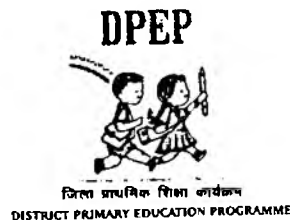


# DISTRICT PRIMARY EDUCATION PROGRAMME



***Empowerment through Education***

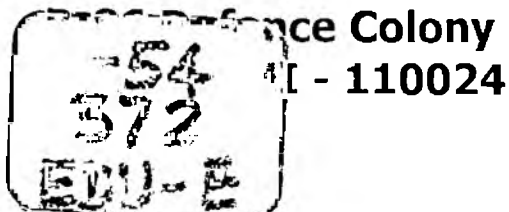
***Identification and enrollment of children with special needs in DPEP***

***March, 2000***

APPROVED BY THE DISTRICT OFFICER  
New Delhi Office of Educational  
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17-B, Connaught Place Marg,  
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DOC, No. ....  
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## **Introduction**

Article 45 of the Constitution lays down that free and compulsory education should be provided to all children upto 14 years. Unfortunately, we have not achieved the goal of Universal Elementary Education so far. The group that has been left out consists of children with special needs.

A cursory look at the history of many nations will reveal the contributions made in literary, scientific and cultural fields by people with disabilities. Homer in Greece was immortalized by his writings. Sounderson, who was blind, assisted Sir Issac Newton in the discovery of gravity. Stephen Hawkins, who is severely disabled, is a leading theoretical physicist of the world today. Therefore, there is no plausible reason for denying education to children with special needs. Indeed, such denial implies loss of valuable resource to the community and the nation.

It is proposed to make education a fundamental right. Supreme Court, in the Unnikrishnan case in 1993, had held that education is a fundamental right of all children upto 14 years. As a corollary, education is the fundamental right of children with special needs as well.

Chapter V of Persons with Disabilities (equality of opportunity, protection of rights and full participation), Act 1995 says “that appropriate Governments shall provide access to free education to every child with a disability until he or she attains the age of 18 years.” The Act also proposes a variety of options including integrated education, special schools and non-formal education.

### **Historical perspective**

The history of special education dates back to the last decades of the 19th century when Christian missionaries established the first school for the deaf in Bombay in 1883 and the first school for the blind at Amritsar in 1887. At that time, it was believed that children with special needs could not be educated alongside others. Therefore, special schools were offered as the only option. Education of the mentally retarded children began in a similar fashion, but much later, in the late thirties. Education of the children with learning disabilities and autism is still in the initial phases of development.

For over a century, the prevalent model of offering education to children with special needs has been the special school. Even today, about 2500 special schools operate in the country. The limitation of special school was that only a small number of children, drawn largely from urban communities, were given access to education and it did not help children to be mainstreamed in the community after completing their education.

### **National Policy on Education**

The National Policy on Education- (NPE) 1986, which contains a chapter on education of the handicapped, advocates the approach of providing integrated education to the mildly handicapped and of special education to the severely handicapped children. The National Policy document says that “ the objective should be to integrate the physically and the

mentally handicapped with the general community as equal partners, to prepare them for normal growth and to enable them to face life with courage and confidence. The following measures will be taken in this regard:

- Wherever it is feasible, the education of children with motor handicaps and other mild handicaps will be common with that of the other.
- Special schools, with hostels, will be provided as far as possible at district headquarters for the severely handicapped children.
- Adequate arrangements will be made to give vocational training to the disabled.
- Teachers' training programmes will be reoriented, in particular for teachers of primary classes, to deal with the special difficulties of the handicapped children.
- Voluntary effort for the education of the disabled will be encouraged in every possible manner."

### **Integrated Education of Disabled Children (IEDC)**

Meanwhile, some agencies started experimenting with placing children with special needs in regular schools, with rewarding results. Realizing the fact that special schools have reached only a small percentage of children with special needs in rural areas, who virtually received no services, Government's appreciation of the need to integrate children with special needs came in 1974 when the Union Ministry of Welfare launched the centrally sponsored scheme of **Integrated Education of Disabled Children (IEDC)**. **This scheme was transferred over to the Department of Education of the Ministry of Human Resource Development in 1982.**

The centrally sponsored scheme of Integrated Education of the Disabled Children provides educational opportunities for the disabled children in common schools, to facilitate their retention in the school system, and also to place in common schools such children already placed in special schools after they acquire the communication and the daily living skills at the functional level. The scope of the scheme includes pre-school training for the disabled children, counselling for parents, special training for the hearing handicapped, mobility and orientation for the visually impaired children, communication and the daily living skills training required by children with other disabilities and training in home management of these children. The scheme provides for the following facilities:

A disabled child may be given the facilities at the rate prevalent in the state/UT concerned. The facilities should as far as possible be given in kind. In case, similar incentives are not being offered by the state government/UT administration under any other scheme, the following rates should be adopted:

- Actual expenses on books and stationery upto Rs. 400 per annum;
- Actual expenses on uniforms upto Rs. 200 per annum;
- Transport allowance upto Rs. 50 per month. If a disabled child resides in the school hostel within the school premises, no transportation charges would be admissible;

- Reader allowance of Rs. 50 per month in case of blind children upto Class V;
- Escort allowance for severely disabled children with lower extremity disability at the rate of Rs. 75 per month;
- Actual cost of equipment subject to a maximum of Rs. 2000 per month for a period of five years.

It has also been stipulated that in the case of severely orthopaedically afflicted children, it may be necessary to allow one attendant for ten children in the school. If there are no educational facilities for such students in the nearby area, the children are allowed to stay in hostels and the actual board and lodging charges, subject to a ceiling of Rs. 200 per month, are paid.

Except for children with locomotor disabilities, the teacher - pupil ratio is 1:8. The resource teachers are expected to have same qualification and pay scale as the general teachers, and are also required to have prescribed training in special education after acquiring which they are given a special pay of Rs. 150 per month in rural areas and Rs. 200 in urban areas. Training in handling the multi-category disability is preferred.

A resource room having all the essential equipment, learning aids and material is to be provided under the scheme for a cluster of schools implementing the scheme of IEDC.

Grants under the scheme are also available for removal of architectural barriers, so as to provide easier access to the orthopaedically disabled children attending the school. Financial assistance is also available for purchase/production of instructional material.

**The IEDC scheme has now been in operation for about a quarter of century. It is in operation in about 15 states. About 50,000 children have been placed in regular schools.**

### **Project Integrated Education for the Disabled (PIED)**

The Ministry of Human Resource Development, through NCERT and with UNICEF assistance, adopted in 1987 what came to be known as the composite area approach or Project Integrated Education for the Disabled (PIED). In this approach, a cluster, instead of the individual school approach is emphasized. A cluster, usually a block of population, is taken as the project area. All the schools in the area are expected to enroll children with disability. Three types of training programmes in this approach are given to the teachers. A general one-week training, known as level I, is given to all the primary teachers in the project area. Level II involves giving a more intensive training to some teachers in each school. Level III training is of one year duration and multi-category training is provided.

