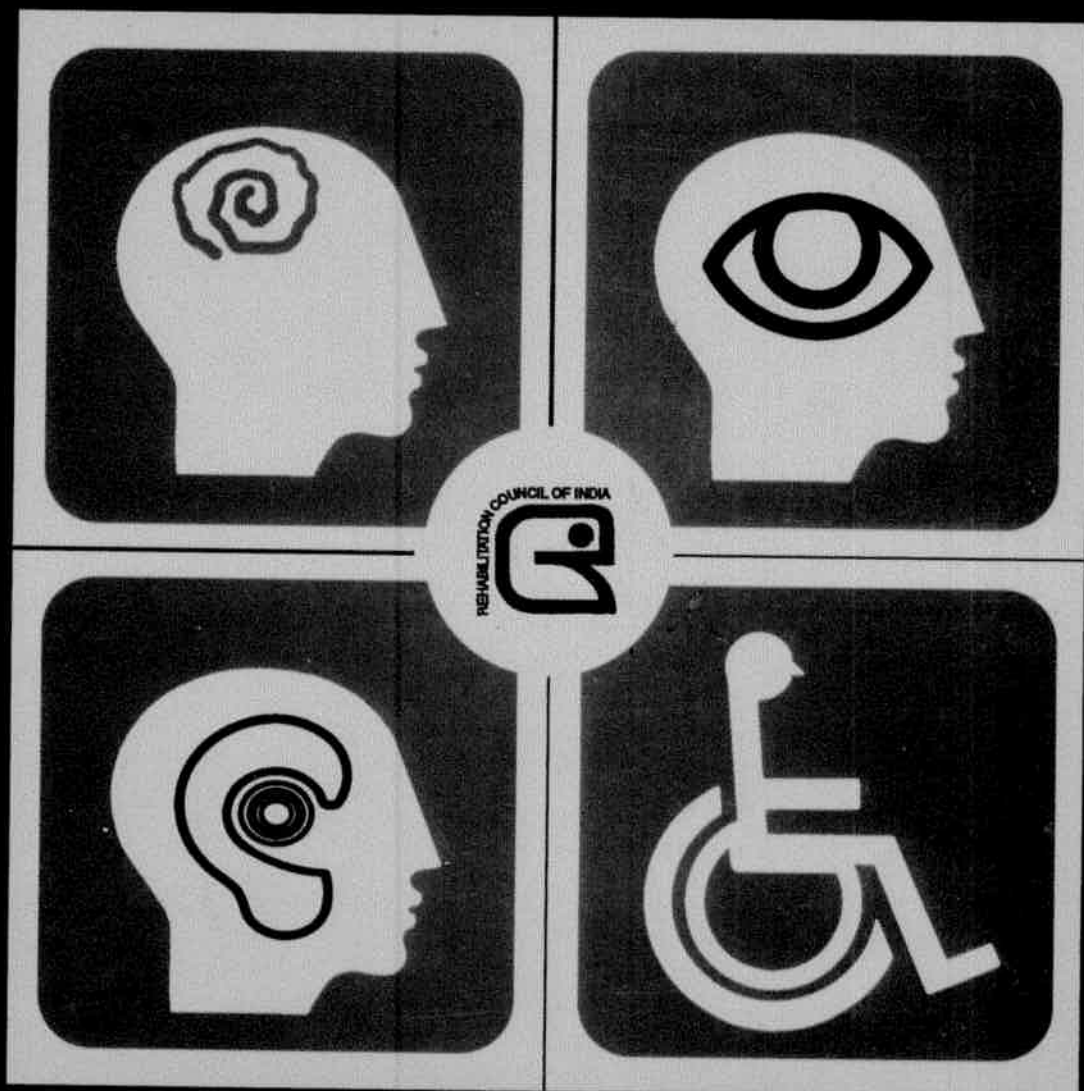


Status of Disability in India-2000



Rehabilitation Council of India

Status of Disability in India - 2000

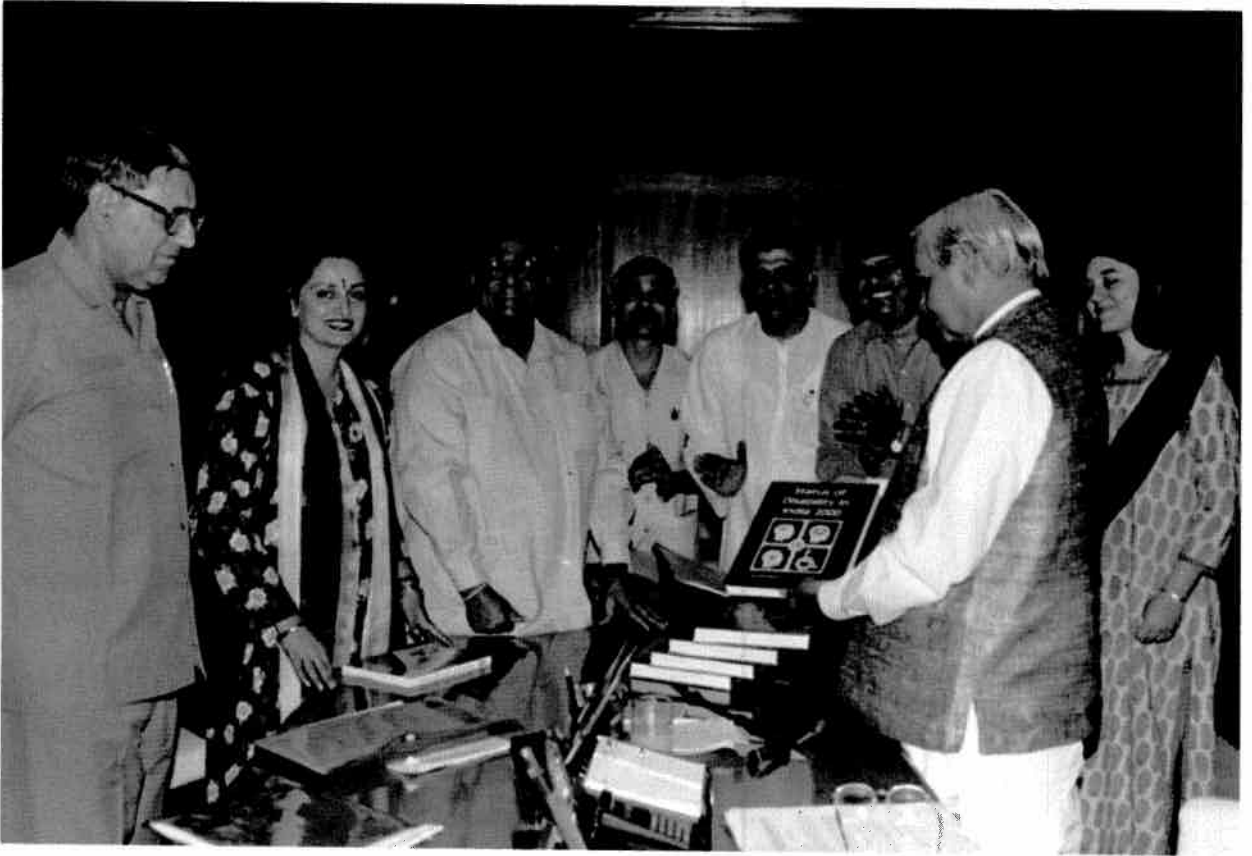
C.L. KUNDU

Editor-in-Chief



REHABILITATION COUNCIL OF INDIA

Status of Disability in India - 2000



Book being released by Hon'ble Prime Minister of India,
Shri Atal Bihari Vajpayee on 11th May 2000

A. B. Vajpayee
11.5.00

ABOUT THIS BOOK . . .

This report on Status of Disability was originally conceived to be a primary reference for professional people connected with the disabled children and their special characteristics, needs and problems. There has always been a need for an in-depth reference point. Based on the contributions of various experts working in the area of Visual Impairment, Hearing Impairment, Locomotor Impairment and Mental Retardation divided into four different parts, this report on Status of Disability will serve many functions namely (a) source of basic summative information, (b) a basic spot reference and (c) a continuing information support system.

The objective behind this Status Report on Disability has been to present a comprehensive picture of disability in a readily understandable, useful and supportive manner. It is hoped that the work will eventually become an essential reference tool not only for professionals working in different areas of disability rehabilitation but to the policy planners as well. Its ultimate usefulness may be in its utility for the lay person. The experts who contributed various sections of chapters deserve congratulations for taking time and effort to compile this gargantuan report.

This Status Report attempts to provide an overview of the historic developments, approaches, innovations and the services provided in India. It is a collection of articles written by practising national experts (educational, medical and community based people). The editors share experiences, views and achievements and present as well as future challenges. The book, it is hoped, will be of some interest to all professionals and families interested in current situation of disability in India. In particular, it is meant to provide knowledge and material for trainers, present/current situation and explore future challenges in service provision. This report can be a forum for future discussion and useful tool for training various programmes within the country.

