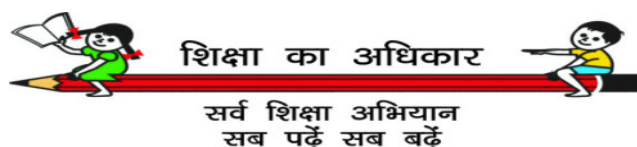


# **SARVA SHIKSHA ABHIYAN**



## **REPORT OF NATIONAL WORKSHOP ON STATE INCLUSIVE EDUCATION (VI, HI & SI and Locomotor)-**

### **LEARNING OUTCOMES BASED ANNUAL ACTION PLAN 2013-14**

**9<sup>th</sup> – 10<sup>th</sup> September, 2013**

**NEW DELHI**



**Inclusive Education Unit  
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## Acronyms

<b>AICB</b>	All India Confederation for the Blind
<b>ALIMCO</b>	Artificial Limb Manufacturing Corporation
<b>ASD</b>	Autism Spectrum Disorder
<b>BRC</b>	Block Resource Centre
<b>CP</b>	Cerebral Palsy
<b>CRC</b>	Cluster Resource Centre
<b>CWSN</b>	Children with Special Needs
<b>DIET</b>	District Institute of Educational Training
<b>DISE</b>	District Information System for Education
<b>DoDA</b>	Department of Disability Affairs
<b>HI</b>	Hearing Impairment
<b>IEVs</b>	Inclusive Education Volunteers
<b>JRM</b>	Joint Review Mission
<b>LD</b>	Learning Disabilities
<b>LV</b>	Low vision
<b>MD</b>	Multiple Disabilities
<b>MHRD</b>	Ministry of Human Resource Development
<b>MIS</b>	Management Information System
<b>MoH&amp;FW</b>	Ministry of Health and Family Welfare
<b>MR</b>	Mental Retardation
<b>MoSJ&amp;E</b>	Ministry of Social Justice and Empowerment
<b>NAB</b>	National Association for the Blind
<b>NCERT</b>	National Council for Educational Research and Training
<b>NIVH</b>	National Institution for the Visually Handicapped
<b>NIEPMD</b>	National Institution for the Empowerment of Persons with Multiple Disabilities
<b>OI</b>	Orthopaedic Impairment
<b>PAB</b>	Project Approval Board
<b>RBSK</b>	Rashtriya Bal Swasthya Karyakram
<b>RCI</b>	Rehabilitation Council of India
<b>RP</b>	Resource Person
<b>RTE</b>	The Right of Children to Free and Compulsory Education Act, 2009
<b>RT</b>	Resource Teacher
<b>SCERT</b>	State Council of Educational Research and Training
<b>SI</b>	Speech Impairment
<b>SPO</b>	State Project Office
<b>SPD</b>	State Project Director
<b>SSA</b>	Sarva Shiksha Abhiyan
<b>TSG</b>	Technical Support Group
<b>UT</b>	Union Territory
<b>VI</b>	Visual Impairment

## **Report of National Workshop on State Inclusive Education - Learning Outcomes Based Annual Action Plan 2013-14**

### **1. Background:**

RTE Act (2009) entitles all children between the ages of 6-14 years to an education of reasonable quality, based on principles of equity and non-discrimination. It provides for children's right to free and compulsory admission, attendance and completion of elementary education. More importantly, it provides for the child's right to education that is free from fear, stress and anxiety. Other enabling provisions in the Act include prohibition of corporal punishment, detention and expulsion.

The RTE Act 2009, in section 3(1) entitles all children in the 6-14 years age group to a right to free and compulsory elementary education in a neighborhood school. RTE (Amendment) Act, 2012 came into force from 1<sup>st</sup> August, 2012. It has the following provisions for children with disabilities:

- Child with disability defined under the RTE Act (clause (ee) of section 2) as defined under PWD Act and National Trust Act
- Child with disability is included within the meaning of child belonging to disadvantaged group (clause (d) of section 2)
- Child with disability shall have the right to pursue free and compulsory elementary education in the same manner in which children with disabilities have under Chapter V of the Persons with Disability Act, 1995 (section 3(3))
- Child with 'severe disabilities' and a child with 'multiple disabilities' shall also have the right to opt for home based education (proviso to section 3(3)).

This Act has given a new thrust to the education of Children With Special Needs (CWSN), and efforts would now have to be made to enroll and retain CWSN in the neighbourhood schools. Retention of CWSN in neighbourhood schools calls for strengthening support to CWSN through provision of text books, on time in an accessible format, effective teaching through trained teacher, supplementary aids and non-discriminatory environment facilitated through appropriate peer support. and Thus, school preparedness for CWSN should be given paramount importance in the context of RTE.

SSA ensures that every child with special needs, irrespective of the kind, category and degree of disability, is provided education in an appropriate environment. SSA adopts 'zero rejection' policy so that no child with special needs is deprived of the right to education. The major interventions under SSA for the education of CWSN are identification, functional and formal assessment, appropriate educational placement, preparation of Individualized Educational Plan, provision of aids and appliances, teacher training, appointment of resource teachers, therapeutical support and provision of ramps, handrails and disabled friendly toilets.

It was against this backdrop that the 21<sup>st</sup> National IE workshop on "State Inclusive Education - PAB Outcomes Based Annual Action Plan 2013-14" was held in New Delhi from 9<sup>th</sup> – 10<sup>th</sup> September, 2013. The agenda of the Workshop is given at **Annex- A**.

## Objectives of the Workshop:

The objectives of the workshop were as follows:

1. To critically review the present status of Inclusive Education
2. To consolidate the existing academic support structures and IE activities for enrolments, retention and enhanced learning outcomes of CWSN.
3. To consolidate the Management Information System on CWSN
4. To build convergence and synergy between the Government Departments / Institutions and with the Civil Society and RCI and ALIMCO.
5. Developing Action plans including Monitoring system.
  - a. To finalise a checklist tool for Action Plan formulation.
  - b. To develop state wise IE Action plan for 2013-14 based on PAB approved activities.
  - c. To develop a sub-action plan for **the visually impaired** including the intervention of the strengthening of Schools with Braille language teachers and Braille and large print text books.
  - d. To develop a sub-action plan for **the Hearing and Speech impaired** including the intervention of strengthening of Schools with Sign Language teachers and other resource material.
  - e. To develop a sub-action plan for **Loco motor disabled**.(barrier free approach)
  - f. To develop a **sub-action plan** for the timely identification, assessment, distribution/ replacement of **aids and appliances / assistive devices**.
  - g. To develop a **help line for School Admissions**.

## 2. Expected Outcomes & Achievements:

S. No.	Expected Outcomes	Achievements
1.	A checklist tool for Annual Action Plan and for monitoring	A draft checklist was circulated to the participants for discussion and feedback. The states/UTs are free to improvise/ contextualise the same in preparing state annual work plan for the current year before 15 <sup>th</sup> October, 2013. In future within 15 days of the PAB minutes/ commitments.
2.	State wise IE Action plan for 2013-14 based on PAB approved activities.	Tentative action plans that were prepared based on model checklist were presented by the states in the workshop. All assured to submit their respective action plan by 15 <sup>th</sup> October to TSG
3.	Sub-action plan for visually impaired including the intervention of the strengthening of Schools with Braille language teachers (Max.2-3 Yrs); and Braille and large print text books.	<ul style="list-style-type: none"> <li>• Discussion was held on making one school in each block fully inclusive for the visually impaired children within RTE compliance.</li> <li>• Based on model checklist and their own experience, all States/ UTs had to submit their sub- action plan for VI before 15<sup>th</sup> October. States were given the option of adopting this model.</li> </ul>

S. No.	Expected Outcomes	Achievements
		<ul style="list-style-type: none"> <li>• The following criteria for selecting the school was discussed:               <ul style="list-style-type: none"> <li>• All the schools admit CWSN of all categories as per RTE Act</li> <li>• The model school admits CWSN of other categories as well</li> <li>• The RTs with specialization in special education based at BRC continue to provide academic support to all schools in the block</li> <li>• The school to be chosen may preferably have class I to VIII and have residential facility and a resource room within its premise or within a close proximity so that it is accessible to CWSN.</li> <li>• 3 regular teachers for the school are trained for inclusiveness of specified category of disability addressing issues of all grades viz., school readiness, grades I to VIII</li> </ul> </li> </ul>
4.	Sub-action plan for Hearing and Speech impaired including the intervention of strengthening of Schools with Sign Language trained teachers and other appropriate communication methods (max.2-3 Yrs).	<ul style="list-style-type: none"> <li>• Discussion was held on making one school in each block fully inclusive for the hearing impaired children within RTE compliance.</li> <li>• Based on model checklist and their own experience, all States/ UTs had to submit their sub- action plan for HI before 15<sup>th</sup> October. States were given the option of adopting this model.</li> <li>• The following criteria for selecting the school was discussed:               <ul style="list-style-type: none"> <li>• All the schools admit CWSN of all categories as per RTE Act</li> <li>• The model school admits CWSN of other categories as well</li> <li>• The RTs with specialization in special education based at BRC continue to provide academic support to all schools in the bloc</li> <li>• The school to be chosen may preferably have class I – VIII and have residential facility and a resource room within its premise or within a close proximity so that it is accessible to CWSN.</li> </ul> </li> </ul>

S. No.	Expected Outcomes	Achievements
5.	Sub-action plan for Loco motor disabled (Barrier free access to schooling)	<p>Barrier free access was included in the states tentative action plan. The following criteria for selecting the school was discussed:</p> <ul style="list-style-type: none"> <li>• All the schools admit CWSN of all categories as per RTE Act</li> <li>• The model school admits CWSN of other categories as well</li> <li>• The RTs with specialization in special education based at BRC continue to provide academic support to all schools in the block</li> </ul> <p>The school to be chosen may preferably be from class I to VIII and have residential facility and a resource room within its premise or within a close proximity so that it is accessible to CWSN.</p>
6.	Sub-action plan for the timely identification, assessment, distribution / replacement of aids and appliances / assistive devices.	1-year calendar in advance for the assessment camps and provisions of aids and appliances should be developed by the states in convergence with ALIMCO. States and ALIMCO will share the dates of assessment camps with MHRD before 30 <sup>th</sup> September, 2013.
7.	Joint Action plan with RCI	In place of the 90-day foundation course henceforth teachers would be trained with modular trainings for each disability and groomed in the specified disability area. Volunteer of AICB & Vaani agreed to work for the purpose. RCI Member Secretary would help in standardizing these modules.
8.	Sub-Action plan for Convergence with the Health and Social Welfare Deptts.	A session was conducted by representatives of RBSK on its objectives and implementation plan. A convergence plan between RBSK and SSA would be developed by 30 <sup>th</sup> October, 2013.
9.	Sub-Action plan for Helpline for School Admissions.	Helpline numbers already functional in a few states were circulated in the workshop. Other states/UTs also to share with MHRD helpline numbers before 15 <sup>th</sup> October
10.	Monitoring system to achieve the desired targets of PAB approvals.	All states/ UTs assured that the State/ UT action plan will include a strategy on monitoring too.

### 3. Participants:

#### Target Group:- 27 States (other than NE states & Sikkim)

- 110 participants from 27 States/UTs participated in the workshop.
- Representatives of National Institutions also participated in the workshop:

- Ali Yuvar Jung National Institute of Hearing Handicapped, Mumbai (AYJNIHH)
  - National Institute of Orthopaedically Handicapped, Kolkatta
  - NCERT
- Representatives from regional branches of AYJNIHH and National Institute of Visually Handicapped also attended the workshop.
  - Directors from 8 Braille Presses also participated in the workshop (*given as Annex- C*).
  - Representatives of various NGOs working with the visually impaired and the hearing impaired children and Consultants of the Technical Support Group were also present at the workshop (*given as Annex-C*).
  - The final day of the workshop also saw the participation of (a) Joint Secretary, Department of Disability Affairs, Ministry of Social Justice & Empowerment, (b) CMD ALIMCO, (c) Member Secretary, RCI and representatives from RBSK under the Ministry of Health and Family Welfare (MHFW) (*given as Annex- C*).
  - A summary of the participants is provided in the table below while the detailed list of participants is given in *Annex-C*.

S. No.	Category	Designation	Expected Number of Participants	Actual Number of Participants	Participants who could not attend
1.	State	State/SPO	27	25	Representatives from Lakshadweep and Puducherry
		Other representative from SPO	0	8	
2.	NGOs	SPO NGOs	54	37	No NGO representative from A&N Islands, D&N Haveli, Daman & Diu-Goa, Karnataka, and Kerala
		National Level NGOs	5	10	
3.	National Level Institutes	NCERT	1	1	
		IGNOU	1	1	
		Jamia Millia Islamia	1	2	
		National Institutes of Orthopaedically Handicapped	1	1	
		Ali Yuvar Yung National Institutes of Hearing Handicapped	1	1	
		Regional Branches of National Institute of Visually	1	1	Representative from NIVH-



		Handicapped, Chennai			Dehradun
		Regional Branches of National Institute of Hearing Handicapped, Mumbai	2	2	
		RCI	2	2	
		ALIMCO	2	2	
4.	<b>Representatives from Ministry</b>	Representatives from MoSJ&E	1	1	
		Representatives from MoH&FW	2	2	
		MHRD	2	2	
5.	<b>Braille Presses</b>	Braille Presses	8	8	Representative from NAB-Mysore
6.	<b>TSG</b>	Technical Support Group	2	2	
			<b>113</b>	<b>110</b>	

### Proceedings:

#### Inaugural Session:

The workshop started by welcoming all participants. Dr. Mahammed Ariz Ahammed, Director, MHRD, apprised the participants of the objectives, status and issues in IE. The workshop was devoted to state presentations, technical presentations, review of the progress in IE and development of action plan based on a checklist (**Annex-D**) covering various aspects of IE. In his presentation, (**given as Annex-E**) Dr. Ariz Ahammed highlighted the following:

- Disability: Indian Scenario and Prevalence.
- Out of school CWSN status as per IMRB surveys of 2005 and 2009.
- Provisions under United Nations Convention on Rights of Persons with Disabilities and RTE Act.
- SSA Framework on IE.
- Detailed Progress of IE in the States based on
  - Physical Access:
    - Number of Disabled Category wise Census-2001; DISE 2011-12/2012-13 and CWSN IE Numbers.
    - Trends in identification, enrollment and coverage of CWSN, their retention, drop out, GER, NER, completion level and transition since the inception till 30<sup>th</sup> June 2013- Tabular and graphic representation.
    - State wise allocation, expenditures and unspent balance on IE over time.
    - Assessments, removal of architectural barriers, and Procurement and Supply of Aids and Appliances year wise.
  - Quality of Access:
    - Constitution and operationalisation of SRGs and DRGs.
    - Resource rooms functional and required

- State wise Academic Support structures and services at the state, district and block level and at HBE and at KGBVs and Status of compliance of SSA framework.
- Teacher Training.
- Job chart of state, district, block level RPs, Resource teachers/ persons in each BRC and IE volunteers for HBE and visit schedules.
- Supply and timeliness of Text Books-Braille Books/ Sign Language etc and operational issues.
- Activities for retention- classroom transactions, any effort for CWSN in CCE, present method for in school assessment for children, learning indicators, learning outcomes, etc.
- Social Access-
  - Access scenario-Enrolment drives, campaigns and mobilization activities undertaken for CWSN;
  - Parental training, Community mobilisation and Peer sensitisation and addressing discrimination.
- PAB sanctions for 2013-14
- Challenges faced by the State in IE implementation- and solutions.
- Issues with ALIMCO & RCI
- Road ahead in IE.