**Since 1987, this project has been implemented in one administrative block each in Madhya Pradesh, Maharashtra, Nagaland, Orissa, Rajasthan, Tamil Nadu, Haryana, Mizoram, Delhi Municipal Corporation and Baroda Municipal Corporation. In these blocks, 6000 children with special needs were integrated in regular schools.**

## Estimate of the Disabled

Different surveys have given widely divergent estimates of the disabled population in the country. According to the survey, conducted by the National Survey Sample Organization (NSSO) in 1991, 1.9 percent (16.15 million) of the population is disabled. The 1981 census had come up with a figure of 0.6 percent. The 1989 study of Dr. Madan Mohan, now accepted by the Ministry of Health, estimates the number of visually impaired at 12 million. A study in 6 districts in Kerala conducted by the Government of Kerala said that 10 percent of the school going children had learning disabilities. A similar study by Seva in Action, Bangalore, puts the number at six percent. A study done by National Sample Survey in 1991 estimated that three percent of the child population had delayed milestones, likely to lead to mental retardation.

These differences in the estimates may be because of different definitions and divergent methodologies. But in a period of 115 years, because of inappropriate strategies and perhaps inadequate awareness, progress has been halting and grindingly slow. DPEP's plan of action is well thought out, child-centered and supported by cost-effective allocations. The central concern is the equalization of opportunities and a creation of meaningful education for all.

According to NSSO, there are 16.15 million physically disabled persons in the country belonging to three major categories- visual, hearing and / or speech and locomotor-constituting about 1.9 percent of the population. Out of this, the number of children with special needs in the educable age group 5-14 is given in the table below.

*(Figure in million)*

Category	Rural	Urban	Total
Visual	.080	.014	.094
Hearing	.219	.053	.272
Speech	.393	.122	.515
Locomotor	1.525	.478	2.003
Any physical disability	1.898	.578	2.476

India has 300 million children between 0-14 years of age. If we go by the UN estimate that says that about 10 percent of the child population has some impairment, we have to consider about 30 million children with special needs. Currently, less than one percent have access to education, although Persons with Disabilities Act, 1995, promises free access to education for every child between 3-18 years of age. The education of children with special needs is largely in the hands of NGOs, with some support from the government. The task ahead is one of the gigantic magnitudes and the available resources are scarce. **Therefore, cost-effective models have to be evolved to ensure coverage of a large number of children with special needs, particularly in rural areas. DPEP has endeavored to address this issue.**

## **Number of Disabilities**

The Persons with Disabilities Act, 1995 covers a number of disabilities including blindness, low vision, hearing impairment, locomotor impairment and mental retardation. It also covers leprosy-cured children, children with cerebral palsy and the mentally ill. Amendments to the Rehabilitation Council of India Act, 1992 are being contemplated and it is possible that other disabilities are likely to be included.

## **Changing Terminology**

**The concept of Integration began in early 20th century. Over the years, different terms have been used to express different philosophies, with different points of view. These are:**

**Mainstreaming:** Generally, mainstreaming has been used to refer to the selective placement of special education students in one or more regular education classes. Proponents of mainstreaming generally assume that a student must earn his or her opportunity to be placed in regular classes by demonstrating an ability to keep up with work assigned by the regular classroom teacher. This concept is closely linked to traditional forms of special education service delivery.

**Integration:** Integration came after segregation. The child with special needs is returned to the group, which he/she should have belonged to or been included in from the beginning. It thus becomes a repair concept.

**Inclusion:** Inclusion is a philosophy which aims to provide a favourable setting for achieving equal opportunity and full participation for all, thus bringing children with special needs well within the purview of mainstream education. It recognizes the diverse needs of the students and ensures quality education to all through appropriate curricula, teaching strategies, support services and partnerships with the community. Proponents of inclusion generally favour newer forms of education delivery.

**Full inclusion:** Full inclusion means that all the students, regardless of handicapping condition or severity, will be in regular classroom/programme full time. All services must be taken to the child in that setting.

**The change in terminology towards the inclusive approach came about with the World Conference on Special Needs Education in Salamanca in 1994 in which the following recommendations were made:**

- Every child has a fundamental right to education, and must be given the opportunity to achieve and maintain acceptable level of learning;
- Every child has unique characteristics, interests, abilities and learning needs;
- Education system 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- centered pedagogy, capable of meeting these needs;
- Regular schools, with this inclusive orientation, are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and improving the efficiency and the cost-effectiveness of the entire education system.

### **IED in DPEP**

DPEP was launched in India in 1994, but IED was formally added as a component in 1997. To begin with, states were provided assistance in preparation of action plans. By 1998, many states had conducted surveys in the pilot blocks and chalked out a strategy to provide resource support to the disabled children. The base has now been prepared and progress has been accelerated.

### **Rationale**

The principle aim of DPEP is to universalise primary education. At least 10 percent of our child population has some physical or intellectual impairment. If such a large percentage of children are outside school, UPE cannot be achieved. IED has been introduced in DPEP with two objectives:

- To cater to all children, despite their impairments;
- To enable them to participate and contribute on equal terms, with the rest, in national development.

The rationale of placement of children with special needs in regular schools is that right from the beginning, the child with special needs is in touch with the other children and with other members of community through warm interactions. In this way, their social integration would become much easier. Education is at the very core of this approach and it focusses on being child-centered, flexible and comprehensive.

### **IED guidelines under DPEP**

“To provide for the Integrated Education of the Disabled Children DPEP will fund interventions for the Integrated Education of primary school going children with integrable and mild of moderate disabilities. Towards this end DPEP will support:

## Community Mobilization and Early Detection

- Interventions for the community mobilisation and parent contact so as to identify type, degree and extent of disabilities amongst the primary level age group.



- Early detection of disabilities amongst pre-scholars and provision for necessary skill building for the parents and the children of ECCE and school readiness programmes started under DPEP.

### 2. In-Service Teacher Training

- Development of skills and competencies for early detection of disabilities, functional assessment, use of aids and appliances, implementation of individualized education plans and monitoring of progress in all primary school teachers through in-service teacher training programmes.

### 3. Resource Support

- Garnering resource support for integrated education at block/district level through arrangements with NGOs and other organizations having expertise in this field.
- Strengthening of DIETs in the field of Integrated Education to facilitate development of suitable in-service training modules, providing training to master trainers and continuous resource support to BRCs and CRCs for integrated education.
- A Programme Officer for Integrated Education at the DPEP district project office.
- The setting up of an advisory State Resource Group for integrated education in DPEP with at least three experts in this field.
- An apex level resource group at the national level to provide guidance, technical and academic support to Integrated Education under DPEP.



### 4. Educational Aids and Appliances

- Provision of essential rehabilitation and educational aids and appliances to primary school children, as per an approved list. Such items may be purchased through DPEP funds subject to first assessing available aids and appliances under existing schemes of the Department of Education, Ministry of Welfare, Government of India, etc.