The report may give us some perspective as special education has grown in the past 50 years, a chance to look back and see what plans come to fruition. Further, what promises were kept and what unforeseen developments came in our way and suggestions for future developments.

I must express my thanks and gratitude to Dr. Thakur V. Hari Prasad, Chairman, Rehabilitation Council of India and Shri J.P. Singh, Member Secretary, Rehabilitation Council of India for all the generous help rendered to me in bringing out this useful volume on disability. Prof. Santosh Panda, IGNOU and Shri Manoj K. Dash, RCI, deserve special praise for helping me in all the ways in bringing out this voluminous report on disability.

C.L. Kundu
Editor-in-Chief



सत्यमेव जयते

राष्ट्रपति

भारत गणतन्त्र

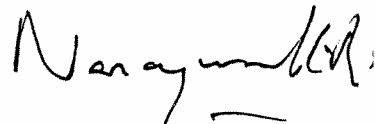
PRESIDENT
REPUBLIC OF INDIA

MESSAGE

Society bears a responsibility towards those who suffer from physical and mental challenges. While significant steps are being taken by both government and non-governmental agencies for the welfare and rehabilitation of the disabled much remains to be done, especially for their social integration.

I am happy to learn that the Rehabilitation Council of India is bringing out a comprehensive volume entitled "Status of Disability in India 2000". I am sure the volume would serve as a useful guide and reference material for all those working in the field of disability and rehabilitation and serve to create greater awareness and empathy.

I wish the endeavour every success.


(K.R. Narayanan)



उपराष्ट्रपति सचिवालय
नई दिल्ली - 110011
VICE-PRESIDENT'S SECRETARIAT
NEW DELHI - 110011
March 28, 2000

MESSAGE



The Vice-President of India, Shri Krishan Kant, is glad to know that the Rehabilitation Council of India is bringing out a publication entitled "Status of Disability in India – 2000" during the month of April this year.

The Vice-President appreciates the efforts of the Council towards service to the disabled and wishes the publication all success.

(Ajay Mandlaus)
Press Secretary to the
Vice-President of India



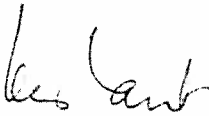
उपाध्यक्ष
योजना आयोग
भारत
DEPUTY CHAIRMAN
PLANNING COMMISSION
INDIA
APRIL 24, 2000

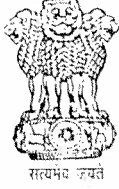
MESSAGE

I am happy to note that the Rehabilitation Council of India, a statutory body under the Ministry of Social Justice and Empowerment, has decided to bring out a publication entitled "Status of Disability in India- 2000".