#### Day-I: Summary of the Presentations

S. No.	Sessions	Presented by	Observations/ Key Action Points
1.	MHRD presentation	Dr. Ariz Ahammed, Director, MHRD	<ul style="list-style-type: none"> <li>• There should be proper identification and enrollment of CWSN</li> <li>• Retention and teaching – learning of CWSN has been an area of concern</li> <li>• States should take necessary initiative for retention</li> <li>• TSG will compile Best Practices from States/ UTs in the next issue of Confluence magazine</li> <li>• Confluence magazine will be published in low cost paper and reach each BRC, DEO, DIET, SCERT, DEE and SPO/ SPD and Education Secretary</li> <li>• The states/ UTs are to ensure the following:               <ul style="list-style-type: none"> <li>– Authentic assessment of text books in Braille/ large print of relevant medium and include in the action plan to ensure supply on the first day of the academic session. Procurement process should</li> </ul> </li> </ul>

S. No.	Sessions	Presented by	Observations/ Key Action Points
			<p>start minimum 6 months in advance</p> <ul style="list-style-type: none"> <li>- Teachers are trained for teaching and learning of VI &amp; HI and other categories through Braille, total communication, etc</li> <li>- Barrier free access is specifically be undertaken</li> <li>-</li> </ul> <ul style="list-style-type: none"> <li>• Observations from Monitoring Institutes show that teachers' behavior towards CWSN varied; no appropriate TLM for their CWSN; RTs-Absent/Irregular, Teaching learning processes, and evaluation processes are not tailored/ adapted to the needs of CWSN and large number of schools are either without ramps or have poor quality ramps.</li> </ul>
2.	State presentations	SPO-IE	<ul style="list-style-type: none"> <li>• The progress of the states on IE along with their PAB approved plans were presented by the states. <b>State presentations given at Annexes F (a) - (x).</b></li> <li>• <b>State wise critical analysis is given at Annex- G.</b></li> </ul>
3.	Convergence with Rashtriya Bal Swasthya Karyakram (RBSK)	Dr. Arun Kr. Singh Advisor – RBSK	<ul style="list-style-type: none"> <li>• RBSK aims at screening children from 0-18 years for defects, diseases, deficiencies and development delays including disabilities. Since early intervention is very important, steps should be taken to create awareness among community about the causes of disabilities and precautions to be taken by them to reduce the disabilities.</li> <li>• The health and rehabilitation issues of children with disabilities right from birth to the age of 18 years are being addressed by 3 different Ministries i.e. Health &amp; Family Welfare, Social Justice &amp; Empowerment and Human Resource Development, thus, convergence</li> </ul>

S. No.	Sessions	Presented by	Observations/ Key Action Points
			<p>between these three Ministries is very important for complete rehabilitation of the child.</p> <ul style="list-style-type: none"> <li>• RBSK to undertake the screening of school children at the block level for which 3 dedicated Mobile Health Teams would be engaged. This team will be equipped with equipments for screening of children. District Early Intervention Center will also be set up in the district Hospital for providing referral support to children detected with health conditions. Data entry operator.</li> </ul> <p><b>Action Points:</b></p> <ul style="list-style-type: none"> <li>• The key areas of convergence between SSA and RBSK could be: <ul style="list-style-type: none"> <li>▪ Early identification of CWSN,</li> <li>▪ Assessment of CWSN</li> <li>▪ School based screening and</li> <li>▪ Using the services of District Early Intervention Center team for CWSN enrolled in SSA schools for surgical, therapeutic services.</li> </ul> </li> <li>• MD of NRHM (RBSK) should be member of SRG in IE and in the EC of SSA.</li> <li>• To include the Head of District Early Intervention Center in IE DRG</li> <li>• RBSK is requested to provide therapeutic services at the school level.</li> </ul>
<b>Day – II Summary</b>			
1.	Session with ALIMCO	Sh. Awanish Kumar Awasthi, Joint Secretary, Department of Disability Affairs, Ministry of Social Justice and Empowerment. Sh. Narayan Rao, CMD –	<ul style="list-style-type: none"> <li>• Shri. Awasthi pointed out that in States like Bihar, Uttrakhand, and Chhattisgarh, the number of beneficiaries were very low.</li> <li>• Shri. G. N. Rao, CMD - ALIMCO, in his presentation (<b>given at Annex-H</b>)</li> </ul>

S. No.	Sessions	Presented by	Observations/ Key Action Points
		ALIMCO Sh. R.K. Mathur, Regional Manager, ALIMCO	<p>highlighted that in 2012-13, 2113 camps were conducted for SSA, through which 1.32 lakh CWSN were provided aids and appliances. The number of beneficiaries under SSA was pretty low</p> <p><b>Concerns of the States / Institutions</b></p> <ul style="list-style-type: none"> <li>• Representative from Bihar-SSA pointed out that ALIMCO hearing aids were not of good quality. This was a serious issue as every child with hearing impairment required a custom made ear mould. He also stated that Bihar-SSA had set up an ear mould laboratory in 26 out of 37 districts @ Rs. 15,000/- and had given a 5-day training to all the resource teachers on hearing impairment on making ear moulds. This had proved to be a successful experiment as ear moulds needed to be replaced every 6 months.</li> <li>• Representative from Punjab – SSA pointed out that ALIMCO hearing aids were not suitable only for children with severe profound hearing impairment.</li> <li>• Representatives from West Bengal and Jharkhand-SSA pointed the delays of 3-6 months in delivering assistive devices to children after the assessment.</li> <li>• Representative from J&amp;K - SSA pointed out that the quality of the tricycles and wheelchairs provided by ALIMCO was very poor.</li> <li>• Representative from Chhatisgarh - SSA pointed out that all the ordered assistive devices from ALIMCO are not provided in the required numbers. For example of after the assessment camps, there is a requirement of 100 wheelchairs, only 80 are supplied</li> <li>• Representative from Maharashtra-SSA stated that local level audiologists could be used for assessment of hearing</li> </ul>

S. No.	Sessions	Presented by	Observations/ Key Action Points
			<p>impaired children and for hearing aid distribution. He also mentioned that an audiologist should be available for a specified number of children with hearing impairments. Services of Audiologist from private hospitals could also be used in the assessment of CWSN by ALIMCO.</p> <ul style="list-style-type: none"> <li>• Shri. Bipin Mehta, representative from Blind People’s Association, Gujarat, pointed out that ALIMCO did not produce enough aids and appliances for the visually impaired.</li> </ul> <p><b>Action Points:</b></p> <ul style="list-style-type: none"> <li>• There is a need for a technical evaluation of the products manufactured by ALIMCO by a third party/expert group including MHRD/SSA officials and Civil Society</li> <li>• ALIMCO in consultation with State/ UTs will prepare an one year advance calendar of assessment and provision of aids and appliances for each state/ district including: <ul style="list-style-type: none"> <li>▪ Composition of assessment team</li> <li>▪ The delivery of aids and appliances</li> <li>▪ Timeline within a month) for replacement after case evaluation</li> <li>▪ Current year calendar will be submitted by 30<sup>th</sup> September, 2013. The calendar for 2014-15 will be submitted by February 2014.</li> </ul> </li> </ul>
2.	Session with RCI	Sh. T.D. Dhariyal, Member Secretary, RCI	<ul style="list-style-type: none"> <li>• The key role of RCI was to standardize courses related to special education. RCI was not a training institute.</li> <li>• Since education is a state subject, bodies like SCERT, RIEs and BRCs are responsible for teacher training. RCI can only facilitate this process by</li> </ul>

S. No.	Sessions	Presented by	Observations/ Key Action Points
			<p>developing modules, ensuring that teachers are being appropriately trained and monitor these trainings.</p> <ul style="list-style-type: none"> <li>• RCI can also give recognition to a particular centre, imparting training courses on disability.</li> <li>• Very few colleges and universities offered courses in Special Education. All colleges offering B. Ed and M. Ed courses in regular education have been asked to also offer B. Ed and M. Ed courses in Special Education.</li> </ul> <p><b>Action Point:</b></p> <ul style="list-style-type: none"> <li>• RCI will help in standardizing the curriculum, syllabi and learning standards of modular training of every disability for school preparedness, class wise and for special training.</li> </ul>
3.	Interaction with Braille Presses	Representatives from Braille Presses	<ul style="list-style-type: none"> <li>• The information provided by each one of them regarding their capacity to print Braille pages, cost, training programmes offered etc, is given at <b>Annex-I</b>.</li> </ul> <p><b>Concerns from the States:</b></p> <ul style="list-style-type: none"> <li>• Representative from J&amp;K-SSA reported the need for developing Braille code for Urdu language.</li> <li>• Representatives from UP and Jharkhand stated that the free text book norm of Rs. 150/- per child per annum at the primary level and Rs. 250/- per child at the upper primary level is not sufficient for Braille books.</li> </ul> <p><b>Action Points:</b></p> <ul style="list-style-type: none"> <li>• SSA states while giving order for Braille books should give class wise, subject wise, number of copies required for each book to the Braille press concerned.</li> </ul>

S. No.	Sessions	Presented by	Observations/ Key Action Points
			<ul style="list-style-type: none"> <li>• Proofreading of the master copy to be done by the States/ UTs in agreed timelines</li> <li>• By October, 2013 the price of master copy and per page cost of printing in Braille will be fixed for SSA and circulated to all SSA states so that they can start planning for next year. Department of Disability Affairs agreed to do needful action in this regard.</li> </ul>
4.	Development of State action plans	SPO - IE and NGO Representatives	A model checklist for developing contextualized state level action plan based on local needs was circulated. The tentative action plan of the states is given from <b>Annex- J</b> .

#### **Valedictory Session:**

The valedictory session was chaired by Ms. Vrinda Sarup, Additional Secretary, MHRD. She drew the attention to the following key points of the participants:

1. The IE plan would be based on DISE data, i.e. the number of CWSN enrolled in schools and the CWSN covered through home based education. DISE provides disability wise each school enrollment i.e. what disability child is enrolled in a particular school. Hence, the focus of planning now would be on school based data.
2. A recent DISE analysis has shown that although Children With Special Needs are enrolled in primary level, they gradually start dropping out and hence do not complete the elementary education cycle. This is more so in the case of children with developmental disabilities or those who have high level support needs.
3. The retention of CWSN needs to be improved by capacity building of in-service teachers, with a special focus on curricular adaptation, classroom transaction and evaluation practices with a special focus on children with developmental disabilities. NCERT has already initiated the process of developing exemplar materials on curricular adaptations, teaching practices and evaluation of CWSN.
4. IE should no longer be perceived as a stand - alone component under SSA. It had to be cross cutting and an important part of all other interventions under SSA (pedagogy, civil works, special training MIS, etc).
5. For early intervention of CWSN, convergence should be established with the Department of Women & Child Development and Ministry of Health and Family Welfare and the States should similarly establish convergence with the local ICDS and local Health Institutions.

The feedback given by the participants is analyzed at **Annex-K**.



**Key Decisions / Action Points of the Workshop:**

The key points that emerged from the Workshop are as follows:

<b>Area</b>	<b>Decision / Action Point</b>	<b>Action by</b>	<b>Timeline</b>	
<b>Visual Impairment</b>	1. Development of a Demo/Model Inclusive School in each block in visual impairment	States/UTs	From November 2013	
	<b>Constitution of SRG and DRG wherever not constituted</b>	2. Improved identification of children with visual impairment	States/UTs	November 2013
		3. Enhanced enrollment of children with visual impairment	States/UTs	All year through
		4. Assessment of children with visual impairment	States/UTs	On- going
		5. Modular teacher training in visual impairment	States/UTs	From November 2013
		6. Resource support to children with visual impairment through resource teachers	States/UTs	On- going
<b>Measures for retention of children</b>	7. For current academic year making available textbooks in Braille and large print mandatory	States/UTs	Immediately from September – October	
	8. For next academic year: Start procurement process as per Department of Disability Affairs guidelines to be designed soon	States/UTs	October – November	
<b>Emphasis on Teaching Learning</b>	9. SSA states while giving order for Braille books should give class wise, subject wise, number of copies required for each book to the Braille press concerned.	Sates/UTs	Within current year	
	10. Braille books of all the States should be based on revised syllabus.	Sates/UTs	Immediately and in future	
	11. The price of master copy and per page cost of printing in Braille to be fixed by the Braille Council of India / DoDA/ other coordinating agency and will be circulated to all SSA states so that they can start planning for next year.	MHRD DoDA & MoSJ&E	By 10 <sup>th</sup> October, 2013	
	12. There are many tribal dialects in this country and these need a	NIVH Dehradun	One year	

Area	Decision / Action Point	Action by	Timeline
	different Braille code. This needed to be attended with urgency.		
	13. He further pointed out that authentic cross checking of the actual requirement of sets of Braille books needed to be done.	States/ UTs	By December 2013 so that this is incorporated in the AWP & B of 2014 -15
	14. Sightsavers informed that they were working in 17 states across the country and they would continue to converge with SSA on low vision, screening and assessment and are ready to work with other states/UTs.	States/UTs	----
	15. Representative from National Association for the Blind, Mumbai mentioned that they had a capacity of printing one crore Braille pages per year. They also had small booklets on teaching Braille, teaching abacus, teaching orientation and mobility, library books, early reading books, etc. These could be adopted or adapted by SSA. They also provide Braille kit free of cost. Their network cuts across 68 districts and 22 states across the country. It also conducted training programmes related to blindness or low vision.	States/UTs	Within the current year
	16. Representative from Arushi stated that they could conduct Braille training programmes for the SSA States. They also have an audio book production centre which could be made use of by the SSA states.	States/UTs	Within the current year
<b>Hearing Impairment/</b>	1. Development of a Demo/Model Inclusive School in hearing impairment	States / UTs	-----
<b>Constitution of SRG/DRG</b>	2. Improved identification of children with hearing	States / UTs	November 2013

Area	Decision / Action Point	Action by	Timeline
<b>wherever not constituted</b>	impairment		
	3. Enhanced enrollment of children with hearing impairment	States / UTs	All year through
<b>Measures for retention of children</b>	4. Assessment of children with hearing impairment	States / UTs	On-going
	5. Teacher training in hearing impairment	States / UTs	From November 2013
<b>Emphasis on Teaching learning</b>	6. Resource support to children with hearing impairment through resource teachers	States / UTs	On- going
	7. Build networking with Ali Yuvar Jung National Institute of Hearing Handicapped, Mumbai for orientation/training of the regular teachers and mobile teachers of SSA on teaching strategies, communication modalities, parental counseling and guidance, management of hearing impaired child in an inclusive classroom of a regular school, strengthening of resource room, use, management and maintenance of hearing aid and speech correction. It also offers training on Indian sign language and a professional interpreter course. Tailor made courses could also be developed for SSA.	States / UTs	Within the current year
	8. Representative from VAANI mentioned that their focus was on training of parents and teachers. They also had 6 booklets on various themes related to hearing impairment like understanding deafness and early identification, communication and early intervention, language learning and literacy, early reading, comprehension and questioning techniques and number concepts–addition, subtraction,	MHRD and States	For MHRD: By 31st October 2013  For States within the current year

Area	Decision / Action Point	Action by	Timeline
	multiplication and division. These could be adopted or adapted by SSA.		

### Key Action Points for CWSN in General

<b>For CWSN in general</b>	<ul style="list-style-type: none"> <li>• Constitution of SRG &amp; DRG involving experts, educationists, Civil Societies reflecting social, cultural and linguistic diversity of states / districts.</li> <li>• Measuring for retention and ensure that no child is dropped out</li> <li>• Emphasis on teaching and learning and TLM</li> <li>• Converge with Ministry of Health and Family Welfare and Social Welfare/ Women and Child Development Department for:               <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Aids &amp; appliances</li> <li>• Disability certificate</li> <li>• ID cards</li> <li>• RBSK surgeries / therapy</li> </ul> </li> </ul>	<b>States/ UTs</b>
	• Modular training of teachers in identified disabilities and also training of parents	
	• 100% utilisation of funds meant for IE	
	• Time supply of adequate textbooks/ Braille/ large print appropriate to local languages on the first day of academic session	
	• Development one year advance calendar for assessment of distribution of aids and appliances	
	• Maintenance of data base of educational indicators, viz drop out, completion, transition, GER, retention	
	• To fill up manpower/ project management vacancies immediately in State / UTs	
	• HBE & mainstreaming strategy should be in place	
	• The list of registers to be kept at School, CRC, BRC, DIET, DEO, etc to be specified	
	• The list of CWSN students school-wise be hosted in SSA Website. The list of research studies on IE hosted on website.	
• The school and HBE visit reports of CRC/BRC/DIET, SPO (Pedagogy) SPO (IE) and SCERT be hosted on website		
• The school and HBE visit reports of BEO, DEO, DEE, SPD be hosted on SSA website.		