## 5. **Architectural Designs**

- Development of innovative designs for primary schools and removal of architectural barriers in existing schools to provide an enabling environment for children with disabilities.”

### **Conclusion**

No nation can afford to overlook the productive potential of 10 percent of its population. Therefore, there is an imperative need for developing innovative approaches to reach the unreached and turn their potential into productive channels. DPEP is one such experiment.

We expect that given the clear-sighted approach, children with special needs in India could enter the gateway of knowledge through primary schools. Knowledge is power and an attempt is being made to empower the marginalised section of the community through knowledge and information and take them towards psycho-social integration.

Thus, DPEP emphasizes the development of a child-centered education programme for all, which aims:

- To create an atmosphere that will be conducive to learning and living for children with special needs;
- To prepare a community that can be used for promoting education and development of children with special needs;
- To impart education to children with special needs by teachers who are adequately trained in the area of disability;
- To structure schools so that no child is denied admission on the grounds of disability;
- To change the role of schools from one of providing educational services to that of providing educational supports for learning to children with special needs;
- To call for a new initiative in which all students will simply be included, by right, in the opportunities and responsibilities of learning;
- To educate a child with special needs in an environment, which is least restrictive. This means that the needs of disabled children should be considered individually, so that the environment is appropriate to each student's needs;
- To make decision about child's placement in inclusive/integrated setting on any other educational option in the light of the law, available resources, a child's needs, family values and an understanding of relevant research.

## **DPEP Models of Service Delivery**

The needs of the child with disabilities may vary considerably depending on the nature and extent of impairment, socio-economic background, attitude of the family and the educational services available in the area. A variety of models have been developed to meet the specific needs of a child with disabilities. This chapter describes briefly the most common models used to reach out to children with special needs.

### **Special school**

This is the oldest model, in which children suffering from a given disability are brought together and taught special academic or vocational skills. The special school may be a residential or a day school. A role that has off late been taken up by some special schools is to function as a resource teacher for an easily approachable area. For e.g., they may survey a block, identify children of the category in which they specialize and/or provide home-based education or place them in a regular school after imparting pre-integration training. **This approach is not being adopted by DPEP.**

### **Resource room model**

This is a common model used in integrated or inclusive settings. The resource room is equipped with some basic appliances needed for educating usually one- category children. Wherever the child is unable to comprehend the lesson in a regular classroom, he/she is taken to the resource room and a skilled teacher provides remedial tutoring. One or two examples will illustrate this point.

**A visually impaired child may not be able to read from the blackboard what the teacher writes, when teaching mathematics. He/she may be taken to the resource room and taught the use of pertinent equipment and explained the methodology of solving a particular problem. Similarly, a hearing impaired child may not be fully able to comprehend a language lesson. He/she may be taken to a resource room, where using visual aids and sign language, the resource teacher may be able to explain to the child the concept or words he / she could not grasp in the regular classroom.**

The main disadvantage of this approach is that the child is partially segregated. The regular teacher is not always prepared to assume full responsibility of a child with special needs. Moreover, it is not cost -effective, as every school is required to have a resource room.

**In DPEP, there is a provision of a resource room at the BRC/CRC.** There is no separate construction of a resource room for IED under DPEP. But a small room within the already existing BRC/CRC structure is proposed. The resource room can be used for the following:

- Keeping some basic equipment;
- Additional help to a child with a special need by a resource or a regular teacher, if possible;
- Joint problem solving between the resource teacher and the general teacher;
- Preparation of teaching learning material by the resource teacher;
- Monthly BRC/ CRC meetings.

### **You don't Need Eyes to Dream**

Sangita, a 9 year old, is a case of congenital visual impairment. She lives in Gadhakhori village of Basti district in U.P. with her parents, three brothers and a sister. Because of her visual impairment, her parents neglected Sangita, for long. She did not like to interact with others. She was first noticed by the resource teacher, who brought her to the primary school in the village. In the beginning, the head master was very resistant and raised questions about Sangita's abilities. Only after a long debate, was the teacher able to persuade the head master to admit Sangita in the school. The resource teacher took Sangita in the Integrated Education Unit. There she was taught Braille and other self-help skills. Gradually, the world began to change for Sangita. She came out of her isolation and started participating in the co-curricular activities. Sangita became a source of motivation for other girls in the village also. Her parents became supportive and started to take active interest in her. Today, her ambition is to become a doctor and seeing her diligence and strong will, it doesn't seem impossible. Sangita is a shining example of how unflinching determination can lead to glory and success.

### **Itinerant teacher model**

The itinerant or the travelling teacher is usually used in the rural areas, where the population of children with special needs is widely scattered. The functions and the competencies expected of the itinerant teacher are almost the same as those expected from a resource teacher. The main difference is that the resource teacher usually functions in one school or at best in two schools in close proximity. On the other hand, an itinerant teacher covers 6-8 schools. The state of roads and terrain may influence the frequency of visits of an itinerant teacher to a particular school. The main disadvantage of this model is that the child with special needs is unable to get adequate support services. The general teacher feels that it is the responsibility of the resource teacher to teach special skills. But the itinerant teacher is unable to visit at sufficiently frequent intervals to be effective in teaching these skills. As a result, the performance of children with special needs is often adversely affected.

The resource teachers in DPEP will work by the itinerant mode. The resource teachers will be mobile and will cover all the schools in the block giving special educational inputs to the children with special needs and orienting the regular teacher as well.



### Overcoming Attitudinal Barriers

Mita Pramanik is studying in Ashuria Primary School in Class – I in Birbhum district of West Bengal. Six year old Mita came from one of the disadvantaged villages and was neglected by her parents, who thought she could be of no use to the family because of hearing impairment. She was hence kept back to do the daily household chores. Mita was detected as having moderate hearing impairment by the IED assessment team. This team realized that if Mita was smart enough to take care of the household, she could go to school also. Mita's parents required frequent counselling to convince them of her desire to go to school like other girls of her locality. They were told that it was important that their child be given the same opportunities as other children without any special need. Today, Mita is going to school and the team has informed her teachers about her hearing disability and how she should be educated. No one considers her as being different, but rather treats her with love and care.

### Dual teaching

In some cases, the child with special needs need extra attention. In dual teaching, the teacher teaches the same subject after the school hours in greater depth to children with special needs, giving them individual attention.

