

children with disabilities

children from remote or nomadic population

gifted children

children from linguistic groups

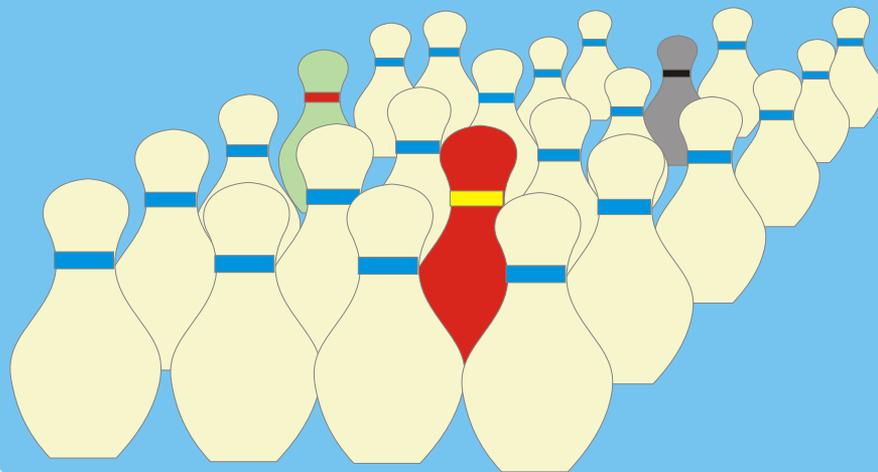
marginalized children

street & working children

children from ethnic groups

children with disabilities

# Breaking Barriers: Towards Inclusion





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# Foreword

**REACH** India's interventions in inclusion can be termed as miniscule when compared to the enormity of the challenges that lie before us. But what has emerged from this exercise, especially the innovative approaches, practices and modules of interventions adopted by our partner NGOs prompted us to come up with this document which could serve as a guide for future interventions.

While inclusive practices and the extent of inclusion continues to be a matter of debate, what has clearly emerged from REACH India's intervention is the consensus that inclusion is the way to the future and the means of reaching out to all children in a holistic manner.

One of the major advantages of inclusion is its capacity to reach out to a large section of the children with disabilities, a majority of whom are out of school and leading a life of seclusion. Even if inclusive education in practical terms cannot provide these children with the best of education and make each of them productive and fit for employment, it can at least provide for the social inclusion and self dependency of millions of children who are leading a life of obscurity. Moreover the earlier approach of segregated education was based on care while inclusive education is based on rights, equal opportunities and participation. Furthermore, it is an accepted fact that inclusive models are far less expensive to operate than special education services which in itself is a huge advantage.

This document is not only an attempt to profile and put together the activities of REACH India partners but also aims at sharing REACH India's broader perspective and views on inclusion and inclusive education. We hope that the intervention and models documented here could be of use to various stakeholders including the government agencies, educational institutions, international donors, NGOs, corporates and other stakeholders who believe in taking the message of inclusion forward.

*Nandini Prasad*

Nandini Prasad  
Chief of Party  
REACH India



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# Inclusive Education: Breaking Barriers

*I*nclusion from the view point of children with disabilities is a word that is still evolving having different connotations as per social, cultural and economic diversities. But, from a broader perspective, Inclusive Education has clear cut definitions built on the belief that all children have different abilities and levels of intelligence and are competent to study under a single roof. According to the inclusive model, students will study in regular schools where children from all strata of society with different abilities, including the children with disabilities will receive their education alongside their non-disabled peers. Inclusive education from a broad macro perspective means that “Schools should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions. This should include disabled and gifted children, street and working children, children from remote or nomadic populations, children from linguistic, ethnic or cultural minorities and children from other disadvantaged or marginalized areas or group”

(The Salamanca statement and framework for action on special needs education Para 3.)

Inclusive system accepts the fact that human differences are natural and contribute to the richness of every society and insists that the school should be able to provide good education to all pupils irrespective of their varying learning abilities and ensure equal opportunities for all

children to learn together. “Inclusive education services allow children with disabilities to stay with their family and go to the nearest school, just like other children. This circumstance is of vital importance to their personal development. Interrupting a disabled child's normal development may have far more severe consequences than the disability itself (Jonsson, 1995).