	<b>Action Point</b>	<b>Action By</b>
<b>Other Action Points</b>	<ul style="list-style-type: none"> <li>• Compilation of Best Practices from States/ UTs in the next issue of Confluence magazine</li> </ul>	TSG
	<ul style="list-style-type: none"> <li>• Confluence magazine will be published in low cost paper and reach each BRC, DEO, DIET, SCERT, DEE and SPO/ SPD and Education Secretary</li> </ul>	MHRD
	<ul style="list-style-type: none"> <li>• There is a need for a technical evaluation of the products manufactured by ALIMCO by a third party/expert group including MHRD/SSA officials and Civil Society</li> <li>• ALIMCO in consultation with State/ UTs will prepare an one year advance calendar of assessment and provision of aids and appliances for each state/ district including: <ul style="list-style-type: none"> <li>▪ Composition of assessment team</li> <li>▪ The delivery of aids and appliances</li> <li>▪ Timeline within a month) for replacement after case evaluation</li> <li>▪ Current year calendar will be submitted by 30<sup>th</sup> September, 2013. The calendar for 2014-15 will be submitted by February 2014.</li> </ul> </li> </ul>	ALIMCO, DoDA & MoSJ&E
	<ul style="list-style-type: none"> <li>• RCI will help in standardizing the curriculum, syllabi and learning standards of modular training of every disability for school preparedness, class wise and for special training.</li> </ul>	RCI, DoDA & MoSJ&E
	<ul style="list-style-type: none"> <li>• By October, 2013 the price of master copy and per page cost of printing in Braille will be fixed for SSA and circulated to all SSA states so that they can start planning for next year. Department of Disability Affairs agreed to do needful action in this regard.</li> </ul>	DoDA & MoSJ&E
	<ul style="list-style-type: none"> <li>• Networking with the UTs of A &amp; N Islands, Daman &amp; Diu, Dadra, Nagar Haveli &amp; Lakshadweep where there is no Civil Society</li> </ul>	MoSJ&E
	<ul style="list-style-type: none"> <li>• The IE plan would be based on DISE data, i.e. the number of CWSN enrolled in schools and the CWSN covered through home based education. DISE provides disability wise each school enrollment i.e. what disability child is enrolled in a particular school. Hence, the focus of planning now would be on school based data.</li> <li>• A recent DISE analysis has shown that although Children With Special Needs are enrolled in primary level, they gradually start dropping out and hence do not complete the elementary education cycle. This is more so in the case of children with developmental</li> </ul>	

	<b>Action Point</b>	<b>Action By</b>
	<p>disabilities or those who have high level support needs.</p> <ul style="list-style-type: none"> <li>• The retention of CWSN needs to be improved by capacity building of in-service teachers, with a special focus on curricular adaptation, classroom transaction and evaluation practices with a special focus on children with developmental disabilities. NCERT has already initiated the process of developing exemplar materials on curricular adaptations, teaching practices and evaluation of CWSN.</li> <li>• IE should no longer be perceived as a stand - alone component under SSA. It had to be cross cutting and an important part of all other interventions under SSA (pedagogy, civil works, special training MIS, etc).</li> <li>• For early intervention of CWSN, convergence should be established with the Department of Women &amp; Child Development and Ministry of Health and Family Welfare and the States should similarly establish convergence with the local ICDS and local Health Institutions.</li> </ul>	States / UTs
	<ul style="list-style-type: none"> <li>• The key areas of convergence between SSA and RBSK could be: <ul style="list-style-type: none"> <li>▪ Early identification of CWSN,</li> <li>▪ Assessment of CWSN</li> <li>▪ School based screening and</li> <li>▪ Using the services of District Early Intervention Center team for CWSN enrolled in SSA schools for surgical, therapeutic services.</li> </ul> </li> </ul>	Health and Family Welfare
	<ul style="list-style-type: none"> <li>• Development of specific modules/ booklets on various themes related to hearing impairment for teachers like early identification, language learning and literacy, early reading, comprehension, etc</li> <li>• Capacity building of teachers on HI</li> </ul>	VAANI
	<ul style="list-style-type: none"> <li>• Development of specific modules/ booklets on various themes related to visual impairment for teachers like reading &amp; writing Braille, orientation &amp; mobility skills, etc</li> <li>• Capacity building of teachers on VI</li> <li>• Assisting States/ UTs in provision of Braille books</li> </ul>	AICB

# **KEY ANNEXES**

GOVERNMENT OF INDIA  
 MINISTRY OF HUMAN RESOURCE DEVELOPMENT  
 DEPARTMENT OF SCHOOL EDUCATION AND LITERACY  
 Shastri Bhawan, New Delhi-110001

<b>NATIONAL WORKSHOP ON INCLUSIVE EDUCATION FOR VI, H &amp; SI, OI</b>	
<b>THEME</b>	<b>TO DEVELOP STATE WISE INCLUSIVE EDUCATION LEARNING OUTCOMES IMPLEMENTATION ACTION PLAN FOR 2013-14</b>
Target Group	27 SPO IE ( one from each state)
	27 Reputed NGOs / Special Schools working on Visually Impaired (one from each state)
	27 Reputed NGOs/ Special Schools working on Hearing/Speech Impaired (one from each state)
	15 Big Braille Printing Press Organisations
	National Institutions viz., NCERT, RCI, NIVH (& BCI), NIOH, ALIMCO, IPH, AYJNIHH, IGNOU,
	Civil Society org. NAB, AICB, NFB, AIFD and other National networks/ Associations
Date	23-24 August 2013
Venue	New Delhi

**PROGRAMME SCHEDULE**

**Day I : 09<sup>th</sup> September, 2013**

9.30 AM	Introduction of Members	
9.45	Inauguration of the Workshop	
10.00	Objectives of the Workshop	Director, MHRD
	Presentation: Status of IE in States /UTs + 18 <sup>th</sup> JRM recommendations	
10.30-1.20 PM	Critical review of IE of all States/UTs, 2013-14 PAB Approved activities and State Action Plan: States/UTs presentation	To be coordinated by the CC (IE) TSG, Ed.CIL (10 Min. PPT +5 Min. Discussion)
1.00 -2.00	Lunch	
2.00-6.30	States/ UTs presentation	
6.30 -7.15 PM	Activities and Suggestions for IE Education: by Civil Society Organisations.	All the invited Civil Society Org. representatives
7.15-8.00 P PM	Activities and Suggestions for IE Education By Government Disability Organisations	All the invited Govt. Institutions.

**II Day: 10<sup>th</sup> September, 2013**

9.00-9.30	Panel Discussion with RCI and ALIMCO for Capacity building; & timely assessments and supply of aids/devices	
9.30-9.50	Strategy for training regular teachers in Braille: Panel Discussion with Braille Council of India & Braille Training Institutions/ NGOs	
9.50-10.10	Strategy for timely supply of text books (Braille & Large Print): Panel Discussion with BCI and Printing Presses.	
10.10-10.40	Strategy for training regular teachers in Comm. methods: Panel Discussion with Institutions of Sign and other methods	
10.40-12.30	<b>State wise: Group work of SSA + Govt. Disability Institutions + Civil Society based on PAB approvals.</b>	coordinated by the invited SPDs, SSA and SCERT
12.30-1.00	Presentations by the State Teams	
1.00	Lunch	
2.00-5.00PM	Presentations by the State Teams	
5.00 PM	Way forward	Addl. Secretary
5.15 PM	Closure	



Note: All the States/UTs are requested to come prepared with the information per Annexure –Part- I, II & III.

## **NATIONAL WORKSHOP ON INCLUSIVE EDUCATION**

### Objectives of the Workshop:

1. To critically review the present status of Inclusive Education
2. To consolidate the existing academic support structures and IE activities for enrolments, retention and enhanced learning outcomes of CWSN.
3. To consolidate the Management Information System on CWSN
4. To build convergence and synergy between the Government Departments / Institutions and with the Civil Society and RCI and ALIMCO.
5. Developing Action plans including Monitoring system.
  - h. To finalise a checklist tool for Action Plan formulation.
  - i. To develop state wise IE Action plan for 2013-14 based on PAB approved activities.
  - j. To develop a sub-action plan for **the visually impaired** including the intervention of the strengthening of Schools with Braille language teachers and Braille and large print text books.
  - k. To develop a sub-action plan for **the Hearing and Speech impaired** including the intervention of strengthening of Schools with Sign Language teachers and other resource material.
  - l. To develop a sub-action plan **for Loco motor disabled**.(barrier free approach)
  - m. To develop a **sub-action plan** for the timely identification, assessment, distribution / replacement **of aids and appliances / assistive devices**.
  - n. To develop a **help line for School Admissions**.

### Expected Outcomes:

1. A checklist tool for Annual Action Plan and for monitoring.
2. State wise IE Action plan for 2013-14 based on PAB approved activities.
3. Sub-action plan for visually impaired including the intervention of the strengthening of Schools with Braille language teachers (Max.2-3 Yrs) ; and Braille and large print text books.
4. Sub-action plan for Hearing and Speech impaired including the intervention of strengthening of Schools with Sign Language trained teachers and other appropriate communication methods (max.2-3 Yrs).
5. Sub-action plan for Loco motor disabled (Barrier free access to schooling)
6. Sub-action plan for the timely identification, assessment, distribution / replacement of aids and appliances / assistive devices.
7. Joint Action plan with RCI and ALIMCO.
8. Sub-Action plan for Convergence with the Health and Social Welfare Depts.
9. Sub-Action plan for Helpline for School Admissions.

10. Monitoring system to achieve the desired targets of PAB approvals.

<b>FORMAT FOR STATE /UT PRESENTATIONS</b>
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Every state presentation should comprise: (15-20 Slides only)

Time for Presentation: 10 Minutes

Discussion on Presentation: 5 Minutes.

**1. Physical Access:**

- a. Number of Disabled Category wise Census-2001/2011; DISE 2011-12/2012-13 and CWSN IE Numbers.
- b. Trends in identification, enrolment and coverage of CWSN, their retention, drop out, completion level and transition since the inception till 30<sup>th</sup> June 2013- Tabular and graphic representation
- c. Comparisons of Census, DISE data with the identified data for each State over time.
- d. Assessments, addressing procedural barriers, and Procurement and Supply / replacement of different kind of Aids and Appliances year wise.
- e. Status of Barrier free Access: Audit of Barrier free access
- f. State Nodal officer for School Admissions and help line for grievance redressal in partnership with the Civil Society.

**2. Quality of Access:**

- a. Analysis of State wise Academic Support structures and services at the state, district and block level and at HBE and at KGBVs. Status of compliance of SSA norms on Resource Support.
- b. Vacancies in SSA IE system category/ designation wise
- c. Job chart of state, district, block level RPs, Resource teachers / persons in each BRC and IE volunteers for HBE and visit schedule.
- d. General Teacher and IE Resource Teacher Training for sensitisation and for classroom transaction
- e. Capacity building of required number of School Teachers in Braille and Sign language and other communication methods in every School.
- f. Status of Demand and Supply and timeliness of Text Books-Braille & Large print Books/ Sign Language resources etc.
- g. Activities for retention- classroom transactions, any effort for CWSN in CCE, present method for in school assessment for children, learning indicators, learning outcomes, etc
- h. Resource Room functioning and BRCs as RCI recognised study centres and issues.
- i. Learning outcome activities: Curricular adaptations, IEPs, Subject Option facility, QMTs for IE, Remedial Teaching, CCE, Quarterly School level Parents-Teachers Meeting, Parental involvement in Teaching and Learning; Audit of Quality.
- j. Status of Convergence with Health Department & NRHM (RBSK) for convergence on early detection and provision of therapeutic services, aids and appliances, corrective surgeries etc. and action taken on Secretary DSEL MHRD letter to Education Secretaries and Civil Society / Special Schools.

3. **Social Access-** Access scenario- Enrolment drives, campaigns and mobilization activities undertaken for CWSN; Parental training, Community mobilisation and Peer sensitisation & support and addressing discrimination.
4. **Finances:** Allocation, expenditures and unspent balance on IE since 2001-02.
5. **Planning and Monitoring:** SRG and DRG composition, frequency of meetings, Monitoring Mechanism-School, Academic/Quality Monitoring, Access and Quality Audit etc.
6. **Partnership with the Braille Printing Presses, Sign language Experts, Special Schools, Civil Society etc.**
7. No. of Articles for Confluence Magazine by the RT/RP/IE Volunteers/ Parents/ Children Success Stories/ Best Practices.
8. 2013-14 PAB approved activities.
9. Challenges faced by the State in IE implementation- and solutions.
10. **IE Action Plan for 2013-14**
11. **Sub-Action plan for the VI, HI & SI and Locomotor disabled children.**
12. **Sub-Action plan for grievance redressal in School admissions.**

**Framework of on Demo/Model Inclusive Schools for VI, HI and Developmental Disabilities separately in each block considering feasibility within PAB approved budget.**

- All the schools admit CWSN of all categories as per RTE Act
- The model school admits CWSN of other categories as well
- The RTs with specialization in special education based at BRC continue to provide academic support to all schools in the block
- The school to be chosen may preferably have class I – VIII and have residential facility and a resource room within its premise or within a close proximity so that it is accessible to CWSN.
- Criteria for selecting Demo inclusive school should be developed and standardized
- Schools having resource room may be developed as a Demo inclusive school.
- Demo School should be at block or zonal level.
- 3 regular teachers for the school are trained for inclusiveness of specified category of disability addressing issues of all grades viz., school readiness, grades I to VIII
- Guidelines on Demo school may be developed by each State / UT.

## LIST OF PARTICIPANTS

S. No.	STATE	NAME & DESIGNATION	ADDRESS	PHONE		FAX	E-MAIL
				Official	Residence		
		<b>State Representatives</b>					
1.	Andaman & Nicobar Island	S. Murugesan IE Coordinator	Sarva Shiksha Abhiyan O/o State Project Director, Shiksha Sadan, Link Road, Port Blair	03192- 232730	09933247579		smombak@gmail.com
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		State Programme Officer (IEDC)	Trivandrum, Kerala	2320826	09947042570		drahammedkutty@gmail.com
		Anish A.K. State System Analyst	SSA Bhavan, Nandavanam, Trivandram	0471-2320826	9747961963		anishsina@gmail.com
17.	Madhya Pradesh	Ajay Verma State IE Coordinator	Rajya Shiksha Kendra Arera Hills, Bhopal	0755-2552368	09424979942		rskajay@gmail.com
		Pankaj Shrivastava State Programmer, State In charge Education Portal	Rajya Shiksha Kendra Bhopal	0755-2552368	9479666020		pankajrsk@gmail.com
		Monica Punjabi Verma Director, ISL	Department, Mook Badhir Sangathan, Scheme No. 71-B, Behind Ranjit Hanuman Temple, Indore	0731-4073559	2383559 09826083365		monicapunjabi@yahoo.com
		Gourav Verma Teacher Interpreter	Mook Badhir Sangathan Scheme No. 71-B, Gumasta Nagar, Indore	2383559	9993952443		gourav_verma21000@yahoo.com
18.	Maharashtra	Shri. Ajay N. Kakade State Coordinator	Maharashtra Prathmik Shikshan Parishad, Jawahar Bal Bhawan, Netaji Subhashchandra Marg, Charni Road, Mumbai - 400 004	022-23636314	9892568854		mpspied@gmail.com
19.	Odisha	Ashok Kumar Mohapatra IE Coordinator	Odisha Primary Education Programme Authority Sikhya Soudha, Unit-V, Bhubaneswar – 751001	0674-2391261	09861267402	0674-2392721	ashokbapu2007@yahoo.co.in
		Ajay Kumar Mahapatra Teacher Educator	AYJNIHH Regional Centre, Bhubaneswar, Janla, Khordha- 752054	0674-2460141	0674-2351512 9439780837	0674-2460141	ajayajjnihh@yahoo.co.in
		Banani Patnaik Development Officer	NAB, Odisha State Branch, SCR-5, V.S.S. Nagar,	094373353 96	09437650900		bananipatnaik@yahoo.co.in

S. No.	STATE	NAME & DESIGNATION	ADDRESS	PHONE		FAX	E-MAIL
			Bhubaneswar				
20.	Punjab	Avtar Singh Dy. State Project Director	Vidya Bhawan, PSEB Complex, Block-E, 5 <sup>th</sup> Floor, Phase-8, Mohali				
		Bhavneet Gupta Nodal Officer	Vidya Bhawan, PSEB Complex, Block-E, 5 <sup>th</sup> Floor, Phase-8, Mohali		9872834324		bhanu4324@gmail.com
		Ms. Slony Kaur State IE Coordinator	Vidya Bhawan, PSEB Complex, Block-E, 5 <sup>th</sup> Floor, Phase-8, Mohali		093161-32654		ssapunjab@yahoo.com slonykaur@gmail.com
		Nidhi Gupta	Vidya Bhawan, PSEB Complex, Block-E, 5 <sup>th</sup> Floor, Phase-8, Mohali	84277- 84466	08427784466		nidhinavneet.gupta@gmail.com
		Col.(Retd.) Karaminder Singh Secretary	C/o Patiala School for Deaf/Blind, Amar Ashram, Lower Mall, Patiala	0175- 2301819	0175-2212929 9780043892		patiala-deafblind- school@hotmail.com
		Puneet Soni Teacher	Patiala School for Blind, Amar Ashram, Lower Mall, Patiala	0175- 2203353	9780238512		
21.	Rajasthan	Ratan Singh Yadav Deputy Director (SPO)	Rajasthan Council of Elementary Education, Block- V, Shiksha Sankul, JLN Marg, Jaipur	0141- 2705484	9414000290	0141- 2701822	rajssa_ied@yahoo.co.in ratansinghyadav1@gmail.com
		Nirmal Kumar Gupta State IE Coordinator	Rajasthan Council of Elementary Education, Block- V, Shiksha Sankul, JLN Marg, Jaipur	0141- 2705484	09460500733	0141- 2701822	rajssa_ied@yahoo.co.in nirmal.gupta075@gmail.com
		Sudeep Goyal Secretary	Asha ka Jharna (Special School) Harlal Ka Kothi, Nawalgarh – 333042	01594- 223094	9414036896	01594- 222930	sudeepgo@rediffmail.com

S. No.	STATE	NAME & DESIGNATION	ADDRESS	PHONE		FAX	E-MAIL
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22.	Tamil Nadu	Ms. M. Uma Maheswari State IE Coordinator	No. 14, Thiyumavar Street New Perukalalhu, Chennai-58.		9788899855		ied_ssatn@yahoo.co.in
		Dr. Latha Rajendran Correspondent & Principal	Dr. MGR Home & Higher Secondary School for the Speech & Hearing Impaired, MGR Gardens, Chennai – 600089	044- 22490629	044-24343098 09840049373	044- 22490562	latharajen@gmail.com
		S. Mayalagu Educational District Coordinator – RMSA	RMSA TAMIL NADU State Project Office, DPI Campus, Nungambakkam, Chennai – 600 006.	044- 28251817	07373002554		rmsache@gmail.com
		K. Nagarajan Coordinator	Project Office (RMSA) DPI Campus, College Road, Nungama	044- 28251817	9080816804 7373002677		rmsatamil@gmail.com
23.	Uttar Pradesh	Mamta Agrawal Senior Professional	Educational for All Project Vidya Bhavan, Nishatganj, Lucknow	0522- 2780060	9415904023		
		Gopal Krishna Agarwal Director	Shikshit Yuva Sewa Simithi (SYSS) Pandey Bazar, Purani Basti, - 272002		05542-24280 9415092114		sysbasti@gmail.com
		Dr. Himangshu Das Advisor – Research & Innovation	Jeevandhara Rehabilitation Research Institute , Above Central Bank Near Shyamganj Chowk, Barielly – 243005		09250386687 09818177403		jeevandhara1992@gmail. com
24.	Uttrakhand	Uma Panwar State Expert - IE	State Project Office, SSA, Nanoorkheda, Tapovan Marg,	0135- 2781941,	09412922540		umapanwar2011@gmail. com