I hope this thoughtful initiative of the Rehabilitation Council of India will strengthen and safeguard the interest of the disabled and help in improving the quality of life of a 100 million people with disabilities in the country.

I wish Rehabilitation Council of India all success in this endeavour.


(K.C. PANT)



श्रीमती मेनका गांधी
SMT. MANEKA GANDHI



सामाजिक न्याय और
अधिकारिता राज्य मंत्री
(स्वतंत्र प्रभार,
शास्त्री भवन
नई दिल्ली-110001
भारत

MINISTER OF STATE FOR
SOCIAL JUSTICE AND EMPOWERMENT
(INDEPENDENT CHARGÉ)
SHASTRI BHAWAN
NEW DELHI-110001
INDIA

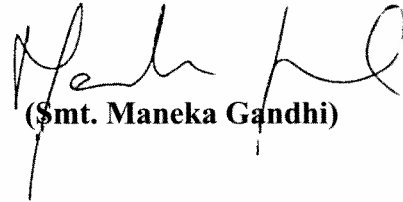
April 3, 2000

MESSAGE

I am glad to know that the Rehabilitation Council of India proposes to bring out a publication on the "Status of Disability in India' 2000" to serve as a reference book. This is a welcome initiative on the part of RCI and will bridge the information gap in the important area.

I hope that the publication, on the basis of which action can be taken to improve the inputs & services to the disabled.

I wish the Council all success in its endeavour.


(Smt. Maneka Gandhi)

FOREWORD

The creation of the Status Report on Disability in India represents the coming of age for a field of endeavour that not so many years ago drew little public interest or concern, both in society at large and within education in particular. Those of us who served in disability rehabilitation during its earlier years, when public commitment to its needs was minimal or even lacking, cannot but be pleased with, and astonished at, the vast enterprise it has now become solely due to the efforts of RCI.

Memories, Achievements, Challenges: That is what this Status of Disability Report in India is all about. To share with you on its release the many milestones that have made our task worthwhile. That have converted tragedies into challenges. The manuscript is but an argosy of flashbacks. A glimpse at our current activities. A peep into our future plans. This book hopes to put into perspective the pressing demands of disabled children and young adults. RCI has done a little but that is not enough. Thousands still wait in uncharted villages. Afflicted children are still hidden behind closed city doors. And we have to reach out to them.

While entering the next millennium, we have mixed feelings of hope and despair, although we have sailed long in creating larger awareness through the efforts of volunteerism in preparing the National Policy on Mental Handicap in 1988. This was presented to the then Prime Minister of India Sri Rajiv Gandhiji on 14th January, 1988 under my Chairmanship, and has resulted within few days in the appointment of Justice Behrul Islam Committee to frame a policy for persons with disabilities with myself as one of the Members. The Committee made several recommendations out of which major developments took shape in the country. First - the Constitution of Exclusive Working Group for the first time in the Eighth Five Year Plan; Second - Enactment of Disabled Act; Third - Statutarisation of Rehabilitation Council of India for regulation and standardisation of curriculum development for programmes of training meant for rehabilitation professionals to make them more effective.

The dominating feature in the History of Disabled People has always been in their isolation and exclusion. The long march towards integration and participation started many years ago. The Disabled Person has hitherto been the object, not the subject, of action. Our disability policies have a substantial element of protection and charity. The Society has been preventing segregation of large groups of disabled people and has been arranging for their sound socio-economic development. The concepts of normalisation and integration were thus born. The basic idea of normalisation was, of course, that disabled persons have a right to their family and to a natural social environment. At the same time, it was obvious that disabled persons would need training and preparation to be able to cope with the difficulties that they are bound to encounter in the open society.



For quite some time, however, the emphasis of disability policy remained on an individualised approach. The disabled person should receive training, technical aids and different support services to increase his or her capacity to deal with various tasks and challenges in life. Thus, the concept of developmental rehabilitation emerged and along with it, the appreciation of the need to develop the necessary professional workers. The need to convey that persons with disabilities are entitled to qualitative services not only to the society, but also to the disabled themselves is felt. Despite all the training and services, disabled persons have been facing obstacles preventing them from participating in day-to-day life activities. What is the use of being able to manoeuvre a wheelchair perfectly, if the physical environment does not allow you to go to the places you want to go ? What is the use of learning to read Braille, if nothing or very little of what you want to read is available in Braille ?

A first attempt to structure this new and more complex disability concept was made by the World Health Organisation in its classification of impairment, disability and handicap. The WHO definitions, however, are considered by many, to be too much individual - oriented and medical in nature. The breakthrough for these new ideas came in the form of the International Year of Disabled Persons in 1981 and its theme “ full participation and equality”. A World Programme of Action was adopted by the United Nations General Assembly in 1982, which outlined and summarised a modern disability policy. The World Programme included many important contributions. Disability policy was for the first time structured in three main areas - prevention, rehabilitation and equalisation of opportunities. The first two areas - Prevention and Rehabilitation - which are well known and established in the disability field, were presented in a rather traditional manner. The third area, equalisation of opportunities, offers a very important contribution to disability policy, dealing with the task of making the surrounding society accessible and usable.

The States should recognise the right of the organisations of persons with disabilities to represent their groups at all levels. States should encourage and support the formation and strengthening of such organisations. Disability involves all spheres of society and therefore, it is necessary to evolve a comprehensive approach.

In all societies of the world there are still obstacles preventing persons with disabilities from exercising their rights and freedom and making it difficult for them to participate fully in the activities of their societies. It is the responsibility of states to take appropriate action to remove such obstacles. Equalising opportunities for the persons with disabilities means to “remove obstacles”. It is the responsibility of States, i.e. governments, to ensure that this is done. The actual obstacle may be present anywhere in society, in the private or the public sector, and therefore, the methods chosen by the government must vary from situation to situation. The government, however, still has the final responsibility to make sure that something happens.

