sipda.php>

⁷⁴ Department for Empowerment of Persons with Disabilities. Retrieved on 12 March 2019 from: <http://disabilityaffairs.gov.in/content/page/ddrc-scheme.php>

⁷⁵ Department for Empowerment of Persons with Disabilities. Retrieved on 12 March 2019 from: <http://disabilityaffairs.gov.in/content/page/scheme-of-financial-assistance-for-skill-training-of-pwds.php>

ANNEXURE 2B

Schemes under National Trust, DEPWD, MSJE

The National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities ⁷⁶		
Department of Empowerment of Persons with Disabilities (<i>Divyangjan</i>) Ministry of Social Justice and Empowerment		
Sr. No.	Schemes	Details
1.	Early Intervention and School Readiness Scheme	<ul style="list-style-type: none"> • 0-10 years of age. • Day-care facility for at least 4 hours a day. • Provision for therapy, training and support to family members.
2.	Vikaas (Day-care)	<ul style="list-style-type: none"> • 10 years and above. • Day-care facility for at least 6 hours a day. • Enhancing interpersonal and vocational skills.
3.	Sambhav – aids and assistive devices	<ul style="list-style-type: none"> • Any Age • Collate and collect the Aids, software and other forms of assistive devices with provision for display and demonstration. • Provide information and easy access to devices, appliances, aids, software etc.
4.	Badhte Kadam – awareness and community interaction	<ul style="list-style-type: none"> • For community awareness, sensitization, social integration and mainstreaming. • Collaboration with campaigns and disseminate information on programmes by other ministries, government departments and organizations at national, state, district, block or panchayat level. • Collaboration with corporates and voluntary organizations. • Social media campaign, initiatives through ICT, workshops, fairs, roadshows, exhibitions.

ANNEXURE 3

Schemes under DSEL, MHRD

Department of School Education and Literacy (DSEL) Ministry of Human Resource Development		
Sr. No.	Schemes	Details
1.	Samagra Shiksha Abhiyan	<ul style="list-style-type: none"> • An integrated scheme for school education • Provision for inclusive and equitable education from pre-school to senior secondary levels in accordance with the SDG 4 (detailed information in chapter 2) • Covers children from 4 to 18 years of age.

Annexure 4

Scheme for early childhood care and education (ECCE)

Ministry of Women and Child Development (MWCD)		
Sr. No.	Schemes	Details
1.	Umbrella Integrated Child Development Services⁷⁷	<ul style="list-style-type: none"> • Schemes offered: Anganwadi Services Scheme, two nutrition programmes for expectant mothers, children and adolescent girls, National Creche Scheme and integrated child protection scheme • Anganwadis offer six services: Supplementary nutrition; pre-school non-formal education; nutrition & health education; immunization; health check-up; and referral services (Last three services provided through the Ministry/Department of Health and Family Welfare through National Rural Health Mission and Health System)

⁷⁶ The National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Mental Disabilities. Retrieved on 12 March 2019, from: <http://thenationaltrust.gov.in/content/innerpage/schemes.php>

⁷⁷ Ministry of Women and Child Development (n.d.). Retrieved on 13 March 2019 from: <https://icds-wcd.nic.in/icds.aspx>



ANNEXURE 5 Scheme for early identification and intervention

National Health Mission (NHM) Ministry of Health and Family Welfare (MHFW)		
Sr. No.	Schemes	Details
1.	Rashtriya Bal Swasthya Karyakram (RBSK) ⁷⁸	<ul style="list-style-type: none"> • Target Group <ul style="list-style-type: none"> » Covers babies born in public health facilities and at home. » Pre-school children in rural areas and urban slums. » Children in Grades 1 to 12 in government and government-aided schools. • Early health screening and Intervention for birth defects, deficiencies, developmental delays / disabilities and other childhood diseases. • Community level screenings at Anganwadis.

ANNEXURE 6 Schemes for skill development and employment

Ministry of Labour and Employment (MoLE)		
Sr. No.	Schemes	Details
1.	Vocational Rehabilitation Centres (VRC) ⁷⁹	<ul style="list-style-type: none"> • VRCs for children with disabilities, starting age 15. • Training and support for both job placement and self employment.
Skill Council for Persons with Disabilities (SCPWD) ⁸⁰ National Skill Development Corporation (NSDC), Ministry of Finance (MoF) Ministry of Skill Development and Entrepreneurship (MoSDE)		
1.	Deen Dayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY) ⁸¹	<ul style="list-style-type: none"> • Skilling and placement initiative for rural youth by the Ministry of Rural Development (MoRD). • Children of age 15 and older are eligible to apply
2.	Scheme for Implementation of Rights of Persons with Disabilities Act, 2016 (SIPDA)	<ul style="list-style-type: none"> • A centrally sponsored scheme by DEPWD-MSJE to implement RPWD Act 2016. Implemented in collaboration with NSDC.