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25.	West Bengal	Shri. Sukanta Goswami State IE Coordinator	State Project Office, PBSSM, Bikash Bhawan, 2 <sup>nd</sup> Floor, Salt Lake, Kolkata – 91	033- 23581822	09593554437		pbssm.spo@gmail.com spo.pbssm@gmail.com
		Madhusudan Mukherjee Project Coordinator – PKK	Pratibandhi Kalyan Kendra Abinash Mukherjee Road, P.O + DIST, Hooghly Pin – 712103	033- 26312834	08820309716	033- 26915922	pkkorg@yahoo.co.in
		Ms. Gita Jana Course Coordinator	Vivekananda Mission Asram P.O. Chaitanyapur (Haldia) District Purba Medinipur West Bengal - 721645	03224- 286221	9434236412	03224- 286106	vmarsb@rediffmail.com
		Subhas Chandra Patra Project Coordinator	Vivekananda Mission Asram Netra Niramay Niketan Viveknagar, P.O. Chaitanyapur District Purba Medinipur- 721645	03224- 286221	03224-286357 9647238449 8170004915	03224- 286357	vmannn@gmail.com
<b>REPRESENTATIVES FROM NATIONAL INSTITUTES, BRAILLE PRESSES, CIVIL SOCIETIES</b>							
<b>NATIONAL INSTITUTES</b>							
26.		Shri. Awanish K. Awasthi, IAS Joint Secretary	Ministry of Social Justice & Empowerment, Department of Disability Affairs, #612, A- Wing, Shastri Bhawan, Dr. Rajendra Prasad Road, New Delhi – 110 001.	011- 23384284	M: 09415115034	2338815 2	awanishkawasthi@gmail.com
27.		Shri. Jagdish Kumar Dy. Secretary	Department of Disability Affairs, Shastri Bhawan,		M: 9911226324		sumerjagdish8702@gmail.com

S. No.	STATE	NAME & DESIGNATION	ADDRESS	PHONE	FAX	E-MAIL
			Dr. Rajendra Prasad Road, New Delhi – 110 001.			
28.		Shri. G. Narayan Rao Chairman & Managing Director	Artificial Limbs Manufacturing Corporation of India G.T. Road, P.O. Naramau Kanpur – 208016	Tel: 0512 – 2770614 Fax: 0512 – 2770617		alimco_hq@vsnl.net
29.		Shri. Ramesh Kumar Mathur Sr. Manager	ALIMCO RM & DRC C/o Social Justice Service Centre, Opp. New Delhi Railway Reservation Centre, Chelmsford Road, Pahar Ganj, New Delhi - 55	23580831	9868219076	23580877 rnc_newdelhi@artlimbs.com
30.		Shri. T.D. Dhariyal Member Secretary (RCI)	Rehabilitation Council of India B-22, Qutab Institutional Area New Delhi – 110 016.	23384219	26878180 M: 9818825348	tddhariyal@hotmail.com
31.		Dr. S.K. Prasad Director	National Centre for Disability Studies IGNOU, Maidan Garhi, New Delhi – 110068		9818193148	skprasad@ignou.ac.in
32.		Ms. Sarbari Sen Lecturer	National Institute for the Orthopaedically Handicapped, B.T. Road, Bon Hooghly, Kolkatta - 700090	25310610 Extn. 247 ® and 257 (O)	9433347904	sarbarisocio@gmail.com
	<b>INSTITUTE</b>	<b>CIVIL SOCIETIES</b>				
33.	Balwant Rai Mehta Vidya Bhavan	Capt. S.C. Bahri Director	Balwant Rai Mehta Vidya Bhavan, Pocket E, Masjid Moth, Near Savitri Cinema, Greater Kailash II, Delhi -110048	29229922	27313765 9810626505	scbasma11@hotmail.com
34.	Balwant Rai	Geeta Mallick	Balwant Rai Mehta Vidya	29216048	0120-4326378	scbasma11@hotmail.co

S. No.	STATE	NAME & DESIGNATION	ADDRESS	PHONE		FAX	E-MAIL
	Mehta Vidya Bhavan	Coordinator (SW)	Bhavan, Pocket E, Masjid Moth, Near Savitri Cinema Greater Kailash II, Delhi -110048		9891987667		m mallick_geeta@hotmail. com
35.	AYJNIHH	Bhawna Rawal Sign language Interpreter	AYJNIHH, Lajpat Nagar, Kasturba Niketan Delhi	29810898	9868912108		
36.	VAANI	Sandhya Srinivasan Director	VAANI Deaf Children's Foundation Flat # 2G, Shree Apartments, 4G, Tiljala Road, Kolkata 700046.	033- 40601117	9831174678 9177416678		ssrinivasan@vanni.in
37.	VAANI	Marissa Dumne Deputy Director (Programme)	VAANI Deaf Children's Foundation Flat # 2G, Shree Apartments, 4G, Tiljala Road, Kolkata 700046.	033- 40601117	09007199680		mdumne@vaani.in
38.	Sightsavers	Abraham George Area Director	Sightsavers,C-39, Panchsheel Colony, Ajmer Road, Jaipur, Rajasthan	0141- 2812081	0141-2296300 9414068006	0141- 2812081	ageorge@sightsavers.org
39.	Sightsavers	Nitin Sharma Programme Officer	Sightsavers, C-39, Panchsheel Colony, Ajmer Road, Jaipur, Rajasthan	2812081	09783000711		nsharma@sightsavers.org
40.	AIFD	Dr. Onkar Sharma General Secretary	All India Federation of the Deaf 18, Northend Complex, Near Panchkuia Road, New Delhi – 110001	011- 23364766	9810467418 sms only	011- 23364766	aifddeaf@yahoo.com
41.	AYJNIHH	Raju Govind Arakh Lecturer in Education	Ali Yavar Jung National Institute for the Hearing Handicapped, Bandra		9867573818		rajuarakh@gmail.com ayjnihhmum@gmail.com

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			Mumbai				
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43.	ARUSHI	Rohit Trivedi Resource Person	ARUSHI, 1, Shivaji Nagar, Bhopal, MP		09425023787		arushiorg@gmail.com
44.	NFB	Santosh Kumar Rungta General Secretary	National Federation for the Blind, Plot No. P-21, Sector-VI, M.B. Road, Pushp Vihar, New Delhi-110017	011- 29564198	011-26461212 9312607540	011- 40801170	santoshkumar.rungta@gmail.com
45.	NFB	R.K. Pandey & Inder Singh Delhi/ Bahadurgarh	NFB, Saket, Pushp Vihar, New Delhi		M: 9873346127		nfbindia_mlm@hotmail.com
<b>OTHER REPRESENTATIVES</b>							
46.	Jamia Millia Islamia	Sara Begum Professor	Department of Teachers Training & Non-Formal Education, IASE, F/o Education, Jamia Millia Islamia, New Delhi – 25	011- 26823108	26940132 9871029187		sarabegum187@gmail.com
47.	Jamia Millia Islamia	Ms. Eram Nasir Instructor	Department of Teachers Training & Non-Formal Education, IASE, F/o Education, Jamia Millia Islamia, New Delhi – 25		9818208586		eramnasir.jmi@gmail.com
48.	NCERT	Dr. Bharti Assistant Professor	DEGSN, NCERT, Sri Aurbindo Marg, New Delhi	011- 26292459	9911191252		tarubharti@yahoo.com
49.	Ministry of Health & Family Welfare	Dr. Arun Kumar Singh Advisor – RBSK, GOI	National Rural Health Mission C/o Ministry of Health & Family Welfare, Govt. of India, Nirman Bhawan, Maulana Azad Marg, New Delhi		8376079665		drarunsingh61@yahoo.co.in

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50.	National Rural Health Mission	Dr. Anubhav Shrivastava Consultant	National Rural Health Mission C/o Ministry of Health & Family Welfare, Govt. of India, Nirman Bhawan, Maulana Azad Marg, New Delhi	011- 23062998	7428152150		consultantnrhm@gmail.com
51.	RMSA	Brijesh Kumar Rai Consultant – IE	RMSA, TSG, 6 <sup>th</sup> Floor, Vijya Building, 17, Barakhamba Road, New Delhi – 110001	011- 23765617	9868091111		brij.del@gmail.com
52.		Ms. Sudesh Sign Language Interpreter	Ability Unlimited Foundation (Batla Apartment), Parpatngang, Delhi		9289897337 9711774152		krishjayant@gmail.com
53.	IGNOU	Ms. Nibha Sign Language Interpreter	IGNOU, Maidan Garhi, Neb Sarai Road, New Delhi		9718507494		
54.		Ritu Prasad Free Consultant – IE	D-1, 118, Rabindra Nagar, New Delhi	011- 24619620	8800422605		ritu_ipsha@yahoo.co.in
<b>ORGANISATIONS</b>		<b>BRILLE PRESSES</b>					
55.	AICB	A.K. Mittal President, AICB	All India Confederation of the Blind Sector-5, Rohini, Delhi – 85	27054082	9958704082	27050915	akmittal@rediffmail.com
56.	NIVH- Regional Press: Chennai	Dr. I Arivanandham Regional Director	522 Trunk Road, Poonamallee Chennai – 600056	044- 26274478	09841019298	044- 26274478	nivhrc@gmail.com
57.	Regional Braille Press, Kolkatta	Arup Chatterjee Manager,	Regional Braille Press R.K. Mission Blind Boys' Academy, P.O. Narendrapur, Kolkatta – 700103, WB	033- 24772201	033-25336135 09433062518		nrkmbp@gmail.com



S. No.	STATE	NAME & DESIGNATION	ADDRESS	PHONE		FAX	E-MAIL
58.	NAB India	Ajay Kumar Rai Dy. Director	NAB India, 11-12, Khan Abadul Gaffar Khan Road, Worli Seaface, Mumbai – 400 030.	022-66838662	9224759572 9769785080		nabeducation@gmail.com
59.	Sri Ramakrishna Mission Vidhyalaya Coimbatore (Tamil Nadu)	Mr. Ramakrishna Pettala Asst. Professor	RKMVU-FDMSE at IHRDC, SRKV (P.O), Periyanaicken Palayam, Coimbatore -641020 (Tamil Nadu)	0422-2698553	8144010301 8012952535		ramkipet@gmail.com
60.	Blind People's Association	Mehta. Bipin. Ramniklal Education Manager	Blind People's Association Nr. IIM, Jagdishpatel Chowk, Vastrapur, Suresh Marg, Ahmedabad - 380015	079-26304070	09327547209	079-26300106	disedubpa@gmail.com
61.	NAB- Delhi	Shantha Rangarajan Principal	National Association for the Blind Sector V, R.K. Puram, New Delhi - 110 022	26175886	22729263 9968287083	26187650	info@nabdelhi.in shanthariyer@gmail.com
62.	NAB- Faridabad	Rajendra Vats	NAB Haryana Branch, Faridabad Haryana		M: 9899485599		nab80fbd@yahoo.co.in
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63.	MHRD	Ms. Vrinda Sarup Additional Secretary	Ministry of Human Resource Development, Room No. 116, Shastri Bhawan, C-Wing, New Delhi-110 115	011-23383226			vsarup@nic.in, vsarup_2000@yahoo.co.in
64.	MHRD	Dr. Mahammed Ariz Ahammed (IAS), Director	Elementary Education-II, Ministry of Human Resource Development, Room No. 210, Shastri	011-23387211			ariz.edu@gov.in ariz.india@gmail.com

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			Bhawan, C-Wing, New Delhi-110 115				
		<b>Ed. CIL (TSG)</b>					
65.	Ed.CIL	Dr. Anupriya Chadha Chief Consultant (Inclusive Education)	Ed. CIL (India) Limited Technical Support Group 5 <sup>th</sup> Floor, Vijaya Building, 17, Barakhamba Road, New Delhi – 110 001	011- 23765605- 612	09810203712	011- 23765614, 23765602	iedtsgssa@gmail.com

**CHECK LIST FOR STATE WISE INCLUSIVE EDUCATION LEARNING OUTCOMES IMPLEMENTATION ACTION  
PLAN FOR 2013-14 (including the Annexure-i, ii, III)  
(To be prepared based on PAB approvals)**

S. No	Objective	Target group			Activity (inclu. methods)	Level State/District/ (Block/school)	Officer Respon sible	Timeline	Partners / Convergence/ NGOs/ Line Deptts	Approv ed Head PAB	Remarks
		Activity/ Category	Nos. requi red	Planned for current Yr							
1.	Awareness /Advocacy  Rights orientation and CWSN sensitisation (RTEA S.3,9 & 24)	1.1 DEE, SCERT & SSA SPOs & SRG			Orientation / Sensitisation Programme	State					
		1.2 DEEOs, DPOs & DRG &BRPs/ PHE, PWD, SWO, DMHO				District					
		1.3 HMs/RT/Teachers & Networking									
		1.4 SMC + School staff & PRI/ Urban body									
		1.5 Parents sensitization & Networking									
		1.6 Parents counselling									
		1.7 Peer positive sensitization incl. in School Assemblies displaying their talents									
		1.8 Celebrations									
		1.9 Exposure visit									
		1.10 Media /Massa campaign									
		1.11 Community Mobilisation									
2.	Constitution and operationalization	2. 1 SCERT IE Cell									
		2.2 SRG Meetings									
		2.3 DRG Meetings									
3.	Identification/ Mapping of CWSN- As part of Micro planning/ household survey	3.1 No. of Screening / preparatory camps by PHC/UHC/ICDS/ ECCE/ Asha/IEV using checklist by enumerators									
		3.2 Identification among Street Children and children without									

S. No	Objective	Target group			Activity (inclu. methods)	Level State/District/ (Block/school)	Officer Respon sible	Timeline	Partners / Convergence/ NGOs/ Line Deptts	Approv ed Head PAB	Remarks
		Activity/ Category	Nos. requi red	Planned for current Yr							
		Adult protection etc.									
		3.3 Identification by RTs/									
		3.4 Assessment / Diagnosis for mapping needs by Experts									
		3.5 RBSK early detection									
		3.6 Disability Education ID Cards									
		3.7 Disability Govt. Certificates									
4.	Distribution of Aids and Appliances	4.1 Assessment of demand- item wise, procurement and distribution & user orientation									
		4.2 Replacement of Aids / Appliances									
		4.3 Quality Control Committees of Aides and Appliances									
		4.4 Corrective Surgeries									
		4.5 Therapy services									
5.	Educational Placement	5.1 State Nodal officer for admissions and examinations									
		5.2 No. of OoSC children to be enrolled in School									
		5.3 SRP/ Special Training									
		5.4 STC									
		5.5 HBE									
		5.6 Mainstreaming									
6.	MIS	6.1 Data/MIS cleaning /Consolidation									DISE CWSN Census
		6.2 Household /CWSN Special survey									
		6.3 DISE data compilation									
		6.4 Retention analysis at all levels									
		• Drop out									
		• Transition									
		• Completion									
		6.5 Sharing information with SMC									
		6.6 Child Database-Child tracking									

S. No	Objective	Target group			Activity (inclu. methods)	Level State/District/ (Block/school)	Officer Respon sible	Timeline	Partners / Convergence/ NGOs/ Line Deptts	Approv ed Head PAB	Remarks
		Activity/ Category	Nos. requi red	Planned for current Yr							
		6.7 Database of SPO, SRG, DPO, DRG, RTs, RPs,IEVs									
		6.8 Database of NGOs and IE Institutions									
		6.9 Database of beneficiaries of Aids and Appliances incl. replacements									
		6.10 Cross verification of 6-14 Yr group for Disability Certificates									
7.	Filling up of vacant positions with qualified persons		7.1 No. of vacancies								
		7.1.1 SPO Tech.									
		7.1.2 DPOs Tech.									
		7.1.3 RTs									
		7.1.4 RPs									
		7.1.5 IEV									
8.	Retention practices	8.1 Development of Textbooks in accessible format especially for Children with Cerebral Palsy, Multiple Disabilities and Autism									
		8.2 Assessment quantity / demand of Braille/Large Print books									
		8.3 Timely work order of books									
		8.4 Timely Distribution of Braille books									
		8.5 Timely Distribution of Large prints books-									
		8.6 ICT support									
		8.7 Planning for next Yr. books of all subjects in Braille and Large Print									
		8.8 Uniforms									
		8.9 Escort / Transport									
		8.10 Health Check ups									
		8.11 Linkage of Class VIII students with Class XI schools									