**A few schools in some DPEP states are following this approach.**

### Consultant

In the consultant model, the consultant teacher usually as specialized as the resource teacher, works with the regular teacher. The consultant teacher supplies specific instructional methods, programmes and materials. The consultant teacher visits the school at fixed intervals of time and mainly has an advisory role to play. He/she does not impart plus curriculum skills to the children with special needs as the resource teacher. As the consultant teacher visits many schools, he/she reaches out to many children and also coordinates comprehensive services for the child. The main disadvantage of this model is that the consultant teacher may not be considered a member of the teaching staff. **This approach has yet to be tried out for children with special needs under DPEP.**

### Support, not Sympathy

Mala P. is studying in class II in Panchayat Union School, Keekkalur in Kilpennathur block of Thiruvannamalai district in Tamil Nadu. This 7-year-old



girl was affected by slight brain fever about a year back. This had affected her right hand. She herself presumed that she would never be able to use her right hand freely. So, she developed the habit of holding her right hand folded and kept it tight. Her parents also took it for granted that their daughter had become handicapped. The itinerant resource teachers identified Mala as a child with orthopaedic impairment. They gave her

physiotherapy for about two weeks. Her class teacher also continued the physiotherapy. Because of this continuous therapy, Mala can move her right hand freely now. Now Mala is writing efficiently with a smile on her face and hope in her heart.

### Para teachers

Nowadays, the term inclusive education is being used. Many children with special needs require a great deal of repetitive assistance. It may not be possible for the general teacher or even the visiting resource teacher to provide continual assistance. The role of para teachers is to be more readily available to meet the immediate needs of disabled children. He/she may not have the same amount of training as a resource teacher, but is sensitized to disability management. He/she also learns by experience and by contact with the resource teacher. **This approach has yet to be tried out for children with special needs under DPEP.**

### Learning corners

Learning corners are those sites in the classroom where materials are organized to support the development of curriculum. It is a designated area where instructional materials in major curriculum areas are located and organized. Learning corners have materials of many levels and activities that accommodate a variety of individual needs. Learning corners offer follow-up to the teacher's instruction and provide an opportunity to practice



specific skills. Thus, they may be very helpful to students with specific learning problems or other kinds of special needs. The materials can comprise of real and concrete stuff, educational toys and games, low cost printed material and manufactured material (maps and globes). In these sites, students can also carry out some activities using these materials. This gives them the experience required to learn by themselves. These learning corners can also act as interest centers.

**In DPEP, an attempt is being made to create learning corners in the classrooms.** A corner of the classroom is ear-marked for keeping equipment. The advantage of this system is that learning corner can also be used in one-room schools with a multigrade setting. Children with special needs can work on the activities with the material that is of interest to them. The learning corners can also be used by a resource teacher in giving special inputs to children with learning disabilities and attention problems. However, it should be borne in mind, that learning corners will be a part of a general classroom and will not be a separate resource room. It can, however, act as resource center within the general classroom. Over time, a teacher can refine and improve them by eliminating ineffective materials and introducing new materials.

### **Alternative school**

Alternative schooling is being increasingly used for children who for some reason cannot make it to the formal school system. Hence, the environment is so designed as to be more accessible to children, who have social or economic compulsions. This can include working children, street children, tribal children and also children with special needs. The timings are made flexible and competent people look after these centers. If children with special needs are also included, they would need to be provided support services either by developing a learning corner or providing an itinerant teacher or by dual teaching. **Although Alternative Schooling is a part of DPEP, yet its utilization to reach out to children with special needs has to be tried out.**

### **Distance learning**

The National Open School has already launched special programmes to reach out to children with special needs. Educational programmes are given on the radio or TV through teleconferencing. Study centers are also set up in different areas to provide counselling sessions to disabled children. Self-learning materials are also developed and handed out to children with special needs. The objective of counselling sessions is merely to clarify doubts of the child.

The child is also asked to submit assignments. These are evaluated by the counsellors and in this way the child is able to monitor his/her progress.

By using radio or TV, public awareness can also be built. This model can also be used for raising expectations of parents and also impressing upon them the value of special education. General teachers can also be sensitized on various aspects of special education.

**In DPEP, initiatives are being taken to sensitize parents and orient teachers to disability through this mode.**

### **Home-based education**

Chapter V of the Persons with Disabilities Act, 1995 provides among other things to severely disabled children or other children who are not permitted or able to go to school, home based education. Instead of the child going to the school, the school comes to the child. The Act proposes that the services of retired teachers, head masters, post-masters and local educated unemployed youth could be used after giving them orientation to



special education. They would meet the special educational needs of one of the most neglected sections of children with disabilities.

Provision of special education and the goal of Universalisation of Primary Education calls for the development of a continuum of services and a certain degree of flexibility. A wide range of professionals can be used. They may include resource teachers, itinerant teachers, para teachers and head masters, who have received special orientation, as well as interested people from the community. Considerable stress has been laid on the development of programmes for training of teachers and orientation of professionals and para professionals.

**Since this approach is mainly for severely disabled children, it is not being followed by DPEP. However, resource teachers, as a part of their job, also visit the homes of children with special needs to impart pre-integration training to them or even to do parental counselling.**

**Some other strategies being used by DPEP states for IED are:**

#### **Recruitment of resource teachers**

It has been proposed to provide resource support to the disabled children with the help of resource teachers. These teachers will be recruited at the rate of 3 per block. It is realized that children with special needs cannot be integrated or included in the regular mainstream without some resource support.

The resource teachers will be expected to do the following:

- Functional assessment;
- Teach the use of aids and appliances;
- Preparation of teaching learning material;
- Suggesting curricular adaptations;
- Make important suggestions and recommendations;
- Modify academic assignments;
- Co-teach general classrooms;
- Provide spot tutoring;
- Do remedial teaching;
- Parental counselling;
- Design specific teaching activities;
- Prepare Individual Educational Plan;
- Regular monitoring;
- Attend monthly BRC/CRC meetings.

### **Sensitization of regular teachers**

As the resource teacher will not always be available in the classroom to provide ready support both to the child with special needs, the general teachers are being given a 3-5 day orientation to disability management. This is likely to promote positive attitudes among the teachers towards children with special needs.

After this orientation, the regular teacher is expected to do the following:

- Help in functional assessment of the children with special needs;
- Learn the use of aids and appliances to be used by these children, i.e., handling of the equipment;
- Collaborate with the resource teacher to make necessary modifications in the classroom and curriculum;
- Use strategies/instructional interventions that would help children with special educational needs learn better;
- Modify teaching and learning material to learner needs;
- Act as a change agent and model acceptance of these children;
- Help in bringing about peer sensitization.

#### **Walk Towards Success**

Obaidur Rahaman, a 6 year old boy, was referred by his class teacher to the assessment camp organised by DPEP in Birbhum district in West Bengal as she



could no longer handle his irritability and his sudden physical outbursts. He had a short attention span and threw occasional temper tantrums in school and at home. The other children often complained about his mischiefs like pulling their hair or hitting them. Obaidur's symptoms were that of a child with mental retardation. His family history revealed genetic pre-disposition for poor attention span. Obaidur's detailed

assessment was carried out and it was found that although he disliked school, yet he learnt faster with the play way method. His teacher was immediately sensitised so that she knew how to manage him in the classroom, and if need be, even attend to him separately after school. She learnt not to put a lot of pressure on Obaidur and praise and reward him if he did certain activities to the best of his ability. His parents were also counselled on the extent to which they should guide him in doing his self-help skills. Now Obaidur is attending school regularly, follows the classroom rules, is able to concentrate and has also improved in communicating with people. He can even match colours and write a few alphabets.