It is hoped that India’s entry into the next millennium would be as grand, fascinating and promising as the birth of a baby without disability which is ready to explore the world and take on the challenges of life with free appropriate education, health care, self-esteem and socio-emotional well-being.

I am sanguine that as we enter in the first year of 21st century, we will focus with new vision and collective energy, in improving the quality and employment options for persons with disabilities. We can embrace employers, other organisations and colleagues in the process of enabling persons with disabilities to transform the economic dependency to productive work and build a civilised society. To quote Indira Gandhiji who said “I am forever astonished how,

in the midst of the evil, greed, ruthlessness, and violence that is so prevalent in the world, the courage and perseverance of the handicapped, and those who are dedicated, to their welfare, stand out like shining lights, dispelling the darkness”.

The idea behind the RCI bringing out the publication “Status of Disability in India – 2000” is to give the Disability Scenario in Retrospect and Prospect, and we know in such a short time, we do not claim to make it to be a comprehensive document covering all aspects. In the beginning, to start with the New Millennium, we have made our sincere efforts to bring this as RCI’s commitment to make this publication a regular feature so that it can prove to be of immense value to every Library in India and other countries as well, besides making itself a reference document to the UN Library. Our efforts will be to make this publication, over a period, a perfect document covering all aspects by meeting the requirements of *Panchatantra of Social Summit*, i.e. “Prevention, Early Identification, Intervention, Rehabilitation and Integration”.

This document, over a period, will also depict scientific developments for necessary update at all levels. Finally, since this is a first attempt by the RCI, all those who read this publication, will kindly pardon us for such inadequacies which could not be avoided due to the limited time frame, as we were keen to bring this publication in the beginning of the New Millennium. As this first publication gets released, RCI will start from day one the process of preparing the next year’s publication with more details, “as an Independent Research Project” that are necessary in pursuits of achieving professional distinction to make it a comprehensive reference book on disability in India throughout the world.

Finally, I record my appreciation to all family members of RCI team and I am particularly grateful to Prof. C.L. Kundu who has taken pains through his sincere efforts by putting soul to the pioneering document reflecting the aspirations of RCI. This book is dedicated to the nameless faces wanting us to carry to them urgently needed services and all our friends who have made it possible for us to continue the work we began in 1987.

Dr. Thakur V. Hari Prasad
Chairman
Rehabilitation Council of India

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INTRODUCTION

With the dawn of the civilization came disability. And so far no sure method has been devised to know which preceded which. It has been there since human memory can recall. It is a problem that has medical implications, and also carries social overtones. Neither overweighs the other. What adds poignancy to the problem is its prevalence. Every tenth person in the world is supposed to be inflicted with one or the other kind of physical disability. It may be congenital. Or, it could be acquired one – through infections, traumatic causes. Even metabolism could be the villain, besides a host of other causative factors.



We know there are numerous types of disabilities. How does one describe a disability, which can take a medico or the common man closer to the understanding of the challenge the inclination poses? Disability has, come to be defined as: an existing difficulty in performing one or more activities which in accordance with the subject's age, sex and normative social role are generally accepted as essential basic components of daily living.

Disability does not pounce upon a person, save that some one may be born with it or is the result of an accident. Otherwise, it catches up in due course of time on account of an infection or vascular, nepotistic, metabolic, degenerative or miscellaneous causes. We have to understand the definition of the term in association with the process of disability.

Concerted attempts to develop educational strategies for blind, deaf and mentally retarded children were made during the ferment of the French Revolution in Paris. The first school for the blind was set up in Paris in 1784. At about the same time, Father D' Clepee, a clergyman developed a manual alphabet for the deaf. Concurrently, a German teacher tried to develop the oral method of teaching for the deaf. Itard, a physician by profession, wrote his famous book "The Wild Boy of Aveyron" in which he demonstrated how severely retarded children could receive some education.

Christian Missionaries brought this form of special education to India about a century later. The system was based upon the unacknowledged belief that children with disabilities could not be educated alongside unimpaired children. Special schools were first established by Christian missionaries and later the work was taken over the Indian NGOs. By the end of the previous century some half a dozen special schools for the blind and the deaf had been established by the Christian Missionaries. The progress was halting and slow. By 1947, undivided India has 32 schools for the blind, 30 for the deaf and only about 3 for the mentally retarded. The number has now risen to about 2,500.

Blindness attracted a great deal of attention. In 1942, the Central Govt. appointed a Joint Committee of the Central Advisory Board of Education and Health to investigate into the causes

of blindness and to recommend measures for the welfare of the blind. One of the major recommendations of the report of this committee submitted in 1944 was to establish in the Ministry of Education a unit on blindness. This unit was established in 1947 and a few months later it was decided that the Ministry of Education would deal not with blindness, but with the education of children with all major disabilities. Thus, began federal initiatives in the field of special education.

Special education is being used here in its generic sense. It refers to education of children with special needs in all settings, including special schools, integrated and inclusive settings or non-formal education. It is special only in so far as support services are provided. It is based on the assumption that education of children with special needs calls for support services in all settings in terms of special technology or resource support.

Scope

The human organism is composed of a wide range of systems. Damage to any system through disease, accident or genetic aberration may give rise to special needs. But damage to all systems does not interfere with the educational process. It is our intention to confine this plan to the education of children who on account of anatomical, physiological or psychological impairment have special education and need support services.

Generally speaking, the following categories of children would require special education:

- Children with visual impairment including low vision.
- Children with hearing impairment including partial hearing.
- Locomotor impairment including such conditions as cerebral palsy, muscular dystrophy, multiple sclerosis or other progressive and non-progressive conditions restricting movement.
- Mental retardation which refers to children with sub-average general intellectual functioning occurring in the developmental period and associated with mal-adaptive behaviour.
- Learning disabilities including dyslexia, dysgraphia, dyscalculia, dysphasia, apraxia and attention deficits.
- Autistic children who usually have considerable difficulty in relating to others.