S. No	Objective	Target group			Activity (inclu. methods)	Level State/District/ (Block/school)	Officer Respon sible	Timeline	Partners / Convergence/ NGOs/ Line Deptts	Approv ed Head PAB	Remarks
		Activity/ Category	Nos. requi red	Planned for current Yr							
		(3 -6 months before completion of session)									
9.	Barrier free access	9.1 Ramps & Handrails –Quality									
		9.2 Toilets									
		9.3 Drinking Water									
		9.4 Library									
		9.5 Play ground									
		9.6 Quality control inspection reports									
10.	MHRD Modules (set of 7 modules) for Training in IE	10.1 Teacher training based on these modules									
		10.2 RT trainings based on these modules									
		10.3 Other trainings based on these modules									
11.	Class room Management in CWSN Schools: Capacity building of Teachers	11.1 PTR									
		11.2 No. of Working Days									
		11.3 No. of Instructional hours									
		11.4 Braille / Low vision training of Teachers including orientation on mobility									
		11.5 Training in signing, total communication, etc									
		11.6 Training on teaching children with Autism									
		11.7 Training on teaching children with Multiple Disabilities									
		11.8 Training on teaching children with Mental Retardation									
		11.9 Training on teaching children with Cerebral Palsy									
		11.10 90- day foundation course									
		11.11 In-service Training : classroom transaction for Teachers on IE									
		11.12 Sensitization of class & Subject teachers by RT on CWSN requirements									

S. No	Objective	Target group			Activity (inclu. methods)	Level State/District/ (Block/school)	Officer Respon sible	Timeline	Partners / Convergence/ NGOs/ Line Deptts	Approv ed Head PAB	Remarks
		Activity/ Category	Nos. requi red	Planned for current Yr							
		11.13 Training on Curricular Adaptation									
		11.14 Training on TLM development / adaptation									
		11.15 Training on Inclusive CCE considering CWSN									
		11.16 Training on Life skills for each disability									
		11.17 Co-Scholastic/ Sports									
12.	Training of RTs	12.1 Multi-Category training of RTs									
		12.2 Upgradation of BRCs to RCI centre									
13.	Teacher Education (under TE)	13.1 D.Ed (inclusion of IE in syllabi)									
		13.2 B.Ed (in Syllabi)									
14.	Mainstreaming: SRP & HBE	14.1 Standardization of SRP & HBE Training									
		14.2 Orientation of IEV									
		14.3 Training classroom transaction for IE and Developmental Disabilities									
		14.4 Strengthening Resource Rooms									
15.	Learning Achievement	15.1 Curricular adaptations									
		15.2 IEPs									
		15.3 Subject Option facility									
		15.4 QMTs for IE									
		15.5 Remedial Teaching									
		15.6 Flexible evaluation									
		15.7 Quarterly School level Parents-Teachers Meeting									
		15.8 Parental involvement in Teaching and Learning									
		15.9 Defining Quality & Performance Parameters									
16.	Convergence and Synergy	16.1 Six monthly Convergence Meetings with line Deptts &									

S. No	Objective	Target group			Activity (inclu. methods)	Level State/District/ (Block/school)	Officer Respon sible	Timeline	Partners / Convergence/ NGOs/ Line Deptts	Approv ed Head PAB	Remarks
		Activity/ Category	Nos. requi red	Planned for current Yr							
		NGOs at state level									
		16.2 Six monthly State meetings with the Special Schools, RCI, IGNOU centres etc.									
		16.3 Do at District									
		16.4 Do at filed functionaries at Block/ School level									
17.	State IE Web portal / Page	17.1 Hosting of activities, Progress reports, Modules, Members of committees, Success stories etc.									
18.	Planning, Monitoring and Evaluation  And  Partnership with Civil society  Philosophy of partnership: Improvement of performance but not fault finding.	18.1 Quarterly Planning and Monitoring meetings by SRG									
		18.2 Quarterly Planning and Monitoring meeting by DRG									
		18.3 SPO visits / Meetings: Schools, HBE, SRP, STC, BRC, CRC SMC Meetings visited									
		18.4 District Level Monitoring Committee Meetings									
		18.5 DEEO-3 visits to CWSN Schools /HBE-SRP/ Month									
		18.6 DPO IE Visits: Schools, HBE, SRP, STC, BRC, CRC SMC Meetings visited									
		18.7 BEEO visit to every school once in 6 months									
		18.8 BRC visit to every school/HBE/SRP once in 3m									
		18.9 CRC visit to every school / HBE / SRP once in a month									
		18.10 DIET faculty to CWSN School ( class room transaction) once in a Year									
		18.11 BRP visit to CWSN school & HBE class room transaction once in 2 months									
		18.12 Access Audit of CWSN									



S. No	Objective	Target group			Activity (inclu. methods)	Level State/District/ (Block/school)	Officer Respon sible	Timeline	Partners / Convergence/ NGOs/ Line Deptts	Approv ed Head PAB	Remarks
		Activity/ Category	Nos. requi red	Planned for current Yr							
		Schools									
		18.13 Audit of Aids and appliances distributed									
		18.14 Classroom transaction audit of Schools/SRP/ HBE in partnership with Civil Society									
		18.15 Child rights helpline in partnership with NGOs/ Institutions for admissions and to liaison with Examination Boards									
		18.16 Evaluation of IE									
		18.17 Research									

**STATE WISE CRITICAL ANALYSIS**

<b>A &amp; N Islands</b>	<b>Issues</b>	<b>Suggestions by MHRD / TSG</b>
	Identification declined from 954 (2001-02) to 520 in 2013-14.	Teacher training on identification needs to be strengthened. SRG & DRG be involved in this.
	A gradual decline in the enrollment of CWSN since 2005-06.	Reasons need to be looked into. Monitoring and follow up needs to be strengthened. SRG & DRG & SMC to play a critical role in this.
	No information on drop out, retention, completion, GER and NER of CWSN.	UT to maintain the data and share with MIS and TSG annually
	Primary School (PS) to Upper Primary School (UPS) Transition was 78 CWSN out of 346 CWSN in 2011-12 and 94 out of 340 CWSN in 2012-13 Only 3 children with Cerebral Palsy mainstreamed from HBE to regular school in 2012-13 and 2013-14.	Mainstreaming of CWSN to be strengthened with the help of IEVs, RTs and teachers. HBE for CWSN is only a school preparatory programme for CWSN
	Registers like the Resource Person (RP) and IE Volunteers (IEV) attendance and movement register, CWSN register at BRC/CRC level, medical examination and aids and appliances distribution registers, PTA meeting register and inspection registers by DEO, BEO, BRC/CRC etc. are not maintained.	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring
	No Braille/Large Prints books given.	UT to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	The UT has not conducted any assessment camps for the year 2013-14.	This needs to be expedited with ALIMCO & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment
	The UT has not provided any assistive devices for the year 2013-14.	This needs to be expedited with ALIMCO
	The UT has not started any training programme for 2013-14.	This needs to be expedited with the help of resource teachers and experts in IE
	The UT has not shown any expenditure in IE for the year 2013-14.	This is a serious concern and the UT needs to expedite this by conducting activities in IE.

<b>Andhra Pradesh</b>	<b>Issues</b>	<b>Suggestions by MHRD</b>
	Not provided 3000 required locomotor aids for the current year.	Should expedite. The State has a buffer stock and still this delay. An area of concern
	Less community awareness about CWSN	Awareness to be increased through print and folk media. Enrollment drives, inclusive sports, debates, etc to be taken up. IE needs to be a part of all SMC / gender training programmes
	The state has provided no information on CWSN child register and inspection registers at the cluster level. At the school level it maintains only the PTA meeting register and the inspection registers. Even the medical examination and aids and appliances distribution registers are not maintained	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring
	The state has conducted only 60 assessment camps out of 1136 sanctioned for 2013-14.	Needs to be expedited with the help of ALIMCO and have annual calendar for assessments and distribution of aids and appliances after case assessment
	The state has provided only 3.11% aids and appliances in 2013-14.	Needs to be expedited with the help of ALIMCO
	The State has not started any training programme for 2013-14.	This needs to be expedited with the help of resource teachers and experts in IE
	No Braille/Large Prints books given.	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	The state has shown only 5.5% expenditure in IE for 2013-14.	An area of concern. State to develop a time bound implementable action plan in IE
	The State has not yet started work on key Educational Indicators like dropout rate, transition rate, retention rate, completion rate, GER, NER, etc in the context of CWSN	State to maintain the data and share with MIS and TSG annually

<b>Bihar</b>	<b>Issues</b>	<b>Suggestions by MHRD</b>
	State has maintained no register, including the at the cluster and school level. Even the medical examination and aids and appliances distribution registers are not maintained	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	IE is not a part of the community/ SMC training module.	A serious concern. IE to be a part of all community level / gender trainings
	Provided no information on year wise enrollment, class wise enrollment, dropout rate, transition rate, completion rate, retention rate, GER and NER.	State to maintain the data and share with MIS and TSG annually.
	No assessment camps conducted for the year 2013-14	This needs to be expedited with ALIMCO & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment
	No Braille or large print books provided	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	No teacher training conducted for the current year	To be taken up with the help of resource teachers and experts in IE
	The State has provided only 14.06% aids and appliances for the current year	To be expedited with the help of ALIMCO
	Only 0.56% expenditure incurred in IE for 2013-14.	An area of concern. State to develop a time bound implementable action plan in IE

<b>Chandigarh</b>	<b>Issues</b>	<b>Suggestions by MHRD</b>
	The UT only maintains RP attendance and movement register at the block level. The IEV attendance and movement register is maintained at the cluster and school level. The UT does not maintain medical examination register and a register of assistive devices distributed	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	The UT mainstreamed 50% CWSN from HBE to regular schools in 2008-09 30.76% in 2009-10, 7.44% in 2010-11, 25% in 2011-12, 3.93% in 2012-13, 20.47% in 2013-14. This aspect needs strengthening.	Mainstreaming of CWSN to be strengthened with the help of IEVs, RTs and teachers. HBE for CWSN is only a preparatory programme
	No Braille or large print books provided	UT to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	No teacher training conducted for the current year	The UT to do specific training in IE with the help of resource teachers and experts in IE
	The State has provided only 13.46% aids and appliances for the current year	To be expedited with the help of ALIMCO

Chhattisgarh	Issues	Suggestions by MHRD
	The State needs to revalidate its data on CWSN. Example in 2005-06, identified 26362 but enrolled 29174 CWSN. Similarly, in 2007-08, identification is 16050, but enrolled is 1.24 lakh CWSN.	Teacher training on identification needs to be strengthened and is reflected in DCF. SRG & DRG are to be involved in the exercise for guidance and supervision
	The State has reported maximum drop out in the area of multiple disabilities (1638), followed by mental retardation (1147) and then in hearing and speech (1132).	Reasons need to be looked into. Monitoring and follow up needs to be strengthened. SRG, DRG, SMC, resource teachers and regular teachers of the schools from where these CWSN dropped out to play a critical role in this
	The State has mainstreamed 54 Home Based Education (HBE) CWSN out of 507 covered through HBE in 2009-10, 50 HBE CWSN out of 459 covered in 2010-11, 46 HBE CWSN out of 622 covered in 2011-12, 106 HBE CWSN out of 900 covered in 2012-13, and 151 out of 1626 covered through HBE.	Mainstreaming of CWSN to be strengthened with the help of IEVs, RTs and teachers. HBE for CWSN is only a preparatory programme
	State has provided no information on retention rate, completion rate, and transition rate.	State to maintain the data and share with MIS and TSG annually
	State maintains no Register on IE and CWSN at any level. Even the medical examination and aids and appliances distribution registers are not maintained	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	11.5% Braille books provided	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	No teacher training conducted for the current year	The State to conduct specific training in IE with the help of RTs and experts in IE
	The State has provided only 2.32% aids and appliances for the current year	This needs to be expedited with ALIMCO & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment
	Only 1.96% expenditure incurred in IE for 2013-14.	An area of concern. State to develop a time bound implementable action plan in IE.

<b>D &amp; N Haveli</b>	<b>Issues</b>	<b>Suggestions by MHRD</b>
	The UT maintains records only at district level. Even the medical examination and aids and appliances distribution registers are not maintained	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	The UT has given no Braille books to CWSN since the inception of SSA.	UT to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	Drop out maximum in Multiple Disability cases.	Monitoring and follow up to be strengthened. Teachers of the schools having these CWSN to be trained
	Transition rate of CWSN in 2009-10 was 27.91%; in 2010-11, it was 12.32% in 2011-12: it was 25.81%; in 2012-13 it was 21.17% and 28.25% in 2013-14.	Mainstreaming of CWSN to be strengthened with the help of IEVs, RTs and teachers. HBE for CWSN is only a school preparatory programme for CWSN. Transition of CWSN to be strengthened by appropriate school level need based support,
	No assessment camps conducted for the year 2013-14	This needs to be expedited with ALIMCO & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment
	No Braille or large print books provided	UT to start procurement process 6 months in advance such that text books are available on the first day of the academic session.
	No teacher training conducted for the current year	UT to conduct specific training in IE with the help of resource teachers, and experts in IE
	The State has provided no aids and appliances in the current year	To be expedited through ALIMCO
	11.07% expenditure incurred in IE for 2013-14.	An area of concern. State to develop a time bound implementable action plan in IE.

<b>Daman &amp; Diu</b>	<b>Issues</b>	<b>Suggestions by MHRD</b>
	CWSN declined from 1031 in 2010-11 to 347 in 2013-14. This cannot only be attributed to the Learning Disability factor.	Teacher training on identification needs to be strengthened and is reflected in DCF
	Mainstreaming of HBE CWSN to schools is poor.	Mainstreaming of CWSN to be strengthened with the help of IEVs, RTs and teachers. HBE for CWSN is only a preparatory programme.
	The information on retention, completion rate, GER, NER is not available.	UT to maintain the data and share with MIS and TSG annually
	The UT has not yet provided any Braille and Large print books	UT to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	The inspection registers are not maintained at the cluster level. The IEV attendance and movement register and PTA meeting register are not maintained at the school level. Even the medical examination and aids and appliances distribution registers are not maintained	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	No assessment camps conducted for the year 2013-14	This needs to be expedited with ALIMCO & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment
	No teacher training conducted for the current year	UT to conduct specific training in IE with the help of resource teachers, experts in IE, NGOs, etc
	The State has provided no aids and appliances in the current year	To be expedited through ALIMCO
	1.27% expenditure incurred in IE for 2013-14.	An area of concern. State to develop a time bound implementable action plan in IE.



Delhi	Issues	Suggestions by MHRD
	No technical personnel in IE at the state, district, block level. This is an area of serious concern	This is a long pending issue with the State. The State should appoint technical personnel for IE at the district level. The salary should be borne through the Project Management Head. Similarly resource teachers and resource persons should be appointed at the block level
	No HBE strategy in place. The State has yet to develop a comprehensive strategy to identify and cover OOS CWSN	An area of serious concern. The State has no strategy for severe - profound CWSN. A strategy needs to be in place. The State should either appoint IEVs or chalk out a strategy with its SRG
	The State has established no convergence with the National level agencies like National Trust, RCI, Mo SJ&E or NGOs.	The State should develop a convergence model in implementing IE programme and become a model in this regard, as it is the hub for many National Schemes and many reputed NGOs work in this sector.
	The State has no capacity building/ training plan for RTs, general teachers, parents, etc.)	Should develop a comprehensive training plan with SCERT/ SRG
	No information on dropout rate, transition rate, retention rate, completion rate, GER, NER and HBE mainstreaming.	State to maintain the data and share with MIS and TSG annually
	No assessment camps conducted for the year 2013-14	This needs to be expedited with ALIMCO & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment
	37.00% Braille books provided	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	No teacher training conducted for the current year	Should conduct teacher training with through SCERT/ SRG/ Experts in IE and RTs
	The State has provided no aids and appliances for the current year.	Needs to be expedited with ALIMCO
	Only 13.91% expenditure incurred in IE for 2013-14.	An area of concern. State to develop a time bound implementable action plan in IE
	State maintains no Register on IE and CWSN at any level. Even the medical examination and aids and appliances distribution registers are not maintained	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.