**NGO approach:**

Some DPEP states have entrusted the responsibility of providing resource support to disabled children with the assistance of NGOs. These NGOs send their staff and equipment to schools, where children with special needs are enrolled. The specific approach of each NGO varies from state to state.

**Mobile kit model**

Since most resource teachers have to travel from school to school, they have to carry a kit to teach the use of special equipment to children with special needs. In those states, where resource teachers are providing support to children with special needs (either through direct recruitment or through NGO assistance), mobile kit approach is being used.

**Master trainer approach**

Some states are strengthening the capacity of Block or Cluster Resource Center Coordinators to deliver resource support to children with special needs. In other states, general teachers are being given an intensive training to develop them as master trainers. They, in turn, will sensitize other teachers.

Bridge courses have been conducted in a few states with the help of Rehabilitation Council of India for master trainers. These master trainers will act as resource teachers for children with special needs

In some states, a 3-tier approach is being used. These states are appointing resource teachers. They are also giving short courses to Cluster Resource Center Coordinators and are sensitizing general teachers on disability management, in order to promote acceptance of children with special needs in regular schools.

**Conclusion**

With its area approach, DPEP is ideally suited to meet the needs of children with special needs, particularly in rural areas. It is these children, who despite a century of special education in India have remained unreached. DPEP is therefore, well-poised to provide education to children with special needs with its child-centered approach. It is now gradually being realized that there is no recipe for becoming an inclusive school or even an inclusive teacher. There is no mechanized format. It is just a matter of good teaching practices to meet the needs of children with specific challenges also. With its emphasis on a multi-option system, DPEP is gradually reaching out to a large number of children with special needs even in the remotest corner of the country.

## State Specific Progress

IED, at present, is in progress in all the 15 states. The information in this chapter aims to provide a broad glimpse of the progress made in the implementation of IED in different states. Adequate information has not been received from Bihar. Through Lok Sampark Abhiyaan, Madhya Pradesh has conducted a detailed survey and identified 97197 children with special needs in the 34 DPEP districts of the state. The number of disabled children that have been enrolled in schools in the state is being assessed. Rajasthan has just started only recently. It is too early to expect results. Therefore, the information presented here will be regarding 12 out of 15 states, in which IED has been initiated.

For the sake of brevity and convenience, state specific information has been presented in tables showing the percentage of children belonging to different categories enrolled in schools. Percentages are being given to show the progress achieved.

The policy of DPEP was to start in a small way by taking one block/cluster as a pilot project in each state. After the implementation of IED programme in this block, it was planned that the IED programme would be expanded to cover all the blocks in the district in a phased manner by the end of the project period.

Some states have covered one block in a district. Others some have covered two blocks in a district and still others one cluster in a block. Therefore, the numbers given in the tables do not represent the country as a whole. They only represent the areas surveyed and the progress achieved in those specific areas. **Table I shows the area from which the survey data has been compiled by each of the 12 states mentioned in this chapter. Table II shows the approach adopted by the states to implement IED. Table III shows the specific strategy adopted by the states for IED. Table IV portrays the state specific progress in terms of total number of disabled children identified by survey, the number and percentage enrolled in school and the number and percentage of aids and appliances given out to the disabled children. Table V depicts the overall category wise status of children identified with special needs. Table VI mentions the overall category wise enrollment of disabled children in DPEP primary schools and the percentage enrolled and Table VII shows the overall status of supply of aids and appliances to children with special needs.**

The following six main strategies, described in the previous chapter, are being used by the states:

- Resource teacher/ itinerant teacher
- Dual teaching
- NGO approach
- Mobile kit approach
- Training of master trainers
- Sensitization of general teachers



**Table 1: Area covered for survey**

<b>State</b>	<b>Initial catchment area</b>
• Andhra Pradesh	1 mandal each in 3 districts of Warrangal, Kurnool and Karimnagar
• Assam	5 clusters each in 3 districts of Sonitpur, Goalpara and Darrang
• Gujarat	11 blocks each in the districts of Banaskantha and Panchmahal and 1 block in the district of Dangs
• Haryana	8 blocks in the districts of Hissar, Gurgaon and Mahendergarh
• Himachal Pradesh	33 blocks of districts of Sirmour, Chamba, Kullu, Bilaspur and Lahaul Spiti
• Karnataka	1 block in the district of Bangalore Rural
• Kerala	1 block in the district of Mallapuram
• Maharashtra	1 cluster in each of the 9 districts
• Orissa	1 block each in 8 districts
• Tamil Nadu	1 block in each of the 7 districts
• Uttar Pradesh	Survey conducted in 2 blocks each in 5 districts, but integration achieved only in 2 blocks each in the 3 districts of Basti, Bareilly and Siddharth Nagar
• West Bengal	1 block each in the 5 districts of Birbhum, Murshidabad, South 24 Parangas, Bankura and Cooch Behar

**Table II: Approach adopted by the states for IED**

State	Approach
• Assam	Training of the key resource persons and convergence with the different departments/NGOs/agencies Rehabilitation Council of India.
• Andhra Pradesh	Resource support with the help of a team at the mandal level, including resource teachers and psychologist to reach out to children with special needs.
• Bihar	Linkages with different departments and resource support to disabled children being provided by training 3 CRCCs in every block, who will act as resource teachers
• Gujarat	Linkages with different departments and resource support to disabled children by recruitment of three resource teachers at the block level.
• Haryana	Convergence with different NGOs and resource support to the children with special needs being provided by resource teachers who are in the process of being appointed.
• Himachal Pradesh	Convergence with the IEDC schemes and other departments. Resource support to children being provided by conduction of bridge courses through Rehabilitation Council of India and national institutes.
• Karnataka	Convergence with NGOs, which is also imparting training and resource support to disabled children.
• Kerala	Convergence with different agencies and training of key resource persons to impart support to disabled children.
• Maharashtra	Convergence with various departments/agencies. Resource teachers being appointed to provide support to children with special needs.
• Madhya Pradesh	Implementation of the IED programme to the NGOs in one block of 10 districts.
• Orissa	Convergence with the social welfare departments and other agencies, besides the recruitment of resource teachers at block level.
• Tamil Nadu	Entire implementation of the IED programme by the NGOs, appointed for the chosen block in the district.
• Uttar Pradesh	Convergence with the ICDS officials to integrate children with special needs in the age group 0-5 in the Anganwadi centres. Convergence with different agencies in process. Majority of the work in this area is being done by the chosen NGOs.
• West Bengal	District Level Resource Group being formed by convergence with NGOs who are providing resource support to children with special needs.