⁷⁸ Ministry of Health and Family Welfare. Retrieved on 13 March 2019 from: http://nhm.gov.in/images/pdf/programmes/RBSK/For_more_information.pdf

⁷⁹ Ministry of Labour and Employment. Retrieved on 13 March 2019 from: <https://labour.gov.in/vrc>

⁸⁰ Ministry of Skill Development and Entrepreneurship. Retrieved on 14 March 2019 from: <http://www.scpwd.in/>

⁸¹ Ministry of Skill Development and Entrepreneurship. Retrieved on 14 March 2019 from: <http://www.scpwd.in/ddugky>



ANNEXURE 7 Schemes, others

Ministry of Youth Affairs and Sports (MYAS)		
Sr. No.	Schemes	Details
1.	Scheme of Sports & Games for the Disabled ⁸²	<ul style="list-style-type: none"> The scheme was implemented in special schools and inclusive schools.
2.	Scheme of Assistance to National Sports Federations	<ul style="list-style-type: none"> Paralympic Committee of India, Special Olympics Bharat and the All India Sports Council for the Deaf are also provided assistance under this scheme.
3.	Khelo India	<ul style="list-style-type: none"> One of the objectives is promotion of sports and physical fitness of children in schools.
Ministry of Finance		
1.	Tax relief To family members of persons with disabilities ⁸³	<ul style="list-style-type: none"> Provides for a deduction from the gross annual income when any expenditure on treatment, rehabilitation, training etc is incurred for a dependent child/ person, under Section 80DD of the Income Tax Act.

ANNEXURE 8 Status of DDRC across states

Name of state/ UT	DDRCs set up	Location of DDRCs (district)
Andhra Pradesh	11	East Godavari; Kurnool; Chittoor; Nellore; Vizianagram; Prakasam; Cudappah; Cuntur; Vishakapatnam; Anantpur; & Srikakulam
Telangana	5	Nalgonda Mahbubnagar; Medak; Karimnagar; Warangal;
Arunachal Pradesh	3	Itanagar (Naharlagun); Tawang & East Kamang)
Assam	13	Tezpur (Sonitpur); Dibrugarh; Silchar; Karimganj; Dhubri; Nagaon; Jorhat; Barpeta; Dhemaji; Sivasagar; Golaghat; Lakhimpur; Cachar
Andaman and Nicobar Islands	2	Port Blair; Nicobar
Bihar	22	Purnia; Supaul; Sitamarhi; West Champaran; Darbhanga; Gaya; Banka; Muzzafarpur; Chapra; Kishan Ganj; Nawada; Jehanabad; Samastipur; Begusarai; Nalanda; East Champaran; Kaimur; Madhubani; Bhojpur; Aurangabad; Vaishali & Araria

⁸² Ministry of Youth Affairs and Sports. Retrieved on 14 March 2019 from: <https://yas.nic.in/sports/scheme-sports-and-games-disabled>

⁸³ Ministry of Finance. Retrieved on 14 March 2019 from: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=118676>