Goa	Issues	Suggestions by MHRD
	No technical person for IE at the state and district level	The State should appoint technical person for IE at the state and district level through Project Management Head
	Academic support in the State is weak and provided through 2 RTs in 12 blocks, and 3 existing RPs against 2 per block.	More RTs and RPs should be appointed by the State
	The State maintains no register at the district level. Even the medical examination and aids and appliances distribution registers are not maintained	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	Provided no information on transitioning of CWSN, retention rate, completion rate, GER and NER.	State to maintain the data and share with MIS and TSG annually
	No Braille or large print books provided	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session.
	No teacher training conducted for the current year	Should conduct teacher training with through SCERT/ SRG/ Experts in IE & RTs
	The State has provided no aids and appliances for the current year	This needs to be expedited with ALIMCO & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment
	No expenditure incurred in IE for 2013-14.	An area of concern. State to develop a time bound implementable action plan in IE

<b>Gujarat</b>	<b>Issues</b>	<b>Suggestions by MHRD</b>
	State has given no information on class wise, year wise enrollment of dropout rate, transition rate, mainstreaming of HBE CWSN, retention rate, completion rate, GER and NER.	State to maintain the data and share with MIS and TSG annually
	The state only maintains two registers of aids and appliances distributed and inspection register at the district level. Similarly at the school level the state only maintains the PTA meeting register and the inspection registers. The RT, RP and the IEV attendance and movement registers are maintained only at the block level. The state does not maintain medical examination register and a register of assistive devices distributed at all levels.	
	Text books-Braille and Large Print for 2013-14 not yet supplied to CWSN. Even work order has not been placed for Braille and Large Print largely.	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	85 out of 232 sanctioned assessment camps conducted for the year 2013-14	This needs to be expedited with ALIMCO & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment
	No teacher training conducted for the current year	Should conduct teacher training with through SCERT/ SRG/ experts in IE and RTs
	The State has provided only 6.20% aids and appliances for the current year	Needs to be expedited through ALIMCO
	Only 9.87% expenditure incurred in IE for 2013-14.	An area of concern. State to develop a time bound implementable action plan in IE

<b>Haryana</b>	<b>Issues</b>	<b>Suggestions by MHRD</b>
	The State has not yet started work on key Educational Indicators like dropout rate, transition rate, retention rate, completion rate, GER, NER, etc in the context of CWSN	State to maintain the data and share with MIS and TSG annually
	Text books in Braille & Large Print not yet supplied to CWSN.	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	The state does not maintain medical examination register and a register of assistive devices distributed.	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	No assessment camps conducted for the year 2013-14	This needs to be expedited with ALIMCO & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment
	No teacher training conducted for the current year	Should conduct teacher RTs and experts in IE
	The State has provided only 8.93% aids and appliances for the current year	Should be expedited through ALIMCO
	Only 3.33% expenditure incurred in IE for 2013-14.	An area of concern. State to develop a time bound implementable action plan in IE

Himachal Pradesh	Issues	Suggestions by MHRD
	State has not provided any information on drop out transition rate, retention ate, completion, GER and NER.	State to maintain the data and share with MIS and TSG annually
	State maintains only RP attendance and movement register and assistive devices distribution register at the district level. At the BRC level it has RT attendance and movement register and CWSN child register. No register at the cluster level. At the school level it maintains the RT attendance and movement register, medical examination register, PTA meeting register and inspection registers. Even the medical examination and aids and appliances distribution registers are not maintained	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	0 CWSN girls in KGBVs.	In districts where the seats are vacant, they could also be utilized for CWSN girls.
	No Braille or large print books provided.	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	No teacher training conducted for the current year.	Should conduct teacher training with through SCERT/ DIET/ SRG/ RTs and experts in IE
	The State has provided only 6.38% aids and appliances for the current year.	This needs to be expedited with ALIMCO & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment
	Only 0.21% expenditure incurred in IE for 2013-14.	An area of concern. State to develop a time bound implementable action plan in IE

J&K	Issues	Suggestions by MHRD
	No technical personnel for IE at the state and district level.	The State should appoint technical person for IE at the state and district level through Project Management Head.
	It only has 29 technical resource persons at the block level.	More RTs should be appointed at least 1 in each zone to provide academic support to CWSN.
	The state has not provided age wise, year wise data of CWSN, class wise, year wise enrollment of all categories of CWSN, dropout rate, transition rate, retention rate, completion rate, GER, NER and data on HBE mainstreaming.	State to maintain the data and share with MIS and TSG annually
	The state maintains no IE related registers at the block, cluster and school level. It does not maintain medical examination register and PTA meeting register. Even the medical examination and aids and appliances distribution registers are not maintained	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	No teacher training conducted for the current year	Should conduct teacher training with through RTs and experts in IE.
	The State has provided only 36.12% aids and appliances for the current year	This needs to be expedited with ALIMCO & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment
	12.15% expenditure incurred in IE for 2013-14.	An area of concern. State to develop a time bound implementable action plan in IE

<b>Jharkhand</b>	<b>Issues</b>	<b>Suggestions by MHRD</b>
	The state does not maintain RT and RP attendance and movement register at district, cluster and school level. IEV register is maintained only at the cluster level. The resource room register and PTA meeting register maintained only at the block level. Even the medical examination and aids and appliances distribution registers are not maintained	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	5.6% Braille books provided	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	No large print books provided in the current year	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	7.27% teachers given IE specific training for the current year	Should conduct teacher training with through SRG/ RTs and experts in IE
	The State has provided only 6.86% aids and appliances for the current year	This needs to be expedited with ALIMCO & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment
	Only 1.80% expenditure incurred in IE for 2013-14.	An area of concern. State to develop a time bound implementable action plan in IE

Karnataka	Issues	Suggestions by MHRD
	The state has not provided information on dropout rate, completion rate, retention rate, GER and NER.	State to maintain the data and share with MIS and TSG annually.
	As reported by the State, it maintains all registers related to IE at all levels.	The State should ensure compliance through monitoring.
	No technical personnel at the state and the district level.	The State should appoint technical person for IE at the state and district level through Project Management Head
	The state has appointed 90-day trained teachers as 606 resource teachers. Only 186 of them have acquired Degree / diploma in Special education and 102 are in the process of acquiring so.	State should expedite this process, as appointing FCED teachers as resource teachers is not as per SSA norms
	The state has mainstreamed 18.59% HBE CWSN to regular schools in 2011-12, 10.57% in 2012-13 and 1.23% in 2013-14. The mainstreaming has mainly been from the categories of Mental Retardation (MR), Multiple Disabilities (MD) and Autism.	Mainstreaming of CWSN to be strengthened with the help of IEVs, RTs and teachers. HBE for CWSN is only a school preparatory programme for CWSN
	32.1% Braille books provided.	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	No teacher training conducted for the current year.	Should conduct teacher training with through SCERT/RTs/,experts in IE
	The State has provided only 4.69% aids and appliances for the current year.	This needs to be expedited with ALIMCO & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment. All appliances to be provided by October 2013 since all assessment camps have been conducted by the State.
	Only 2.99% expenditure incurred in IE for 2013-14.	An area of concern. State to develop a time bound implementable action plan in IE



<b>Kerala</b>	<b>Issues</b>	<b>Suggestions by MHRD</b>
	The state has provided no information on retention rate, completion rate, GER and NER.	State to maintain the data and share with MIS and TSG annually
	As per the state report, it maintains all registers at all levels.	The State should ensure compliance through monitoring.
	No IE specific teacher training conducted for the current year.	Should conduct teacher training with through SCERT/ RTs, experts in IE
	The State has provided no aids and appliances for the current year.	This needs to be expedited with ALIMCO & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment. All appliances to be provided by October 2013 since all assessment camps have been conducted by the State.
	Only 8.22% expenditure incurred in IE for 2013-14.	An area of concern. State to develop a time bound implementable action plan in IE

<b>Lakshadweep</b>	<b>Issues</b>	<b>Suggestions by MHRD</b>
	No assessment camps conducted for the year 2013-14.	This needs to be expedited with ALIMCO & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment.
	No Braille or large print books provided.	UT to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	No teacher training conducted for the current year.	To be conducted through RTs & experts in IE
	The State has provided no aids and appliances for the current year.	Should be conducted through ALIMCO. All appliances to be conducted by December 2013
	No expenditure incurred in IE for 2013-14.	An area of concern. State to develop a time bound implementable action plan in IE
	State maintains no Register on IE and CWSN at any level. Even the medical examination and aids and appliances distribution registers are not maintained	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.

<b>Madhya Pradesh</b>	<b>Issues</b>	<b>Suggestions by MHRD</b>
	State does not have technical personnel at state and district level.	The State should appoint technical person for IE at the state and district level through Project Management Head
	Delayed supply of Books from Govt. Braille Press (9 months) during 2012-13. 2013-14 Supply order was given to Govt. Braille Press.	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	State has provided no age wise, category wise data and provided no information on dropout rate, transition, HBE mainstreaming, retention rate, completion rate, GER and NER.	State to maintain the data and share with MIS and TSG annually
	The State has identified 98838 CWSN, which is 0.72% of the total child population. As per Census, 2001 CWSN constitute 1.59% (262606) of the total child population. In absolute numbers, there is a gap of 163768 CWSN.	Teacher training on identification needs to be strengthened and is reflected in DCF
	The state maintains only the inspection register at the cluster level and resource room register and inspection registers at the district level. At the school level it maintains only 4 registers, CWSN child register, medical examination register, PTA Meeting register and inspection registers. This needs strengthening. Even the medical examination and aids and appliances distribution registers are not maintained	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	No teacher training conducted for the current year	Should conduct teacher training with through SCERT/ RTs, experts in IE
	The State has provided only 28.17% aids and appliances for the current year	This needs to be expedited with ALIMCO & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment. All appliances to be provided by October 2013 since all assessment camps have been conducted by the State.
	Only 5.65% expenditure incurred in IE for 2013-14.	An area of concern. State to develop a time bound implementable action plan in IE

<b>Maharashtra</b>	<b>Issues</b>	<b>Suggestions by MHRD</b>
	The state has not provided any information on dropout rate, transition rate, retention rate, completion rate, GER and NER.	State to maintain the data and share with MIS and TSG annually
	No information on large print books provided.	State to expedite this through NAB- India
	The state needs to maintain RT, RP and IEV registers at the district level also. . Even the medical examination and aids and appliances distribution registers are not maintained	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	26.9% Braille books and 10.5% large print books provided	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	The State has provided only 2.67% aids and appliances for the current year.	This needs to be expedited with ALIMCO & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment.
	Only 8.04% expenditure incurred in IE for 2013-14.	An area of concern. State to develop a time bound implementable action plan in IE

Odisha	Issues	Suggestions by MHRD
	The state maintains only the resource room register and the assistive device register at the district level. The medical examination and assistive devices distribution Register should be maintained at all levels	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	20.4% Braille books and 8.47% large print books provided	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	No teacher training conducted for the current year	Should conduct specific teacher training through SCERT/ RTs & experts in IE
	The State has provided only 7.02% aids and appliances for the current year	This needs to be expedited with ALIMCO & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment. All appliances to be provided by October 2013 since all assessment camps are in progress by the State.
	Only 8.46% expenditure incurred in IE for 2013-14.	An area of concern. State to develop a time bound implementable action plan in IE

<b>Puducherry</b>	<b>Issues</b>	<b>Suggestions by MHRD</b>
	No technical personnel at any level.	This is a long pending issue with the UT. The State should appoint technical personnel for IE at the district level. Their salary should be borne through the Project Management Head.
	The UT has provided no information on class wise enrollment, dropout rate, transition rate, GER, NER, retention rate and completion rate.	UT to maintain the data and share with MIS and TSG annually
	The UT has yet to include IE in community training	A serious concern. IE to be a part of all community level / gender trainings
	The UT only maintains inspection registers at the district level, only IEV attendance register and PTA meeting register at the cluster level. No register is maintained at the school level. Even the medical examination and aids and appliances distribution registers are not maintained	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	No Braille or large print books provided	UT to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	No teacher training conducted for the current year	Should conduct specific teacher training through SCERT/ RTs, experts in IE
	The UT has provided no aids and appliances for the current year	This needs to be expedited with ALIMCO, NIEPMD & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment. All appliances to be provided by November 2013 since all assessment camps are in progress by the State
	No expenditure incurred in IE for 2013-14.	An area of concern. UT to develop a time bound implementable action plan in IE

Punjab	Issues	Suggestions by MHRD
	Mainstreaming of HBE CWSN in regular schools is mainly in the areas of Mental Retardation, Multiple Disabilities and Cerebral Palsy. In 2011-12, 6.27% and 7.61% in 2012-13 CWSN were mainstreamed from HBE. This needs attention.	Mainstreaming of CWSN to be strengthened with the help of IEVs, RTs and teachers. HBE for CWSN is only a school preparatory programme for CWSN
	The state has not provided any hearing aids past since two years	A very serious concern. State should explore options of ALPS, MURPHY, Starkey for hearing aids too
	The State has only two registers at the district level- assistive devices register and inspection registers. All registers are maintained at the block level and school level. No IE related register is maintained at the cluster level. Even the medical examination and aids and appliances distribution registers are not maintained	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	Provided no information on drop out, transition rate, GER, NER, retention rate and completion rate.	State to maintain the data and share with MIS and TSG annually
	No Braille or large print books provided	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	No teacher training conducted for the current year	Long pending issue with the State. It should conduct specific training on IE through SCERT, RTs, experts in IE, etc
	The State has provided no aids and appliances for the current year	This needs to be expedited with ALIMCO, NIEPMD & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment. All appliances to be provided by November 2013 since all assessment camps have been conducted by the State
	Only 13.95% expenditure incurred in IE for 2013-14.	An area of concern. UT to develop a time bound implementable action plan in IE

<b>Rajasthan</b>	<b>Issues</b>	<b>Suggestions by MHRD</b>
	The key findings of research studies conducted in IE have not been hosted on the website.	Should be done by October 2013
	The state maintains no register at the cluster level, two registers on aids and appliances and inspection registers at the district level and medical examination register and PTA meeting register at the school level. The medical examination and assistive devices distribution Register should be maintained at all levels	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	State has provided no information on drop out, transition rate, retention rate, completion rate, GER, NER etc.	State to maintain the data and share with MIS and TSG annually
	Mainstreaming of HBE CWSN to regular schools is slow.	Mainstreaming of CWSN to be strengthened with the help of IEVs, RTs and teachers. HBE for CWSN is only a school preparatory programme for CWSN
	2.1% Braille and 3.40% large print books provided	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	No teacher training conducted for the current year	The State has developed draft material on curricular adaptations, adapted CCE. The State should now begin specific training in IE with SCERT, RTs & experts in IE. There is no dearth of good NGOs and IE professionals in the State
	The State has provided only 3.28% aids and appliances for the current year.	This needs to be expedited with ALIMCO, NIEPMD & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment. All appliances to be provided by November 2013 since all assessment camps have been conducted by the State
	Only 13.60% expenditure incurred in IE for 2013-14.	An area of concern. UT to develop a time bound implementable action plan in IE.



<b>Tamil Nadu</b>	<b>Issues</b>	<b>Suggestions by MHRD</b>
	No technical personnel for IE at State and District level.	This is a long pending issue with the State. The State should appoint technical personnel for IE at the district level. Their salary should be borne through the Project Management Head.
	No inspection registers at the cluster and school level. The medical examination and assistive devices distribution Register should be maintained at all levels.	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	Mainstreaming of HBE CWSN into regular schools is less than 30%.	Mainstreaming of CWSN to be strengthened with the help of IEVs, RTs and teachers. HBE for CWSN is only a school preparatory programme for CWSN.
	No information on category wise mainstreaming of HBE on class wise enrollment of CWSN, dropout rate, transition rate, retention rate, completion rate, GER and NER.	State to maintain the data and share with MIS and TSG annually.
	No Braille or large print books provided	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session.
	No teacher training conducted for the current year.	The State should now begin specific training in IE with SCERT, RTs and experts in IE. There is no dearth of good NGOs and IE professionals in the State
	The State has provided no aids and appliances for the current year.	This needs to be expedited with ALIMCO, NIEPMD & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment. All appliances to be provided by November 2013 since all assessment camps have been conducted by the State
	Only 17.66% expenditure incurred in IE for 2013-14.	An area of concern. UT to develop a time bound implementable action plan in IE

<b>Uttrakhand</b>	<b>Issues</b>	<b>Suggestions by MHRD</b>
	The State does not have qualified personnel at state and district level.	This is a long pending issue with the State. The State should appoint technical personnel for IE at the district level. Their salary should be borne through the Project Management Head
	The State has not provided any information on key indicators like class-wise enrollment of CWSN, dropout rate, transition rate, retention rate, completion rate, GER, NER and mainstreaming from HBE.	State to maintain the data and share with MIS and TSG annually
	The State does not maintain medical examination register, assistive devices distribution register PTA meeting register at district, block and cluster level. The IEV movement register is maintained only at the district level.	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	No Braille or large print books provided	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	No teacher training conducted for the current year	The State should now begin specific training in IE with SCERT, RTs and experts in IE. There is no dearth of good NGOs and IE professionals in the State
	The State has provided no aids and appliances for the current year	This needs to be expedited with ALIMCO, NIEPMD & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment. All appliances to be provided by November 2013 since all assessment camps are in progress by the State
	Only 2.22% expenditure incurred in IE for 2013-14.	An area of concern. UT to develop a time bound implementable action plan in IE

Uttar Pradesh	Issues	Suggestions by MHRD
	The State has provided no information on class wise enrollments, dropout rate, transition rate, retention rate, completion rate, GER and NER.	State to maintain the data and share with MIS and TSG annually
	The State does not maintain the RT and RP movement register at the cluster level, PTA meeting register at district, block and cluster level, the assistive devices register at the block and the cluster level. Even the medical examination and aids and appliances distribution registers are not maintained	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	The state has no strategy for severe profound CWSN.	An area of very serious concern. The State should make home visits, training severe profound CWSN on daily living skills and their gradual mainstreaming a part of the job chart of the existing 2693 resource teachers
	No teacher training conducted for the current year	The State should now begin specific training in IE with SCERT, RTs, experts in IE. There is no dearth of all NGOs and IE professionals in the State
	No Braille or large print books provided	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	The State has provided only 15.29% aids and appliances for the current year	This needs to be expedited with ALIMCO, NIEPMD & Ministry of Health & Family Welfare and have annual calendar for assessments and distribution of aids and appliances after case assessment. All appliances to be provided by November 2013 since all assessment camps are in progress by the State
	11.88% expenditure incurred in IE for 2013-14.	An area of concern. UT to develop a time bound implementable action plan in IE

<b>West Bengal</b>	<b>Issues</b>	<b>Suggestions by MHRD</b>
	Record/ register maintenance in IE at all levels by the State is poor. Even the medical examination and aids and appliances distribution registers are not maintained at all levels	The list of registers to be maintained at the school, CRC and BRC should be specified and ensured compliance through monitoring.
	The State has no information on year wise, category wise data, class wise enrollments, dropout rate, transition rate, mainstreaming from HBE, retention rate, completion rate, GER and NER.	State to maintain the data and share with MIS and TSG annually
	0.2% Braille and large print books provided.	State to start procurement process 6 months in advance such that text books are available on the first day of the academic session
	No teacher training conducted for the current year.	The State should now begin specific training in IE with SCERT, RTs, and experts in IE. There is no dearth of good NGOs and IE professionals in the State.
	Only 9.05% expenditure incurred in IE for 2013-14.	An area of concern. UT to develop a time bound implementable action plan in IE.