**Table III: Strategy adopted by the states for IED**

Strategy	States
<ul style="list-style-type: none"> <li>• Resource teacher/ itinerant teacher model</li> </ul>	Haryana, Andhra Pradesh, Gujarat, Maharashtra and Orissa
<ul style="list-style-type: none"> <li>• Dual teaching</li> </ul>	Tamil Nadu, West Bengal, Assam, Andhra Pradesh and Orissa
<ul style="list-style-type: none"> <li>• NGO approach</li> </ul>	Madhya- Pradesh, Tamil Nadu, West Bengal and Uttar Pradesh
<ul style="list-style-type: none"> <li>• Mobile kit approach</li> </ul>	All the states
<ul style="list-style-type: none"> <li>• Training of master trainers</li> </ul>	Assam, Bihar, Haryana, Kerala, Karnataka, Maharashtra and Himachal Pradesh
<ul style="list-style-type: none"> <li>• Sensitization of general teachers</li> </ul>	All the states

**Table IV: State specific status of children identified and enrolled****Andhra Pradesh**

Category	Total no. of children identified	Total no. of children enrolled	% enrolled
Visual Impairment	57	50	87.71
Hearing impairment	59	42	71.18
Orthopaedic impairment	159	127	79.87
Mental retardation	141	101	71.63
Learning disability	46	46	100
<b>Total</b>	<b>332</b>	<b>276</b>	<b>83.13</b>

No. of enrolled children who require aids and appliances	No. of aids and appliances supplied	% of aids provided
219	124	56.62

The data furnished by Andhra Pradesh appears very encouraging. Although limited to one mandal each in 3 districts, a substantial percentage of identified children are enrolled in the schools. The aids and appliances are being provided to children with special needs by the Janam Bhoomi scheme launched by the state govt., under which every child will be given the necessary equipment.

**Assam**

Category	Total no. of children identified	Total no. of children enrolled	% enrolled
Visual Impairment	179	74	41.34
Hearing impairment	436	221	50.68
Orthopaedic impairment	356	154	43.25
Intellectual retardation	114	38	33.33
<b>Total</b>	<b>1085</b>	<b>487</b>	<b>44.88</b>

No. of enrolled children who require aids and appliances	No. of aids and appliances supplied	% of aids provided
449	160	35.63

The figures from 5 clusters each from 3 districts of Assam indicate the need for an accelerated effort to enroll more identified children and give them the necessary aids and appliances. Considering the fact that the state started late and there is a lack of resources, the initial effort deserves encouragement.



## Gujarat

Category	Total no. of children identified	Total no. of children enrolled	% enrolled
Visual Impairment	4393	3942	89.73
Hearing impairment	4646	4188	90.14
Orthopaedic impairment	6828	5670	83.04
Mental retardation	1899	1554	81.83
Learning disability	1677	1677	100
<b>Total</b>	<b>19143</b>	<b>17231</b>	<b>90.01</b>

No. of enrolled children who require aids and appliances	No. of aids and appliances supplied	% of aids provided
13800	-	-

About 90 percent of the identified children have been placed in DPEP schools in 11 blocks each in the districts of Banaskantha and Panchamahar and in 1 block of Dangs district. This compares very favourably with the enrollment of non-disabled children, which is very near the goal of Education for All. The state does need to establish convergence with the Ministry of Social Justice and Empowerment or Indian Red Cross or other NGOs for the supply of aids and appliances.

## Haryana

Category	Total no. of children identified	Total no. of children enrolled	% enrolled
Visual Impairment	880	547	62.15
Hearing impairment	1048	429	40.93
Orthopaedic impairment	2971	2133	71.79
Mental retardation	621	-	-
<b>Total</b>	<b>5520</b>	<b>3109</b>	<b>56.32</b>

No. of enrolled children who require aids and appliances	No. of aids and appliances supplied	% of aids provided
3109	997	32.06

It will be seen from the foregoing table that only 56.32 percent of the identified children have been enrolled. The mentally retarded have not been enrolled at all. Children with locomotor impairment have the maximum enrollment. However, the state through convergence and with the help of NGOs and ALIMCO has been able to supply aids and appliances to 32 percent of the enrolled children.

## Himachal Pradesh

Category	Total no. of children identified	Total no. of children enrolled	% enrolled
Visual Impairment	326	313	96.01
Hearing impairment	396	364	91.91
Orthopaedic impairment	706	676	95.75
Mental retardation	549	496	90.34
<b>Total</b>	<b>1977</b>	<b>1849</b>	<b>93.52</b>

No. of enrolled children who require aids and appliances	No. of aids and appliances supplied	% of aids provided
1353	152	11.23

Himachal Pradesh, although a hilly state with difficult terrain, has achieved enrollment of 93.52 percent of the totally identified children in 33 educational blocks of the 4 districts. They need to accelerate efforts to provide more aids and appliances to children with special needs.

## Karnataka

Category	Total no. of children enrolled
Visual Impairment	169
Hearing impairment	120
Orthopaedic impairment	197
Mental retardation	66
Learning disability	225
<b>Total</b>	<b>777</b>

No. of enrolled children who require aids and appliances	No. of aids and appliances supplied	% of aids provided
486	-	-

Karnataka has taken up only 1 block in Bangalore Rural district and identified only in the school children with special needs. No out of school disabled children have been identified so far. However, convergence has been achieved with NGOs. But no appliances have been supplied to children with special needs.

## Kerala

Category	Total no. of children identified	Total no. of children enrolled	% enrolled
Visual Impairment	333	91	27.32
Hearing impairment	424	217	51.17
Orthopaedic impairment	187	19	10.16
Intellectual retardation	414	145	35.02
<b>Total</b>	<b>1358</b>	<b>472</b>	<b>34.75</b>

No. of enrolled children who require aids and appliances	No. of aids and appliances supplied	% of aids provided
327	19	5.81

The above table shows the data from 1 block of Mallapuram district of Kerala. The enrollment has been 34.75 percent of the totally identified children in this block and aids and appliances have been provided to only 5.81 percent. This state needs to intensify efforts to extend their reach and to achieve convergence favourably with NGOs, since a large number of NGOs are available in the state.

## Maharashtra

Category	Total no. of children identified	Total no. of children enrolled	% enrolled
Visual Impairment	111	81	72.97
Hearing impairment	140	98	70.00
Orthopaedic impairment	309	228	73.78
Intellectual retardation	132	110	83.33
<b>Total</b>	<b>692</b>	<b>517</b>	<b>74.71</b>

No. of enrolled children who require aids and appliances	No. of aids and appliances supplied	% of aids provided
407	-	-

Maharashtra has enrolled 74.71 percent of the identified children in one cluster of each of the 9 districts. Convergence with the Ministry of Social Justice and Empowerment and NGOs to provide the necessary aids and appliances has been achieved. However, no aids and appliances have been supplied. This calls for an accelerated effort to provide the needed equipment.