Current Demographic Status

No reliable data are available concerning the incidence and prevalence of various disabilities. Different surveys have yielded divergent results. The Union Ministry of Social Justice and Empowerment has recently constituted a committee to devise a nationally acceptable methodology and definitions for classification. In the meantime the National Survey Sample Organisation (NSSO) conducted in 1991 a sample survey which estimated that 1.9% of India's population had a disability. Another survey conducted by NSSO in 1991 said that about 3% of India's children has delayed development. Most of these children were likely to be mentally retarded children. However, how many of these children are educable is not clear.

The fact that result of different surveys are widely divergent becomes evident. The NSSO study estimates the blind population at least 4 million. Health Ministry has, however, accepted the figure of 12 million blind people and 28.56 million low vision persons as proposed by a study conducted in 1989 by Dr. Madan Mohan. On this basis, nearly 4% of India's population has visual impairment.

A similar situation prevails regarding learning disability. Various authorities have put the number at 6-15% of school going children. The consensus among non-official experts is that 10% of our child population may have special educational needs.

According to UNICEF, India has 300 million children between 0-14 years of age. On this basis, India may well have 30 million children with one or more of the disability mentioned above.

REHABILITATION COUNCIL OF INDIA

RCI was set up as

- A Registered Society in May 1986 and a Statutory Body in June 1993
- *It was (a) First in India, (b) First in Asia and (c) First of its kind in world.*

The Council has been established by the Government of India to regulate training programmes in the field of rehabilitation. Setting up of the Council was always in the mind of the Government. National Handicapped Council, an apex Council under the Ministry of Social Justice & Empowerment consisting of representatives of Central Ministries and Non Governmental Organization etc. considered this issue in the year 1983 and they came to the conclusion that one of the main reason of the handicapped programmes not making a headway was lack of trained manpower in the field of disability. The training programmes were going on in an isolated and adhoc manner. There was no uniformity. Institutions were awarding degrees according to their convenience. This point was again taken up in the State Social Welfare Ministers meeting in the year 1984 and here it was decided that there should be a Rehabilitation Council and accordingly Rehabilitation Council was set up by the Ministry of Social Justice and Empowerment (then Ministry of Welfare) in May 1986.

On the recommendations of the Justice Baharwal Islam Committee, it was decided that this Council should be made a statutory body. Based on the recommendation a Bill was presented in the Parliament in December 1991 and President of India gave his assent on 1st September 1992. The Ministry of Social Justice and Empowerment notified the Act in June 1993. We can proudly say that it is one of its kind in the world because it covers different categories of professionals serving from grass root level to top level having different qualifications. The importance of this Council is that it takes care of manpower development of different categories of professionals for comprehensive rehabilitation of persons with disabilities to meet the rehabilitation need of entire life cycle i.e.

- Physical-Medical Rehabilitation;
- Educational Rehabilitation;
- Vocational Rehabilitation
- Social Rehabilitation

Objectives of the Council

1. To regulate the training policies and programmes in the field of rehabilitation of people with disabilities;
2. To prescribe minimum standards of education and training of various categories of professionals dealing with people with disabilities;

3. To recognise institutions/universities running degree/diploma/certificate courses in the field of rehabilitation of the disabled and to withdraw recognition, wherever facilities are not satisfactory;
4. To maintain Central Rehabilitation Register to register persons possessing the recognised rehabilitation qualifications.

Manpower Development Report

In this regard the Council has come out with a Manpower Report indicating the requirement of total manpower in the field of disability from top to grassroot levels. In the 9th Plan the Council planned to train nearly 3,62,300 persons with an estimate of Rs.506.5 crores. The responsibility of developing trained manpower is increasing day by day after enactment of Persons with Disabilities Act of 1995. Ministry of Social Justice and Empowerment has considered the Council's Manpower Report and accordingly planning to allocate sufficient funds to develop manpower. 123 training institutions are creating trained manpower to the tune of nearly 2500 per year. These trained manpower cater to the need of different disabilities. The professionals coming out from these institutions are being registered in the Central Rehabilitation Register of the Council. At the moment the council has already registered more than 11,500 professionals and personnel who are working in this area. These professionals and personnel belong to following categories:

- I. Audiologists and Speech Therapists;
- II. Clinical psychologists;
- III. Hearing Aid and Ear Mould Technicians;
- IV. Rehabilitation Engineers and Technicians;
- V. Special Teachers for Educating and Training the Handicapped;
- VI. Vocational Counsellors, Employment officers and Placement officers dealing with Handicapped;
- VII. Multipurpose Rehabilitation Therapists, Technicians;
- VIII. Speech Pathologists;
- IX. Rehabilitation Psychologists;
- X. Rehabilitation Social Workers;
- XI. Rehabilitation practitioners in MR;
- XII. Orientation and Mobility Specialists;
- XIII. Community Based Rehabilitation Professionals;
- XIV. Rehabilitation Counsellors/Administrators;
- XV. Prosthetists and Orthotists;
- XVI. Rehabilitation Workshop Managers;

To achieve the objectives on standardisation, Council always have cooperation with other agencies who are dealing with the subjects. The objective of all this is to increase the manpower through the All India Council for Technical Education and Indira Gandhi National Open University.

The Council also keeps in touch with the other Ministries like Ministry of Health, Ministry of Labour, Rural Development and Ministry of Human Resource Development, etc.

The Council is also planning to have inter-country linkages. It has approached the External Affairs Ministry in this regard. The main aim is to provide services through this Council to SAARC countries and also to make it global in due course of time.