**Annex-I**

**DETAILS ON BRAILLE PRESSES**

Braille Press	No. of Machines	Languages	Total Capacity			Cost per Page	States supplied during 2012-13 & 13-14
			CPS	Pages/Minute	Pages/Annum		
<b>NGOs</b>							
1. AICB Delhi		English and all Indian languages		<ul style="list-style-type: none"> <li>• 6400 Braille pages per day per machine</li> <li>• 13000 Braille pages per day</li> </ul>	38600	Rs. 1/- per page. Rs. 25/- for master copy	Rajasthan, Bihar, Chhattisgarh for the last 3 Yrs
2. Blind People's Association Gujarat	1	All languages		6000 per hour		Rs. 1/- per page	Gujarat
3. NFB Bahadurgarh (Haryana)	3	All languages	<ul style="list-style-type: none"> <li>• Capacity of machines is 400 CPS &amp; 800 CPS</li> <li>• Total Capacity is 1600 CPS</li> </ul>			NA	
4. NAB India	4	All languages		Has capacity of 750 sheets to 1200 plates per hour.	80,00,000 pages per year	Rs. 1/- per page.	
5. NAB Delhi	2	Hindi & English	55 seconds per sheet both sides	1000 sheets per hour		Free of cost for NAB students For others Rs. 1/-	Saksham, Noida (UP)
6. Ramakrishna Mission	3	All languages		<ul style="list-style-type: none"> <li>• Per machine capacity is 12 – 16 pages per hour</li> <li>• Total capacity is 1680 pages per hour</li> </ul>		NA	Andhra Pradesh, Tamil Nadu (27 Districts) & Braille Ballot papers Puducherry
7. Narenderpur West Bengal	3	Bengali, English, Assamese, Tripura and Manipuri	1200 pages per hour	20 pages per minute	3888000 per year	¼ of the material cost	WB Assam, Manipur and Tripura
<b>Government</b>							
8. NIVH Utrakhand	4	English, Maths, Hindi, Sanskrit, Science		Capacity is 1300 characters per second and 440 characters per second			Provided 38472 volumes of books from Class I – XII in last 3 years. However the delivery has been within 6 months to a year.

9. NIVH Chennai	2	English, Tamil, Telugu, Kannada and Hindi		440 Characters per second, 1000 pages per hour. Total capacity is 5 Lakh pages per month	60 Lakhs pages per year and 50,000 volumes per year.		Provided books from Class I – VIII to the states of Tamil Nadu, Puducherry and UP
10. Govt. Braille Press- Bhopal	2	All languages		1000 pages per hour for one machine and 2000 pages per hour for second machine	@.80 Paisa per page		Provided 3546 books in last 3 years
11. Govt. Braille Press, Mysore	1	Kannada, English and Hindi		1200 pages per hour			Provided 13822 books in last 3 years absolutely free of cost to Karnataka

### Training Programmes / Courses Offered

S. No	Organisation / Institution	RCI recognition of Organisation	Programmes offered	Duration	Intake capacity / Yr	RCI recognition for programme	University
1	National Association for the Blind - Karnataka	Yes	Tailor made training is provided to the candidates who have the need to be trained on Braille. Since most of the students joining NAB have completed 10 <sup>th</sup> standard or 12 <sup>th</sup> standard, they are assessed for their need to learn Braille and trained on that basis.	NA	50	yes	NA
2	NAB- Mumbai India	Yes	Offers 2 year Diploma in VI	2 years	25	Yes	CBR Forum
3.	Ramakrishna Mission Coimbatore	Yes	Offers D. Ed, B. Ed & M. Ed in VI, HI & MR	1 & 2 years	25	Yes	Rama Krishna Mission Vivekananda University
4	NIVH- Chennai	Yes	B.Ed. Special Education (V.I) – 1 year and Vocational Training for Visually		20 for B. Ed 120 for vocational training	Not Applicable	Not Applicable

			impaired					
5	Arushi, Bhopal	Yes	B. Ed-Special Education (Hearing Impairment)	Foundation Course- 3 months	200-300 per annum	Yes		
					B.Ed Special Education (Hearing Impairment)- 2 years		40 each	
					PGPD Special Education (Hearing Impairment )- 9 months		40 each	
6	BPA Gujarat	Yes	Spl. B.Ed & PGPD (VI, HI, MR)	Minimum 2 years Maximum 5 years	120 40	Yes		
			FCED	3 months	800			
			Parent trg. Programme	21 days	Per batch 30			
			Deaf Blind and CBR Programme	21 days	Per batch 30			
			CRE – RCI trg. (all disabilities)	15 days	Per batch 30			
7	NAB Delhi	Yes	Spl. B.Ed & PGPD (VI)	Minimum 2 years Maximum 5 years	120 40	Yes		
			FCED	3 months	800			
			Caregiver trg. Programme	25 days	25			

**FEEDBACK OF PARTICIPANTS**  
**NATIONAL WORKSHOP ON INCLUSIVE EDUCATION FOR VI, HI & OI**  
**Venue: SCOPE COMPLEX**

Session and Sub Topics	Content			Presentation			Overall satisfaction			
	Unders tood	Needs more clarifica tion	Not unders tand	Aver age	Good	Excell ent	Aver age	Good	Very good	Excel lent
<b>Inaugural Session</b>										
(i) Presentation of MHRD	50	4	19	3	26	24	1	14	16	18
(ii) Presentation of States/UTs	33	16	18	9	33	6	8	21	12	6
(iii) Purpose of Convergence with Rashtriys Bal Swasthya Karyakram (RBSK)	41	7	20	6	30	10	4	20	15	6
(iv) Suggestions for improvement of IE implementation by Civil Society Organizations	34	6	16	10	20	8	7	17	8	6
(v) Suggestions for improvement of IE implementation by Government Disability Organizations	28	10	16	5	22	9	2	19	9	8
<b>Date: 10.09.2013</b>										
(vi) Panel Discussion with ALIMCO & RCI	35	12	16	11	23	6	10	12	12	5
(vii) Panel discussion on Braille Training	35	6	3	3	26	9	4	15	9	5
(viii) Panel discussion on Braille printing of Books	44	7	18	5	20	15	4	15	10	11
(ix) Panel discussion on Communication Methods	23	9	2	4	20	4	5	11	8	2
(x) State wise group work of SSA + Govt. Institutions + Civil Society	40	5	1	3	29	9	5	15	14	7



Session and Sub Topics	Content			Presentation			Overall satisfaction			
	Unders tood	Needs more clarifica tion	Not unders tand	Aver age	Good	Excell ent	Aver age	Good	Very good	Excel lent
(xi) State/UTs presentations on Action Plans	35	4	16	7	26	5	10	11	12	6
<b>Strategy for</b>										
(i) Parental / community / SMC awareness/ ob the rights of CWSN as per the RTE Act	29	6	2	7	18	5	6	12	9	2
(ii) Peer awareness through inclusive curricular and co-curricular activities	30	2	0	8	14	5	7	10	6	2
(iii)Inclusion of IE component in the SMC training module	24	5	1	5	18	2	3	14	7	2
(x) Strategy for the development of a Demo Inclusive School (1 for VI and 1 for HI) on a pilot basis based on the inputs provided	32	2	2	3	20	10	4	14	7	8

**I. List the challenges expected/being faced in the area of IE by your State/ UT and suggestions by the participant**

S. No.	States	Challenges	Suggestions/ Solutions
1.	A & N Islands	<ul style="list-style-type: none"> <li>Lack of support from resource teacher and IE volunteer</li> <li>Involvement of NGOs for ongoing training programme for teachers</li> </ul>	
2.	AP	<ul style="list-style-type: none"> <li>Hearing aid quality is poor</li> </ul>	<ul style="list-style-type: none"> <li>Digital hearing aids should be provided</li> <li>Need to set up ear mould lab and train resource person/ special educators in making ear mould.</li> </ul>
3.	Bihar	<ul style="list-style-type: none"> <li>Procurement of Braille kit and Braille book from NGOs like NAB, AICB, Arushi since the rate has not been approved by</li> </ul>	

S. No.	States	Challenges	Suggestions/ Solutions
		Ministry and there is an audit problem. <ul style="list-style-type: none"> <li>• Non-payment of salary in the state</li> </ul>	
4.	Chandigarh	<ul style="list-style-type: none"> <li>• No resource teacher in the school</li> <li>• CWSN are not given much care</li> <li>• One year bridge course training is not enough time to make HI children ready for school</li> <li>• Teachers are unaware of handling the CWSN.</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing impaired children should be given at least 3 years in a special school set up before s/he is mainstreamed into a regular school.</li> </ul>
5.	Daman & Diu	<ul style="list-style-type: none"> <li>• Lack of experts in the area of disabilities</li> <li>• Lack of resource teacher in HI and VI</li> <li>• Limit of unit cost for textbooks is less for large print books and Braille books</li> <li>• Gaps in data of IE</li> <li>• 80% of the budget is being utilised for salary of IERT's</li> </ul>	<ul style="list-style-type: none"> <li>• Utilization of resources available</li> <li>• Utilizing the savings under textbooks head</li> <li>• Reconcile the data at school, cluster and block level.</li> </ul>
		<ul style="list-style-type: none"> <li>• There should be value based and attitudinal changes in the behavior of society towards the disabled persons</li> <li>• There should be more communication between teachers, parents and society</li> <li>• More sensitization is required</li> </ul>	<ul style="list-style-type: none"> <li>• Organise more programmes for teachers, parents and peer groups etc.</li> <li>• Sensitization of peer groups in the school by teachers.</li> <li>• Training on positive attitudes should be done on a regular basis</li> <li>• More resources should be tapped</li> <li>• Training material should be published</li> </ul>
		<ul style="list-style-type: none"> <li>• Lots of problem are faced by CWSN child in IE e.g. HI child will not be able to follow the lesson filling</li> <li>• Only providing hearing aids to HI child will not solve the problem of the child</li> </ul>	<ul style="list-style-type: none"> <li>• Special education should help the child</li> <li>• Regular auditory/speech training for first 1-2 months is urgently required.</li> </ul>
		<ul style="list-style-type: none"> <li>• Student participation in mainstream education system</li> <li>• Lack of qualified teachers</li> <li>• Lack of multi-media facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Create awareness among normal teachers and community for equal opportunity of education</li> <li>• Advertisement in local newspapers for qualified staff. Evaluation of</li> </ul>

S. No.	States	Challenges	Suggestions/ Solutions
			<p>CWSN if carried out on the basis of his/her abilities</p> <ul style="list-style-type: none"> <li>• Multi-media equipments need to be made available</li> </ul>
6.	Delhi	<ul style="list-style-type: none"> <li>• Out of school CWSN may be higher than reported because of migrant population in the city</li> <li>• Main structure of the operation of SSA combined with IEDSS needs more clarification as well job/work assignment to the stakeholders</li> <li>• Monitoring of the scheme</li> <li>• Coordination between different departments like Social Welfare, DC's office, health department for the benefits of CWSN</li> <li>• Disability certificate for CWSN</li> <li>• Attitudinal barriers</li> </ul>	<ul style="list-style-type: none"> <li>• Fill up vacant posts at the District and Zonal level at the earliest</li> <li>• May follow the Gujarat Model by involving SCERT and DIETs in a big way</li> <li>• Make visits to schools mandatory</li> <li>• Have monthly meetings with district coordinators, zonal coordinators</li> <li>• Top level decision makers need to be proactive in this field, many meetings with NGOs, Department of Health, Department of Social Welfare were held in 2009, findings of these need to be reviewed</li> <li>• People with passion and required qualifications need to be a part of this component. Frequent transfers are not being helpful.</li> <li>• More awareness programmes for administrators</li> <li>• Action research to be encouraged.</li> </ul>
		<ul style="list-style-type: none"> <li>• Lack of manpower</li> <li>• Lack of vision</li> <li>• Lack of planning</li> <li>• Lack of synergy with other Government and non-Government organization</li> <li>• Lack of team effort</li> <li>• Lack of researches done</li> </ul>	<ul style="list-style-type: none"> <li>• The team from state to Gao Panchayat level must work together in a focused manner with a concrete objective and plan to climb the ladder and achieve the target</li> <li>• There should not be discrepancy in data as compared to DISE data.</li> </ul>
		<ul style="list-style-type: none"> <li>• All the teachers (general teachers) are not trained and sensitized, hence are not accepting CWSN readily</li> <li>• The data of CWSN needs to be compiled in state schools, special schools and NGOs so that the exact number of students needing services be made aware and services</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness campaign for general teachers</li> <li>• There should be a nodal agency having the statistics of CWSN in various schools, NGOs and special schools and services be provided to these children</li> <li>• The project IE SSA of the said NGOs be assessed and project proposal approved. Approval since</li> </ul>

S. No.	States	Challenges	Suggestions/ Solutions
		<p>provided</p> <ul style="list-style-type: none"> <li>The project IE-SSA needs to be approved in the 2 NGOs functioning under Delhi state and the teachers of these NGOs be given approval for their salary.</li> </ul>	<p>2009-10 is awaited.</p>
7.	Goa	<ul style="list-style-type: none"> <li>Lack of acceptance and negative attitude of parents, regular teachers, peers towards CWSN.</li> <li>Lack of resource teachers, special educators and most importantly absence of IE coordinators</li> <li>Lack of awareness on schemes available for CWSN by the state</li> <li>Discrepancy between DISE data and household survey data</li> </ul>	<ul style="list-style-type: none"> <li>Sensitization, community mobilization on inclusive education</li> <li>Appointing or deputing appropriate staff</li> <li>Conducting training for HM's by Education Department and supplying resource materials</li> </ul>
8.	Gujarat	<ul style="list-style-type: none"> <li>Children attending IE programme getting less opportunity to develop skills properly. Skills like sports, cultural activities, Braille writing and reading etc need to be taught separately through special educator or trained professionals</li> </ul>	<ul style="list-style-type: none"> <li>Need to encourage skills development programme at block or district level. Skill development programme should be designed and implemented as a foundation of IE. Skill development programme should at least be for 3 days to 15 days as per the selection of skills and the need of the child.</li> </ul>
9.	Haryana	<ul style="list-style-type: none"> <li>Problem in providing Braille books due to ceiling of Rs. 150/- for primary and Rs. 250/- for upper primary class</li> <li>Lot of energy is consumed in data compilation, budget expenditure and all quantitative works related to IE.</li> </ul>	<ul style="list-style-type: none"> <li>The ceiling at least for CWSN requiring Braille books be removed or an extra budget be provided for this.</li> <li>Focus of IE should only and only be on the teaching learning process of the child so that the child finally achieves in life.</li> <li>Two SRG's in IE in all states with two wings, one focusing on qualitative aspect and other on quantitative aspects.</li> </ul>
		<ul style="list-style-type: none"> <li>Appointment of special teacher in right proportion is not done under SSA. All IED Model</li> </ul>	<ul style="list-style-type: none"> <li>Appointment of special teacher should be done as early as possible. Action plan for special teacher</li> </ul>

S. No.	States	Challenges	Suggestions/ Solutions
		<p>schools are made in the city area and mostly special teacher is available in these school and works as a subject teacher in place of special teacher. No teaching learning material is available for CWSN. No proper clinical assessment is done of HI and low vision student and no essential learning aids are provided to them.</p>	<p>should be made according the educational need of CWSN and ensure working nature of educator as per the action plan. Essential TLM should be purchased and provided to CWSN. Assessment of CWSN should be done by a special team of experts and provide essential required aids advised by assessment team within a required period of time.</p>
10.	HP	<ul style="list-style-type: none"> <li>• Barrier free environment in the school</li> <li>• Sensitivity of the school staff for the cause</li> <li>• Trained staff in the schools</li> <li>• TLM according to the CWSN</li> <li>• Networking and coordination with NGOs and other agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Sensitivity of the officials and check through physical inspection</li> <li>• Regular training of the school teachers</li> <li>• Provide TLM that is appropriate to CWSN</li> <li>• Improve coordination with NGOs because the objective is same.</li> </ul>
		<ul style="list-style-type: none"> <li>• More performance evaluation of special educator appointed under SSA</li> <li>• Modernised education system in schools itself for VI</li> <li>• Inclusive education at higher level impossible without appropriate material / equipment</li> <li>• No trained computer teachers in software used by VI students</li> <li>• Role of itinerant teachers in the model school should be clarified</li> </ul>	<ul style="list-style-type: none"> <li>• Regular training for feedback and problems at grassroot level</li> <li>• Either individual computers to children or Computer Labs for VI children</li> <li>• Braille embosser reading device also available for children who wants to use them or the deaf blind students</li> <li>• A course on use of computer for VI children needs to be included separately in the course of Special Education on VI</li> <li>• The role of RT to be finalized on basis of identified children and their requirement.</li> </ul>
11.	J&K	<ul style="list-style-type: none"> <li>• Shortage of trained/specialized manpower for teaching different disabilities</li> <li>• Lack of infrastructure in the state in the field of disability</li> <li>• Decisions are not take on time and as such suffers the IE</li> </ul>	<ul style="list-style-type: none"> <li>• No active SRG is present in the state</li> <li>• MHRD to write a letter to the state regarding consultation/meetings of SRGs so that sound decisions may be taken regarding monitoring etc.</li> </ul>