Name of state/ UT	DDRCs set up	Location of DDRCs (district)
Chhattisgarh	7	Raipur; Raigarh; Durg; Rajnandgaon; Jashpur; Bastar; Dhamtari
Dadra and Nagar Haveli	1	Silvassa
Daman and Diu	1	Diu
Goa	1	Panaji
Gujarat	12	Surat; Jamnagar; Ahemdabad; Vadodra; Rajkot; Bhavnagar; Surendranagar; Nadiad; Junagarh; Dahod; Banaskantha & Sabarkantha
Haryana	5	Rohtak; Kurukshetra; Sonapat; Hissar & Fatehabad
Himachal Pradesh	3	Shimla; Dharmshala & Kinnaur
Jammu and Kashmir	8	Jammu; Udhampur; Leh; Anantnag; Doda; Barmulla; Poonch; Kupwara
Jharkhand	6	Palamu; Ranchi; Hazaribagh; Dumka; Dhanbad & Jamshedpur
Karnataka	8	Bellary; Belgaum; Mangalore; Tumkur; Gulbarga; Mandaya; Bidar; Kolar
Kerala	3	Kozhikode; Thrissur & Thiruvanthapuram
Lakshadweep	0	NA
Madhya Pradesh	24	Jabalpur; Balaghat; Rewa; Sagar; Indore; Jabua; Gwalior; Rajgarh; Ujjain; Satna; Khargaon; Khandwa; Agar; Alote-Ratlam; Jawad; Dewas; Mandasaur; Damoh; Shivpuri; Chhindawara; Cuna; Vidisha; Sehore; Shajapur
Maharashtra	11	Buldana; Wardha; Latur; Aurangabad; Mahim/Dadar; Gondia; Amravati; Pune; Nagpur; Jalgaon; Hingoli
Manipur	4	Imphal; Thoubal; Churachandpur; Imphal West
Meghalaya	5	Shillong; East Garo Hills; Jantia Hills West Khasi Hills & West Garo Hills
Mizoram	3	Aizawal; Lunglei+Lunglit; Kolasib+Mamit
Nagaland	1	Dimapur
Odisha	8	Kalahandi; Nabrangpur; Ganjam; Phulbani; Sambalpur; Keonjhar; Mayurbhanj; Koraput
Puducherry	2	Pondicherry & Karaikal
Punjab	8	Patiala; Sangrur; Ferozepur; Bhatinda; Hoshiarpur; Moga; Nawanshahr & Amritsar
Rajasthan	11	Ajmer; Jodhpur; Tonk; Bikaner; Jaisalmer; Jalore; Pali; Udaipur; Alwar; Bharatpur; Bhilwara)
Sikkim	1	Gangtok
Tamil Nadu	7	Vellore; Thoothukudi; Madurai; Salem; Virudhunagar; Kanyakumari & Perambalur
Tripura	4	North Tripura; South Tripura; Dhalai; Agartala (West Tripura)
Uttar Pradesh	39	Jaunpur; Hardoi; Deoria; Saharanpur; Rampur; Moradabad; Azamgarh; Aligarh; Bulandshahr; Ghazipur; Siddharthanagar; Kheri; Budaun; Basti; Unnao; Balrampur; Kushinagar; Sant Kabir Nagar; Shravasti; Sitapur; Corakhpur; Mau; Gonda; Varanasi; Agra; Meerut; Allahabad; Balia; Jhansi; Ambedkarnagar; Pilibhit; Rai Bareilly; Maharajganj; Muzzafarnagar; Mathura; Bareilly; Kanpur Dehat; Bahraich & Barabanki
Uttarakhand	5	Tehri Garhwal; Almorah; Haridwar; Bageshwar & Nainital
West Bengal	12	Bardhaman; Purulia; Bankura; Howarah; Malda; Nadia; Jalpaiguri; Murshidabad; Cooch Behar; Birbhum; Dakshin Dinajpur; Hooghly
Total	256	

Source: Ministry of Social Justice & Empowerment. Answers Data of Rajya Sabha Questions for Session 239/State/UT-wise Details of District Disability Rehabilitation Centres as on April 2016. Retrieved on 5 March 2019 from: <https://data.gov.in/resources/stateut-wise-details-district-disability-rehabilitation-centres-april-2016-ministry-social>

ANNEXURE 9 State-specific policy frameworks

State	Key provisions
Chhattisgarh ⁸⁴	<ul style="list-style-type: none"> • Emphasis on equal access to education and the development of a single education system catering to all learners within an inclusive environment. • The state shall meet all the requirements of educational needs of all categories of persons with disabilities in a targeted timeframe by method of inclusion and or through special schools. • Curriculum development in regular schools to ensure flexibility, addition and adaptation. • Standardization of salaries of all special educators with mainstream school teachers in accordance with central government payscale. • Appropriate technology development in education and training. • Links between education and the world of work need to be strengthened. • Transport systems to ensure that children with disabilities reach educational institutions. • Appropriate methods to assess and identify children with disabilities.
Himachal Pradesh ⁸⁵	<ul style="list-style-type: none"> • Provision of free education to disabled children having 40 per cent or more disability from Grade 1 to university education (including technical and professional courses) in all government institutions. • Provision of free textbooks, transport, aids and appliances, learning tools, mobility assistance, conducive learning environment, support services, therapies for physical rehabilitation, counselling, modified educative material according to the needs/disabilities like Braille library, dictaphone, speech therapy, special desks for children with muscular dystrophy. • Needs of children with severe disabilities to be addressed through expansion of special schools in areas not covered, with assistance of NGOs. Special schools to be located in vicinity of other schools to move towards full inclusion, norms and minimum standards for setting up special schools will be prescribed. • Provision of need-based vocational training to upgrade skill levels in order to increase self-employment and reduce dependence. • Training of teachers to equip them to identify children and meet their needs. • Tracking enrolled children to check the drop-out rate.
Karnataka ⁸⁶	<ul style="list-style-type: none"> • Promotion of education as well as enrolment of children with disabilities in mainstream schools