## Orissa

Category	Total no. of children identified	Total no. of children enrolled	% enrolled
Visual Impairment	1570	505	32.16
Hearing impairment	2250	836	37.15
Orthopaedic impairment	1285	777	60.46
Mental retardation	679	380	55.96
Learning disability	665	473	71.12
<b>Total</b>	<b>6449</b>	<b>2971</b>	<b>46.06</b>

No. of enrolled children who require aids and appliances	No. of aids and appliances supplied	% of aids provided
2118	-	-

The enrollment is 46.06 percent in 1 block of each of the 8 districts in the state. According to this table, no aids and appliances have been supplied. However, the state has launched the Operation Empowerment scheme, under which every child with special needs will be provided the necessary equipment.

## Tamil Nadu

Category	Total no. of children identified	Total no. of children enrolled	% enrolled
Visual Impairment	361	354	98.06
Hearing impairment	367	347	94.55
Orthopaedic impairment	531	494	93.03
Mental retardation	347	326	93.94
Learning disability	77	67	87.01
<b>Total</b>	<b>1683</b>	<b>1588</b>	<b>94.35</b>

No. of enrolled children who require aids and appliances	No. of aids and appliances supplied	% of aids provided
1195	244	20.41

Tamil Nadu has chosen 1 block each in the 7 districts for the IED programme. The enrollment rate is 94.35 percent, the highest reported by any state. Aids and appliances have been supplied only to 20.41 percent. This aspect needs strengthening by the state govt.

## Uttar Pradesh

Category	Total no. of children identified	Total no. of children enrolled	% enrolled
Visual Impairment	2163	128	5.91
Hearing impairment	2228	312	14.00
Orthopaedic impairment	12440	1009	8.11
Intellectual retardation	1942	232	11.94
<b>Total</b>	<b>18773</b>	<b>1681</b>	<b>8.95</b>

No. of enrolled children who require aids and appliances	No. of aids and appliances supplied	% of aids provided
1449	-	-

This table shows data of the survey conducted in 2 blocks each of the 4 districts, but the enrollment has taken place only in 2 blocks each of the 3 districts of Basti, Bareilly and Siddarth Nagar. The net enrollment ratio is 8.95 percent. No aids and appliances have been supplied. Convergence for the same has been established and the list and the number of aids and appliances needed by the state govt. has been sent to the concerned institutions. The provision of aids and appliances to children with special needs is expected to begin soon.

## West Bengal

Category	Total no. of children identified	Total no. of children enrolled	% enrolled
Visual Impairment	4785	975	20.37
Hearing impairment	2702	1109	41.04
Orthopaedic impairment	1939	1062	54.77
Mental retardation	1178	839	71.22
Others	771	316	40.98
<b>Total</b>	<b>8375</b>	<b>4354</b>	<b>51.98</b>

No. of enrolled children who require aids and appliances	No. of aids and appliances supplied	% of aids provided
3146	66	2.09

West Bengal has taken up 1 block in each of the 5 districts initially. The table shows the enrollment rate in these blocks as 51.98 percent. But aids and appliances have been supplied to only 2.09 percent. This state has already established convergence with the ADIP scheme of the Ministry of Social Justice and Empowerment and other national institutes. It is expected that through this, aids and appliances will be supplied to more disabled children soon.

**Table V: Overall category - wise status of the percent of children identified**

Category	Total no. of children identified	%age of children identified
Visual impairment	15327	22.27
Hearing impairment	14816	21.52
Orthopaedic impairment	27908	40.55
Intellectual retardation	10772	15.65
<b>Total</b>	<b>68823</b>	<b>99.99</b>

The above table shows the total number of children identified in different categories. It is observed that a total of 68823 children with special needs have been identified so far. The largest number of children was identified in the area of locomotor impairment, followed by visual impairment and then hearing impairment. The least number identified was in the area of intellectual impairment.

**Table VI: Overall category -wise status of the percent of children enrolled**

Category	Total no. of children enrolled	% enrolled
Visual impairment	7229	47.16
Hearing impairment	8343	56.31
Orthopaedic impairment	12836	45.99
Intellectual retardation	6775	63.82
<b>Total</b>	<b>35183</b>	<b>51.12</b>

This table shows the number and percentage of category-wise enrollment of disabled children so far in the regular schools. In terms of enrollement, the highest percentage was in the area of intellectual retardation, followed by hearing impairment and then visual impairment. The least percentage of children enrolled was in the area of locomotor impairment.

**Table VII: Overall status of actual supply of aids and appliances to the disabled children enrolled in schools**

Total number of enrolled children who need aids and appliances	Total no. of aids and appliances given	% of aids and appliances given
28058	1762	6.28

The above table shows the overall status of the supply of aids and appliances. This is a weak area. Convergence could remedy this situation, since a number of agencies are supplying aids and appliances.

It is clear that although a very good beginning has been made, the task ahead is of immense magnitude. Much more intensive effort is needed to reach out to children with special needs.

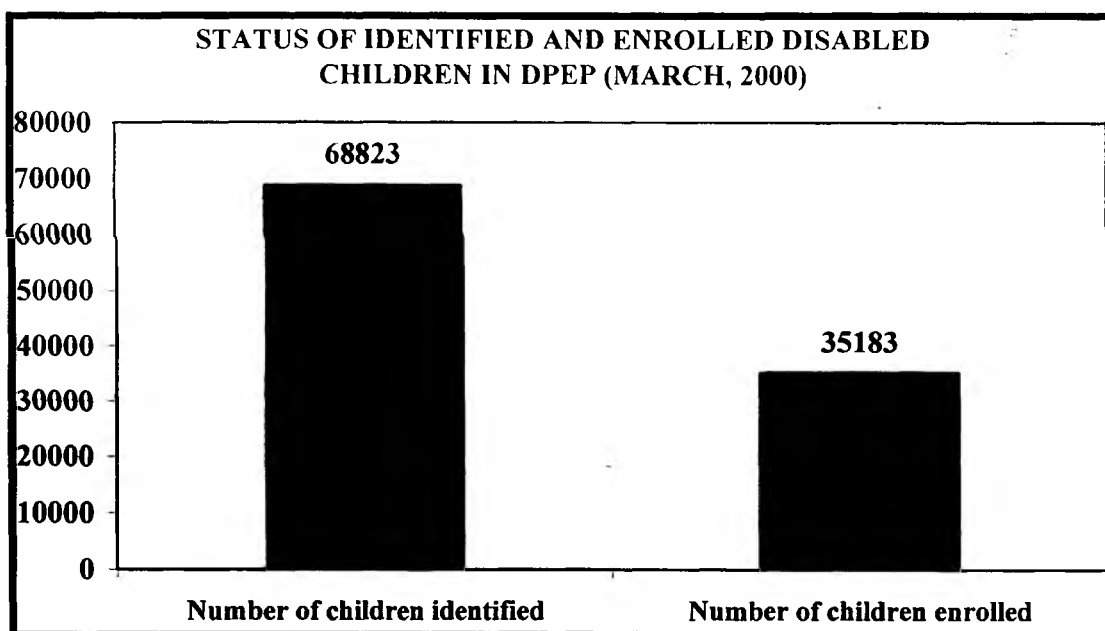
## Findings and Discussion

### Introduction

In this chapter, the broad findings emerging from the data analysis in the preceding sections are discussed. The process of data collection had started in the states in 1998, but the tables in the previous chapter reflect the updated data, as on March, 2000. It is hoped that this summary of findings will help in concretizing the plan of action to further improve the performance of IED in DPEP.