S. No.	States	Challenges	Suggestions/ Solutions
		<p>component and the CWSN</p> <ul style="list-style-type: none"> <li>• Problem of Braille books, especially in Urdu which is not solved till date</li> </ul>	
		<ul style="list-style-type: none"> <li>• No proper survey by Govt. of any disability till now</li> <li>• Delay of distributing Disability Certification by Health Department</li> <li>• No material in proper period</li> <li>• TLM not good</li> <li>• Lack of awareness of CWSN</li> <li>• No escorts for CWSN</li> <li>• No local support on IE</li> <li>• No home based education</li> <li>• No uniforms for CWSN</li> <li>• No support of Government representative</li> <li>• No CWSN friendly toilets</li> </ul>	<ul style="list-style-type: none"> <li>• Identify age wise and category of disability through proper survey</li> <li>• Proper certification of CWSN</li> <li>• Proper calendar of activities</li> </ul>
12.	Jharkhand	<ul style="list-style-type: none"> <li>• Lack of support from high authorities</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent communication with MHRD may overcome this gap.</li> </ul>
		<ul style="list-style-type: none"> <li>• Lack of support by the parents</li> <li>• Lack of equipment like hearing aid with other appliances</li> <li>• Hearing aids given by the SSA to the hearing impaired children is very low quality</li> </ul>	<ul style="list-style-type: none"> <li>• Support by the parent is important</li> <li>• Government gives aids but repaired facilities are not available at the district</li> <li>• Hearing aids given by SSA should be branded as they work properly and longer with deaf children.</li> </ul>
13.	Karnataka	<ul style="list-style-type: none"> <li>• Conducting 90-day training with RCI</li> <li>• Delay in supply of aids and appliances by ALIMCO</li> <li>• Lack of technical support staff on Inclusive Education at state level</li> <li>• Supply of large print books</li> </ul>	<ul style="list-style-type: none"> <li>• A technical state IE Consultant should be appointed with decent honorarium</li> </ul>
14.	Kerala	<ul style="list-style-type: none"> <li>• Lack of funds for IE</li> <li>• Fund cut in 2013-14 creates problems in implementing many activities for CWSN</li> </ul>	<ul style="list-style-type: none"> <li>• Provide enough fund for approved activities and prioritize activities</li> <li>• Provide equal salary to resource teachers of SSA and IEDSSS in the state</li> </ul>
15.	MP	<ul style="list-style-type: none"> <li>• Lack of resource persons in state</li> </ul>	<ul style="list-style-type: none"> <li>• There are 322 blocks in the state, 966 post of RPs were sanctioned in 2012-13, but 446 recruited till 2012-</li> </ul>

S. No.	States	Challenges	Suggestions/ Solutions
		<ul style="list-style-type: none"> <li>• Problem in CWSN identification and distribution of aids</li> </ul>	<p>13. In the year 2013-14 salary provided for 446 RPs. State need to fill all the vacant posts.</p> <ul style="list-style-type: none"> <li>• More camps with ALIMCO and NGOs</li> </ul>
16.	Maharashtra	<ul style="list-style-type: none"> <li>• Inadequate therapist for therapy service</li> </ul>	<ul style="list-style-type: none"> <li>• Instead of ALIMCO hearing aid contract rate should be done by MoSJ&amp;E</li> <li>• CWSN with 5+age must be provided aids and appliances according to their need</li> <li>• Behaviour management is important for CWSN between 3-6 years of age.</li> </ul>
17.	Odisha	<ul style="list-style-type: none"> <li>• More resource teachers should be there per block</li> <li>• More resource person should be there for CWSN in BRC</li> <li>• Functioning of resource room for CWSN at one small room of BRC not sufficient</li> <li>• Funds for Braille books and large print book is not sufficient under the textbook head</li> </ul>	<ul style="list-style-type: none"> <li>• Approval of more resource teachers and resource persons for CWSN</li> <li>• Per child norm for provision of Braille books and large print books may be enhanced</li> </ul>
		<ul style="list-style-type: none"> <li>• Appropriate aids/ assistive devices fitment takes long time after identification (3-6 months and longer)</li> <li>• Convergence within Departments of Govt., SSA, SPO and DPOs</li> <li>• Convergence with Teachers education, Department W&amp;CD.</li> </ul>	<ul style="list-style-type: none"> <li>• Wheelchairs, canes, hearing aids of good quality of various makes etc. must be provided immediately after assessment</li> <li>• Retention of CWSN should be the responsibility of the general teacher</li> <li>• Teacher training by Pedagogy Unit should see that teaching is imparted in the same manner to all children, including CWSN.</li> </ul>
18.	Punjab	<ul style="list-style-type: none"> <li>• Greatest challenge is overcoming the roadblocks and impediments to implementation posed by higher authorities</li> <li>• Lack of sufficient trained manpower</li> <li>• Poor quality of resource teachers, especially those having done special education</li> </ul>	<ul style="list-style-type: none"> <li>• Sensitization of state SPDs through one-day orientation at national level</li> <li>• More incentives for doing special courses</li> <li>• Monitoring to be done by RCI</li> <li>• Special Education Module should be compulsory subject in regular B.Ed /ETT.</li> <li>• Introduction of B.Ed/Diploma</li> </ul>

S. No.	States	Challenges	Suggestions/ Solutions
		<p>in distance mode</p> <ul style="list-style-type: none"> <li>• Lack of will to change mindset by general teachers and lack of knowledge on how to handle mainstreamed CWSN</li> <li>• Inability of special teachers trained in one disability to adequately teach CWSN of other disabilities and make proper IEPs</li> <li>• Inability of resource teachers to un-learn special education and teach children in an inclusive set up.</li> <li>• There are so many attitudinal barrier to implement IE at state level</li> <li>• Resource teachers who has done B.Ed special education from distance mode need a lot of practical training for using strategies with CWSN,</li> <li>• General teachers doesn't show interest in doing foundation course</li> </ul>	<p>courses in inclusion by RCI.</p> <ul style="list-style-type: none"> <li>• Attitudinal barriers should be removed through multi-media</li> <li>• Practical emphasis should be given more in distance mode education for good quality education</li> <li>• There should be one module on inclusive education and special education. It should be as a compulsory subject in B.Ed (General Education) or D.Ed in Education.</li> </ul>
19.	Rajasthan	<ul style="list-style-type: none"> <li>• Low budget sanctioned this year comparison to last year</li> <li>• Low unit cost for Braille and large print books</li> <li>• No provision for transport and escort allowance</li> <li>• Lack of human resource specially resource teachers due to non-availability of qualified persons</li> </ul>	<ul style="list-style-type: none"> <li>• Budget for CWSN should be need based</li> <li>• Unit cost of Braille books should be increased to Rs. 800/- for class I-V class and Rs.1500/- for class VI to VII stds.</li> <li>• To reduce dropout rate and increase retention, transport and escort allowance should be provided</li> <li>• Need to introduce for PGPD courses for in-service teachers.</li> </ul>
20.	TN	<ul style="list-style-type: none"> <li>• Lack of educators</li> <li>• Monitoring is weak</li> </ul>	<ul style="list-style-type: none"> <li>• Appointment by Government of disability specific educators</li> <li>• Monitoring must be done by expert persons.</li> </ul>
20.	TN	<ul style="list-style-type: none"> <li>• There is no NGO implementing IE. Monitoring by the field level staff is weak</li> <li>• No technical</li> </ul>	<ul style="list-style-type: none"> <li>• SRG members support should be strengthened.</li> <li>• Review meeting should be conducted more frequently.</li> </ul>



S. No.	States	Challenges	Suggestions/ Solutions
		<p>advisor/Consultant in IE at SPO office</p> <ul style="list-style-type: none"> <li>Drop out of CWSN</li> <li>Lack of knowledge to IERTs on other disabilities</li> </ul>	<ul style="list-style-type: none"> <li>Special educators should be appointed on permanent basis</li> <li>Training to the IERT on other disabilities to be given by master trainers of a specific disability.</li> </ul>
		<ul style="list-style-type: none"> <li>To achieve appropriate learning outcomes for CWSN</li> <li>Convergence of all services by different department of Government so that there is no duplication</li> <li>Proper monitoring and accountability for services rendered</li> <li>Awareness and knowledge about the needs of PWDs or CWSN by the officials</li> </ul>	<ul style="list-style-type: none"> <li>Academic audit for special school teachers should be done</li> <li>SRG Meeting and cooperation of all officials is required. Technical Consultant at SPO to facilitate convergence</li> <li>Involve volunteers and parents in IE</li> <li>Training of administrators and implementers on IE.</li> </ul>
21.	West Bengal	<ul style="list-style-type: none"> <li>Inadequate number of special educators</li> <li>Admission of CWSN</li> <li>No financial allotment towards functioning of resource rooms</li> <li>CCE is yet not CWSN friendly</li> <li>NCTE prescribed qualification for teacher engagement and IEDSS scheme prescribed qualification for engagement of special teachers are not matching. State is seeking clear guideline.</li> </ul>	<ul style="list-style-type: none"> <li>Allow the state to engage special educator @3 per each 726 Circle Level Resource Centres</li> <li>State is facing problem for age appropriate admission for CWSN. A clarification is sought from MHRD</li> <li>Fund may be utilized from overall IE budget. MHRD may kindly guide the state</li> <li>MHRD may kindly sought out matter with NCTE and RCI regarding qualification for teacher engagement.</li> </ul>

## II. Observations and Suggestions on Developing a Demo inclusive School in each block

- A Demo inclusive school in each block with resource teachers trained in one disability area is a very good, workable model. The plan should be made for upscaling the number of demo schools. The identified teachers should also be used to train other resource teachers.
- In the Demo inclusive school CWSN should be provided appropriate supports and services they need to be successful. No trade off for being in general education classroom by cutting special education services and at the same time education of children without disabilities should not be scarified. Special children should be given

extra help they need to learn from general curriculum like speech therapy, language development inputs, accommodation, curriculum adaptation etc. Pull out sessions, assistant teacher may also be given if required. Peer sensitization should also be done. Least restrictive environment should be provided to all children.

- The Demo school will become an agent of change in the field of disability. It must be publicized properly. A school giving good results in CBSE/local board can be picked up as it shows the positive attitude of Principal and teachers. One day should be assigned to one disability.
- A criteria for selecting Demo inclusive school should be developed and standardized
- Schools having resource room may be developed as a Demo inclusive school. It should have special teachers who are not transferred
- Demo school will be very effective and will go ahead in strengthening the process of inclusion. It should be at block or zonal level. It should have at least 3 regular teachers with intensive training through RCI.
- In the Demo school, hostel is essential and with appointment of teacher from each disability separately.
- NGOs should be involved in the Demo IE school.
- Guidelines on Demo school may be issued by the state

### **III. Your Observations /suggestions on workshop**

#### **Observations:**

- The objective of the workshop was clearly defined and action plan devised.
- NCERT books not useful for HI child as s/he does not have language.
- Printers who can publish books for HI children are not available.
- The workshop was really informative about the activities being done by SSA for CWSN.
- Similar workshops should be organized at the state level.
- This workshop will help NGOs to form strategy and converge with states on specific issues.
- Data must be authentic and specific.
- Initiative and focus are the key elements irrespective of budget constraints.
- There should be one such school in every district for the beginning. After this, more such schools can be planned.
- The least importance of partnership with NGOs and on planning and monitoring of IE third party evaluation.
- A very critical review of the status of IE was conducted. A step has been taken for convergence with NGOs. Interaction with the RCI and ALIMCO and Braille organization was very insightful and a list of issues were brought up and resolved.
- Cross sharing of ideas and learning between GO and NGOs was quite commendable.
- It is not clear why the NGOs were invited to the workshop.
- Outcomes of the workshop depend on the initiative and job orientation of the SPOs.
- Information by MoHFW was extremely useful especially the mandate of screening deaf infants and children as a means for early intervention.

- CWSN in IEDC were covered from the age of 6-18 (class I to XII). In IEDSS CWSN are covered from 14 to 18 (with 4 years relaxation). SSA does not extend any help to CWSN studying in the private schools.
- Government grant through state is delayed and many a times not released although sanctioned. The benefits extended to CWSN in various schemes does not reach in time and parents are forced to purchase aids from the markets.
- There is no coordination between state and NGOs.
- CWSN studying in special schools are not covered by DISE. Education of CWSN even if they are studying in special schools should come under the purview of MHRD and not under MoSJ&E.
- All the facilities, training of special education, training of CWSN should come under one umbrella.
- Many small schools providing training and education to CWSN have mushroomed. There is no quality control and they are exploiting the parents of CWSN.
- The medical practioners are not aware of the facilities available of CWSN in their area. Some course must be organized for them.

### **Suggestions:**

- The workshop should be for three days.
- Similar workshops should be organized at the state level
- Strategies for teacher training need to be planned
- The ear mould is a very important part of the hearing aids, as without ear mould hearing aid useless.
- One laboratory in each district should be established by SSA for making ear mould.
- Time sanctioned to one topic (discussion) should be more realistic like 30 minutes for RCI and ALIMCO was very less.
- All the services for CWSN should come under one umbrella. Facilities for children in the category of 0-6, 6-14, 14-18, are covered by different agencies. This is making and planning for CWSN very difficult. In Delhi schools are covered by MCD, NDMC, Pvt. Schools, Govt. schools etc. There must be convergence of services provided to CWSN.
- Monitoring and reviewing performance of children and resource teachers should be done regularly.
- Data/PPT presented by states should have been compiled and hand outs distributed
- State Commission for Child Rights should be member of SRG
- Top level decisions makers is to be involved at every level to make a difference.
- More time should be given in the workshop for self introspection
- SSA representatives should get more time for preparing their action plans
- Regional workshop on IE may be conducted at zonal level
- Convergence with RBSK should be established for IE as well as convergence with NGOs, NRHM, NIHH, NIMH
- Implementation of IE programme through time bound action plan is a good strategy
- Workshop for state IE coordinators should have been organized separately to have more intensive discussions for IE implementation.

- Accountability should be fixed on people responsible for fulfillment of learning needs of children.
- Convergence with SCERT should be established for IE
- Specific needs of every CWSN should be identified.
- Multimedia demonstration on sensory input through various teaching methods and TLM should be done
- Interventions for CWSN in urban areas should also be focused upon
- Road map on IE with time lines should be developed
- Follow up of all activities conducted should be done on a regular basis
- Visits should be a part of the workshop.

**IV. What have been your key learnings/ lessons from the workshop and how do you to propose to use them in your State/ UT**

1. Parameters to develop an action plan on IE.
2. Good understanding of challenges being faced by the states on IE.
3. Implementation of proper action plan of IE.
4. Establish model IE school in each block.
5. Assessment camp and distribution of aids and appliances should be done effectively.
6. Sensitization programme for parents.
7. Training of key personnel at each level.
8. Integrating the CWSN in mainstream education is important but they need resources for quality education.
9. Prevent disabilities through convergence with RBSK.
10. Promote inclusive education for all CWSN.
11. Data base of CWSN needs to be reviewed and strengthened.
12. Convergence with Civil Societies and Govt. Departments should be increased.
13. Sense of accountability in the officials working for CWSN needs to be developed.
14. Strengthening of helpline numbers is a novel idea.

**V. Outcomes of the Workshop:**

- A very good initiative by the MHRD to involve NGOs.
- The knowledge on IE is more clear
- The workshop gave information on Braille presses.
- A good workshop which will improve the efficiency of SSA personnel.
- List of Braille press at national level was made available. This will help many states to procure Braille books easily.
- Checklist of services to improve IE programme effectively was provided.
- Workshop was very informative and clarified mandate of MHRD.

**VI. How do you rate this workshop OVER ALL**

<b>(i)Poor</b>	<b>(ii)Average</b>	<b>(iii)Good</b>	<b>(iv)Very good</b>	<b>(v)Total</b>
0	4	23	29	56

**VII. How do you rate the:**

**1. Stay arrangement :**

<b>(i)Average</b>	<b>(ii)Good</b>	<b>(iii)Very good</b>	<b>(iv)Total</b>
<input type="text" value="5"/>	<input type="text" value="22"/>	<input type="text" value="19"/>	<input type="text" value="46"/>

**2. Venue :**

<b>(i)Average</b>	<b>(ii)Good</b>	<b>(iii)Very good</b>	<b>(iv)Total</b>
<input type="text" value="0"/>	<input type="text" value="19"/>	<input type="text" value="37"/>	<input type="text" value="56"/>

**3. Food at the Venue**

<b>(i)Average</b>	<b>(ii)Good</b>	<b>(iii)Very good</b>	<b>(iv)Total</b>
<input type="text" value="1"/>	<input type="text" value="17"/>	<input type="text" value="38"/>	<input type="text" value="56"/>