⁸⁴ Government of Chhattisgarh and Shodhana Consultancy (n.d.) Comprehensive Disability policy framework for Chhattisgarh. Retrieved on 26 April 2019 from: <http://www.shodhana.org/shodhana/ppd/Chhattisgarh%20State%20Disability%20Policy.pdf>

⁸⁵ Government of Himachal Pradesh (n.d.) State policy for persons with disabilities Himachal Pradesh. Retrieved on 26 April 2019 from: <https://cis-india.org/tmp/State%20Policy%20for%20Persons%20with%20Disabilities%20Himachal%20Pradesh.pdf>

⁸⁶ Government of Karnataka (n.d.). Karnataka State Policy on Disability. Retrieved on 26 April 2019 from: <https://www.karnataka.gov.in/welfareofdisabled/Pages/Karnataka-State-Policy.aspx>



ANNEXURE 10

State-wise details of camps conducted, funds utilized and number of beneficiaries covered over 2016/17 and 2017/18

(as on 31 December 2017) by various Implementing agencies under ADIP Scheme (Rs millions)

Name of state /UT	2016 - 17			2017 - 18 (as on 31/12/17)		
	No. of camps	Funds utilized	No. of beneficiaries	No. of camps	Funds utilized	No. of beneficiaries
Andhra Pradesh	20	64.21	3,180	10	31.89	1,974
Bihar	15	20.56	2,178	47	37.43	4,646
Chhattisgarh	50	29.78	4,034	16	7.65	1,462
Goa	3	0.38	166	2	1.39	178
Gujarat	19	173.13	28,082	24	154.82	26,435
Haryana	24	84.85	12,453	35	25.10	4,267
Himachal Pradesh	138	8.10	2,306	33	5.41	1,132
J&K	20	22.26	3,154	25	10.15	3,001
Jharkhand	3	7.70	806	7	7.97	1,602
Karnataka	28	45.36	6,520	18	25.13	2,757
Kerala	9	22.87	3,106	29	16.96	3,343
Madhya Pradesh	145	166.35	16,699	42	37.32	4,815
Maharashtra	119	124.44	18,996	87	92.19	11,635
Odisha	167	89.76	13,757	81	40.26	7,167
Punjab	33	56.53	9,882	93	25.83	6,933
Rajasthan	38	53.98	9,754	13	67.59	8,000
Tamil Nadu	65	35.33	9,538	84	24.63	5,582
Uttar Pradesh	185	407.20	71,375	14	66.42	7,825
Uttarakhand	33	31.12	8,888	19	17.41	6,463
West Bengal	129	115.00	25,199	72	66.78	10,815
Andaman & Nicobar	8	1.06	368	0	0.00	0
Chandigarh	2	2.26	223	2	0.07	14
Dadra & Nagar Haveli	2	0.21	70	1	0.13	12
Daman & Diu	2	0.31	82	1	0.06	9
Delhi	56	57.19	8,828	11	12.16	1,437
Lakshadweep	0	0.00	0	9	1.12	266
Puducherry	3	2.01	259	2	0.71	174
Arunachal Pradesh	3	0.85	335	1	0.10	15
Assam	62	54.30	12,876	17	60.73	9,404
Manipur	5	56.31	6,827	2	4.91	725
Meghalaya	9	9.83	1,422	1	0.60	53
Mizoram	10	3.86	636	1	0.01	3
Nagaland	3	1.65	432	0	0.00	0
Sikkim	0	0.00	0	0	0.00	0
Tripura	23	23.53	3,031	0	0.00	0
Telangana	16	33.56	4,833	4	23.61	1,958
Total	1,447	1,805.82	2,90,295	803	866.52	1,34,102

Source: MSJE Annual Report 2017-18

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