Current Educational Status

No dependable estimates of the number of children who have access to education is available. However, 2,500 special schools have nearly one lakh students. About 15,000 schools have enrolled nearly 60,000 children under IEDC scheme of Ministry of Human Resource Development. A large number of orthopaedically handicapped children attend schools without being provided support services. The same applies to children with learning disabilities. Without support services, many of them drop out and may constitute a significant part of school population which drops out after a few years of schooling. Therefore, a National Plan is addressed not just to those who have obvious special educational needs, but also to those whose special needs are not recognised and therefore drop out.

It is clear that not more than 3-4% of children with special educational needs have access to education with or without support services. Most children with special education needs cannot benefit from education without support services. The very purpose of this plan is to develop support services in a variety of settings in order to ensure implementation of the provision of Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, to the effect that every child with a disability shall have access to free education and educational equipment between 3-18 years of age.

Proposed Plan

Children with special needs have diverse impairments and live in widely varying environments. Their non-acceptance by their parents is a major stumbling block in their social and educational integration. Therefore, no single answer may be appropriate for every child with a disability. The Education for All Handicapped Children in the United States suggest placing children with disabilities in the least restrictive environment. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act of 1995 mandates that a child with a disability should be educated in the most appropriate environment. A large number of people have been putting forward special schools as the only solution. On the other hand, many people believe that integrated or inclusive education should be the only answer. UNESCO Conference on the Education of the Child with special needs held at Salamanca, Spain, recommended that all Govts should provide only inclusive education. As a result, several countries in Europe have abolished special schools. The results have not been very encouraging.

A word about integration and inclusive education may be in order. By inclusive education is meant that the child with special needs is never taken out of the regular classroom. He is provided all support services within the regular classroom. This may give rise to difficulties for the teacher, particularly in dealing with a non-homogenous class.

In an integrated programme, there is a resource room or a travelling teacher who visits the schools periodically and teaches special skills to children with special needs. He may also

provide remedial teaching, which have not been comprehended by students with a disability in a regular classroom.

Other options are also possible. For example, distance learning through the National Open School and other agencies may be a good alternative for some children. Full utilization of interactive TV may be feasible in some blocks. Alternative schooling may offer access to education for certain children with disabilities who are either working or cannot be brought to school except in the afternoon or in the evening. The same is true of non-formal education.

A number of severely disabled children cannot come to school. In many countries, the telephone is used to impart education to these children. In our country, girls belonging to some minorities may not be able to reach school. Certain severely disabled children may have no means of reaching school. In such cases, it may be necessary to devise home-based education programmes. Rural teams composed of willing retired teachers, head masters, ex-servicemen, revenue officers or educated unemployed youth could be constituted and given general orientation to disability. Different individuals could also be given more intensive orientation to teaching techniques in the disability of their choice.

The Panchayats could organise such teams, give them some financial incentives as well as undertake the task of motivating parents to permit them to teach their disabled child. Indeed, home teaching began in the U.K. as early as 1832. Thus, it is a time tested technique which could be effectively utilised to reach children with special needs in the farthest corners of the country.

The essential feature of the plan is to make it child centered. An inevitable consequence of this is that a variety of options should be offered. Another essential component of the child-centered programme is the establishment of assessment teams at various levels. The principal of selective placement is a basic element in a child-centered plan. The child should be carefully assessed periodically and placement in one of the options should be recommended to the parent on the functional abilities of the child.

At present, testing procedures have not been standardized for children with different special needs. Therefore, research will have to be undertaken to develop and standardise assessment procedures.

This plan has to be operationalised from April 2000. In the meantime, modalities of its operationalisation could be decided.

Targets

There are various estimates of the prevalence of childhood disability. For the purpose of this plan, we are taking 30 million as the basic estimate. This is based on the assumption that about 10% of the child population have special educational needs arising from physical or intellectual impairments. It is suggested that about 10% of our children with special educational needs should be given access to education by the year 2020. This means that at least 2.8 million more children with physical and intellectual impairments have to be brought to the school and provided the needed support services.

Focus

The focus will be to develop and deliver quality education at all levels to children and young people with physical or intellectual impairments. In doing so, research will be encouraged to

identify new pedagogical strategies, optimum use of educational technology will be made, particularly in the case of children with sensory impairments. The goal of this plan shall be to achieve parity in education despite disability.

Integrated and inclusive education will be the principal purpose of this plan. However, where the nature of the disability or socio-economic circumstances or geographic considerations so warrant, other options like distance learning, alternative schooling, non-formal education or even home based education will be utilised.

Apart from the nature and severity of the disability of a given child, his socio-economic circumstances have also to be taken into consideration. The psycho-social environment in the family of the child is of equal relevance. For example, if a child with a disability is a source of constant friction in the family indicative of his non-acceptance, it might be in his interest to remove him from that environment.

We have been advocating a child-centered programme. This includes the establishment of some special schools.

Perhaps the recommendation of the Education Commission should be implemented in gradual phases. In the next 20 years, 1000 special schools should be established.

The special school should have among others, the following functions :

- Educate the child with several forms of disability using appropriate strategies and modifying the curriculum where appropriate.
- To serve as centers of orienting general teachers and resource teachers.
- To undertake monitoring of the special educational programme in the district.
- To undertake research designed to develop parental counselling strategies, curriculum modification and evaluation of assistive devices as well as teaching learning material.
- Capacity of each school should be around 200 students. These will be residential schools, although wherever possible, students will be encouraged to come on a day-basis.

To begin with, these schools could be located in hired buildings but in the long run special buildings built on the basis of special architectural consideration should be envisaged.

Generally speaking, tradition in this country has been that boarding-lodging and other services are provided free of charge. It is proposed that education should be free for all disabled children as envisaged in Persons With Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. However, a means test has to be applied for providing free boarding and lodging.