- The largest number of children identified (40.55%) has been that of children with locomotor impairment, followed by visual impairment (22.27%) and hearing impairment (21.52%). The lowest number identified is that of children with intellectual impairment (15.65%), which includes children with mild mental retardation, slow learners and learning disabilities.
- The finding that the locomotor impaired children constitute the largest percentage of impaired children is confirmed by National Sample Survey in 1991 as well as other studies.
- In terms of enrollement, the highest percentage was among children with intellectual retardation (63.82%), followed by hearing impairment (56.31%) and then visual impairment (47.16%). The least percentage of children enrolled was in the area of locomotor impairment (45.99%).
- One reason for the high percentage of enrollment of intellectually retarded children may be because **in many states children with learning disabilities are already in schools. Research in special education also generally shows that a number of children with learning disabilities in a classroom can be considerable. Through DPEP, for the first time, these children were identified.**
- The reason why net enrollment of children with locomotor impairment is low could be because architectural barriers have not yet been fully removed from schools. Moreover, commuting for these children from home to school and back in rural areas may present serious problems.
- Children with locomotor impairments do not usually require special educational inputs. They, however, require mobility aids. These have not been provided in a large number of cases. For example, no aids and appliances were provided to identified disabled children in Gujarat, Karnataka, Maharashtra, Orissa and Uttar Pradesh. This might explain, at least in part, the low enrollment of the locomotor impaired children.

- The information received from various states shows wide divergences of children identified and enrolled in different categories. The incidence of hearing impairment appears quite high in some of the states. Bathing in infected ponds resulted in hearing impairment, especially in Assam and West Bengal.
- In the case of children with visual impairment, net enrollment is rather low, largely because the supply of Braille books or low vision aids is totally inadequate. Moreover, in the absence of escorts, it will not be possible for parents to bring visually impaired children to schools and back. There is also considerable competition from residential schools, which provide free education, board, lodging and tuition.
- **An overview of the current study is given in the graph below.** It is seen from the graph that 51.12% of the identified children have found enrollment in DPEP primary schools. Although IED is a recent innovation, yet it needs a special attention in the enrollment drive launched from time to time in DPEP.



- The best performance in enrollment of disabled children is that of Tamil Nadu (94.35%) followed by Himachal Pradesh (93.52%). Gujarat is the close next (90.01%).
- Tamil-Nadu had the highest percentage of enrollment in the area of visual impairment (98.06%), hearing impairment (94.55%) and mental retardation (93.94%).
- The highest percentage of enrollment in the area of orthopaedic impairment (95.75%) was in the state of Himachal-Pradesh.



- The smallest net enrollment of students with disability is in Uttar Pradesh (8.95%). In this state, the largest number was found in the area of orthopaedic impairment. The survey data shown in the table is from four districts, whereas data on integration/enrollment is based on three districts.
- Uttar-Pradesh had the lowest percentage of enrollment in the area of visual impairment (5.91%), hearing impairment (14.00%) and orthopaedic impairment (8.11%).
- Haryana has not enrolled children with mental retardation at all.
- It is too early to claim at this stage that total enrollment of children with special needs is increasing in DPEP, since this is a fairly recent innovation and figures for earlier years are not available. A comparative statement could probably be made only by next year.
- The largest number of aids and appliances have been given out in the state of Andhra-Pradesh (56.62%), followed by Assam (35.63%) and then Haryana (32.06%).
- One of the points that have emerged from the data furnished is that a very small percentage of children who need appliances have been provided these aids. This may be due to the fact that convergence needs to be strengthened. A number of agencies do provide aids and appliances free of charge, but the states have to converge with them and make suitable arrangements.
- **A surprising finding is that no aids and appliances have been provided in Gujarat, Maharashtra, Karnataka, Orissa and Uttar Pradesh, which have a substantial number of competent NGOs. This stresses the need for convergence with NGOs and the Ministry of Social Justice and Empowerment.**

## Points for Action

In this chapter, the endeavour is to suggest points for action in IED. The objective is to develop a concerted plan of action to achieve the overall goal of universalising primary education through the inclusion of students with various impairments, who have been in the past excluded from mainstream educational programmes.

- Experience shows that numbers yielded by different surveys are widely divergent. Therefore, it is suggested that common survey strategy should be adopted by DPEP. Survey should be conducted on the basis of uniform definitions so that results received from various states are comparable.
- Attention needs to be paid to the enrollment of children with disability in the enrollment drives regularly conducted by DPEP. If universalization is the aim of DPEP, then it is important that all children with disabilities should be enrolled as early as possible.
- The states should be requested to devise strategies to achieve higher convergence with NGOs for supply of aids and appliances, so that quality of education of children with disability is improved.
- The law in India provides that anyone teaching students with disability should be qualified and should be registered with the Rehabilitation Council of India (RCI). Steps should be taken by the various DPEP States to ensure that their teachers have recognized qualification and these teachers are registered with the RCI in order to avoid violation of the law of the land.
- When giving sensitizing courses to general teachers, special attention should be paid to development of teaching learning material required for different categories of students as well to classroom management and other pedagogical strategies needed to provide high quality education to children with disabilities.
- Steps should be taken urgently to devise monitoring mechanism for regular evaluation of the IED programme. The Government of West Bengal has already taken up some steps in this direction. This example needs to be emulated.
- India has adopted the goal of Education for All. According to the United Nations, 10 percent of the child population suffers from some impairment. To reach this goal, rapid expansion of the programme in DPEP districts should be undertaken. Instead of one block, in the coming years, two or three blocks should be taken up for programme implementation in each district. In the light of the area approach, all the blocks should be covered and not a few clusters.
- At present IED in DPEP is in initial phases of development. The time seems to have come when an annual independent evaluation of the programme should be undertaken. The report of evaluation should be regularly sent to the Government of India so that an over all picture may emerge.

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## Conclusion

This brief document has tried to capture the progress in terms of identification and enrollment of children with special needs in DPEP schools. The beginning has been made, but the progress across all the states has not been even. The enrollment of children with special needs has begun, but retention of these children in the mainstream education needs to be focussed. The classroom processes need further analysis and an evaluation of whether or not the pedagogical experiments tried out in DPEP are disabled friendly, needs to be scrutinized. Community involvement in bringing these children to schools and to raise awareness in general about the latent capabilities of these children needs further emphasis.

DPEP, through its child-friendly approach, has begun the experiment to bring out the potential of children with special needs by various strategies and interventions. A few states have been able to come up with successful models; but a complete picture will emerge when factors like teacher attitudes, peer acceptance and community involvement are considered.

Bringing children to special needs to classrooms is just the beginning. DPEP, with its novel approaches, has to tackle some major problems which so far have denied these children their right to education and psycho-social integration.

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