Training of Teachers

A massive programme of orienting general teachers to disability should be undertaken. This could be done in the following ways:

1. NCTE should be requested to ensure that every course offering first degree in education should have a compulsory paper on special education.
2. Appointment of teachers should be made on proportionate basis against the future vacancies.
3. Five lakh teachers should be given one week orientation to disability. The purpose will be to sensitize the teachers and ensure emotional acceptance of the child with disability in the regular classroom.

4. The Education Commission in 1986 recommended the establishment of a special school in every district to meet the needs of more severely disabled children. This recommendation of the Commission has remained unimplemented.

Resource Teachers

Teaching of special skills like Braille to visually impaired children, sign language or lip reading to the hearing impaired children coping with speech and coordination problems or cerebral palsied children or dealing with mildly and moderately retarded children or promoting the social development of autistic children should be entrusted to special teachers. The RCI has already launched a national programme to promote manpower development. Training of special teachers is our important focus. The programme launched by the RCI has to be strengthened by appropriate financial support.

Principle of Selective Placement

The fundamental thesis of this plan is that a child with a disability should be educated in an environment consistent with his needs. On the basis of this assumption, every child with a disability will need to be properly assessed. The nature of this disability, the wishes of his parents, the functional capacities of the child, requirements of the terrain, community attitudes and other relevant factors will need to be considered in deciding placement of a child in an appropriate environment. This assessment must be carried out by an inter-disciplinary team, which includes a relevant special educator, a psychologist, an appropriate medical specialist and any other person who can participate in making a comprehensive assessment of the child. At least one team should be established in each district. It will also be necessary to develop objective criteria on the basis of which selective placement could be advised.

IEDC

The main stay of the plan should be the IEDC Scheme of the Ministry of Human Resource Development. It will be necessary to modify this scheme and probably introduce grants to NGOs to facilitate timely release of grants and popularization of the programme. The scope of the scheme will also need to be increased to accommodate more severely disabled children.

Out of about 2.8 million children to be brought to school in a period of 20 years, the great majority or perhaps 2 million should be placed in regular schools with adequate support services. Both the resource room and itinerant models should be used. In some cases, dual teaching should be introduced. In such cases, a regular teacher may have to be given a financial incentive.

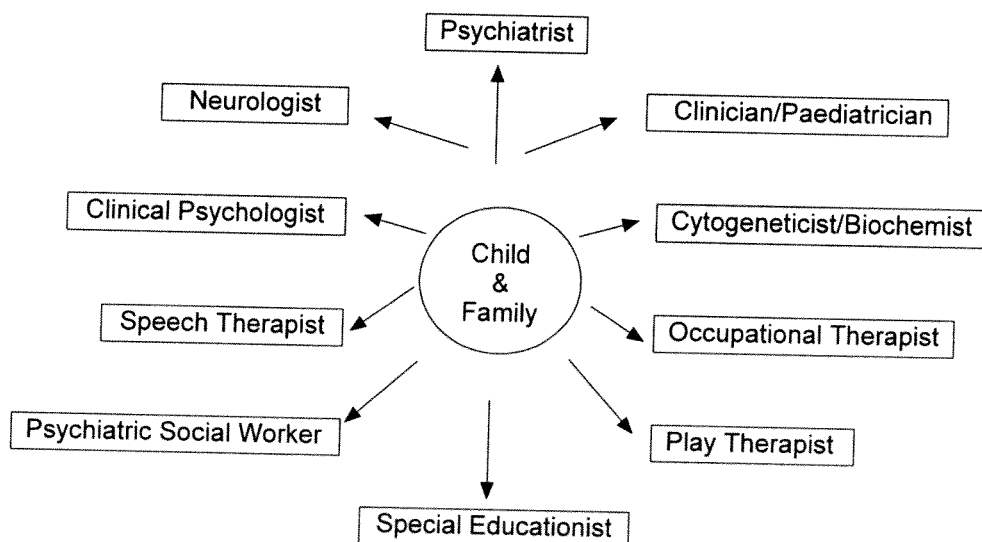
Vigorous measures will need to be taken to persuade parents to send their children with disabilities to school. A large scheme of scholarships could be introduced on the patterns of earlier central schemes of scholarships to persuade children with disabilities to join schools. Both admission and retention could be greatly enhanced by such financial incentives.

Multi-disciplinary/Team Approach

The Multi-disciplinary team is charged with the task of providing comprehensive, appropriate educational programmes for all students with disabilities. In order to meet the challenges of this

task and fulfill their responsibilities of making placement decisions and formulating IEPs, team members rely heavily on assessment of data. Usable assessment of data, therefore, is critical to the effective functioning of the interdisciplinary team. The team itself is composed of a group of individuals who have expertise in areas related to the students of suspected disability (e.g. a school psychologist) or who have a vested interest in the student's educational programme (e.g. a parent). The rationale behind the use of an interdisciplinary team is that students who are disabled have a wide variety of needs that can best be met through inputs from people with a broad range of training, experience, skills, insights, and perspectives. Team members could be, for example, teacher, psychologists, school administrators, parents, nurses, social workers, physical, occupational, language therapists, and even the students. Each has an important contribution to make to the team effort. The needs of the individual student determine the exact composition of the team. Typically, the size of the team increases proportionally to the degree or intensity of the students suspected of disability. The team must make a coordinated effort to decide about such critical areas as assessment procedures, instructional objectives, educational placement, instructional strategies and evaluation. To maximise effects and avoid duplication of efforts, the team should meet regularly to plan and review programmes, and should carefully delineate each person's responsibilities as delineated in a diagram given below.

THE MULTIDISCIPLINARY TEAM APPROACH



Research has shown that team decision making was generally consistent, effective and superior to individual decision making in the placement of exceptional children. A cooperative work group enhances the problem-solving effectiveness that is required while determining the most appropriate educational programme for an exceptional child.

Distance Learning

The National Open School (NOS) has already started admitting students with disabilities, but unfortunately the coverage has been negligible. In the next 20 years, at least half a million children with disability should be taught by distance learning mode. Expenses will need to be

incurred on providing equipment and teaching learning material in the study centres established by NGOs. Specialists will be needed to provide face-to-face counselling to students with disabilities. Some of them may require more intensive counselling.

Alternative Schooling

Students with locomotor and intellectual impairments could be included in various alternative schooling services developed by the states. But these services will have to be supported by special equipment and by enlisting the services of specialists where trained specialists are not available, teacher orientation programmes will need to be undertaken.

Non-formal Education (NFE)

The country has nearly 3 lakh non-formal education centres. These will need to be made accessible to students with disability. As in the case of distance learning and alternative schooling, the NGOs running non-formal education centres will need to be given financial assistance for buying special equipment developing teaching learning material in recruiting trained teachers to assist students with disabilities. About half a million children should be brought to non-formal education centres in the next 20 years.

Home-based Education

A headstart home based education programme should be launched to reach children with disabilities in remote areas, particularly the minority community girls who are not permitted to go to school. There is a great deal of unutilised, but trained manpower available in rural India. For example, many retired teachers, head masters, ex-servicemen, educated unemployed youth, revenue officers are likely to be willing to take part time work on the basis of some reasonable financial incentives. Orientation programmes could be organised for them by the proposed special schools by the infrastructure developed for IEDC, DPEP, National Institutes, RCI and other organisations to equip them with elementary skills to impart simple literacy and numeracy skills to students with disabilities in their own homes. This is likely not only to improve the quality of life of a number of disabled children, but also to raise heightened awareness of the potential of disabled people.

About 2 lakh students could be covered in the next 20 years under this programme. One lakh more students could be covered under the special school programme. Thus, the target of bringing 3 million children with disabilities to school in the next 20 years could be achieved in the following way.

S.No.	Programme	Target
1.	IEDC	1.5 million
2.	Distance Learning	.5 million
3.	Non-formal Education and Alternative Schooling	.5 million
4.	Home based Education	.5 million
5.	Special Schools	.1 million
6.	No. already covered	.2 million
	Total	3 million

On the basis of targets mentioned above, it will be necessary to train 8 lakh teachers in the next 20 years. This target has to be covered by the Ministry of Social Justice and Empowerment. However, in the financial statement, some cost estimate has to be provided in the beginning.

Convergence and Coordination

According to the current allocation of business rules, special schools fall within the jurisdiction of Ministry of Social Justice and Empowerment. All other forms of education, with the possible exception of home-based approach fall within the purview of Ministry of Human Resource Development. In order to create sensitivity for special education, inculcate inclusiveness in all other forms of education and promote convergence, some kind of co-ordination is necessary between both the Ministries on the basis of a well-drawn up national plan.

This national plan may be implemented jointly by the two Ministries with the assistance of a Co-ordination Committee chaired and co-chaired by the Minister of Social Justice and Empowerment and the Minister of Human Resource Development.

To implement this large national plan, a 'Special Education Bureau' should be established in the Ministry of Social Justice and Empowerment.

Financial Implications

With the implementation of recommendations of the Vth Pay Commission, the average salary and allowance of primary school teacher works out to nearly Rs. 12,000/- per annum. Even if we take the provision of free equipment and book to cost only about Rs.500/- per annum, the per capita cost of giving primary education of a disabled child works out to Rs.12,500/- per annum.

However, the saving grace is that about 60% children are those with locomotor impairment and learning difficulties and in most cases, the regular teacher with some orientation can handle their educational problems. Thus, resource teachers may be needed only for about 6 million children.

Although the span is 20 years on an average, the programme as a whole will work for about 10 years. Thus, financial provision is being made for an average of 10 years.

The following table shows the financial implications:

Sl.No.	Programme	Target	Per Capita	Estimated cost in 10 years
1.	IEDC	6 million	12,500/-	13,500 Crores
2.	Non formal education and Alternative Schooling	.5 million	1,000/-	50 Crores
3.	Distance Learning	.5 million	1,000/-	50 Crores
4.	Home based education	.2 million	1,000/-	20 Crores
5.	Special Schools	.1 million	15,000/-	750 Crores
	Total			Rs.14,370 Crores (Approx 15,000 Cr)

Mobilisation of Resources

It is understood that development of large scale programmes in the area of disability and rehabilitation would require substantial financial resources. Apart from the funds from the Central Government, we have to supplement the funds through mobilisation of resources from other sources. These include user charges from the participants, resources from the Panchayat Raj institutions as required by the recent legislation by the Parliament, State Governments, Corporate Sector, NGOs and Local Governments. The resources from these sources have to be pooled for replicating programmes on a wider scale. The corporate sector wherever it comes forward, should be entrusted with the implementation of these programmes.

Conclusion

In an initial period dominated by the special school philosophy, India has covered only 1-2 lakh children with disabilities. In the next 20 years, we expect to cover 3 million children or about 10% children with disabilities. The programme set forth in the preceding paragraphs is our *vision and mission* and offers a variety of options to meet the varying needs of students with disabilities and their socio-economic environment. Although not taken specifically into account, some funds will need to be provided for developing and sustaining intensive awareness. These funds could come from various other concerned Ministries. Ministry of Rural Development has agreed to earmark 10% of its budget for persons with disabilities. This could be followed by other concerned Ministries. A beginning has to be made *here and now*.

In sum, the new millennium may signify many things to many people, but what it should signify to all of us—that in terms of disability rehabilitation there is very little scope left to ignore the writing which is clearly visible on the wall - that ten per cent people cannot be thrown to winds. We, therefore, have to take stock, change to introspect, or otherwise the future as we want cannot be ours.

J.P. Singh
Member Secretary
Rehabilitation Council of India