While inclusion as a theory is largely welcomed, there is a school of thought which expresses reservations as to whether the ordinary classroom can provide optimal quality education for children with disabilities. A decisive issue is how individual pupils can be ensured optimal education in accordance with her/his capabilities and needs. But it is widely recognized that segregated education that was being largely followed the world over during the eighties and early nineties has not brought about the desired results. It is believed that more than 80 million physically challenged children world wide have been systematically excluded from mainstream education while 90% of the children with disabilities in developing countries do not attend schools.

## **Isolation a deterrent**

Even in developed countries with less population pressures and adequate funds, various studies have shown that special education and special schools

have not been able to reach out to children with disabilities, with two or three eligible children being left out for every child served. Moreover, it has been widely acknowledged that segregated education has led to segregation of people with disabilities throughout their life with many of them reluctant to join the mainstream even if provided with opportunities. The system of segregated education or special schools for children with disabilities was based on care and not on their rights and entitlements. Today it is believed that this should be replaced by a more pragmatic approach of recognizing their abilities while emphasizing on rights, equal opportunity and participation. Moreover, segregation is no longer in sync with the developing world and international declarations on equal opportunities and human rights, which are based on equity, inclusion and mutual respect. (This has been emphasized again and again through Salamanca, Dakar and Kochi declarations.) Inclusive education addresses a large diversity of children and involves differentiating each of their needs and responding to those needs.

### **Key advantages**

The concept of inclusive education has gained ground all over the globe during the last decade and educationists, where the system has been implemented in its true spirit, point out to positive outcomes and potential.

*It is generally agreed that inclusive education can reach out to a large section of the population and have positive educational and social impacts on children.*

*Inclusive education models are far less expensive to implement and operate than special education services.*

*Inclusive education contributes significantly to professional development of educators, the school environment and an understanding society in general.*

It has generally been established the world over that inclusive education services are politically and fiscally more sustainable than parallel systems of special education. Inclusion makes more political sense because the services are intended to benefit all students and not just a section. It makes it easier for governments to convince the tax payers, as these interventions would not be seen as 'add ons'. From the monetary angle, inclusion is more fiscally sustainable as the money spent on individual children is more visible and would cost very much less than running parallel special schools which are huge constraints on the overall education budget.

### **Challenges**

A key challenge facing policy makers is convincing the various stakeholders to accept the inclusive approach as preferred model. As is usually the case with all innovative approaches, the thought of inclusive approach generates resistance from special educators, who view it as a threat to their jobs while many mainstream teachers doubt and resent the possibility of having children with special needs among their midst. They feel that this would hamper the progress of normal students and may also add a great deal of extra work on their shoulders. Moreover the parents of children with special needs are averse to the idea of their child being exposed to a more competitive and 'hostile environment' from the secluded cocoon of care and welfare.

Another key question is the effectiveness of inclusion based on the social, economic and political climates of various countries. Debate still rages on the various categories of children with disabilities who can be brought under the umbrella of inclusive education depending on the practical ground realities including cultural and economic constraints to pedagogical issues like quality of education, lack of infrastructure, excessive student strength in class rooms etc. But all said and done, with the changing global scenario and the

emphasis on equal rights and opportunities, the world is definitely moving towards inclusion by taking a more pragmatic approach by recognizing the abilities as well as rights of Children with Special Needs (CWSN) and children with disabilities. The UNESCO sponsored 'Education for All' initiative states that all children including children with disabilities and special needs are entitled to equity of educational opportunity. UNESCO and OECD have also determined that inclusion is the preferred approach to providing schooling for students with special needs.

### **Towards Inclusion: The Indian scenario**

Efforts to address the needs of children with disabilities or children with special needs got precedence, soon after independence with the Ministry of Education establishing a special unit to deal with education of special children in 1947. The already existing School for the Deaf in Bombay (1883) and the School for the Blind in Amritsar (1887) coupled with a number of special schools for the blind and the deaf all over the country, shaped the government's perspective and interventions in this area. In the 1950's the scenario slowly started changing with the experiments of integrated education being followed by international agencies like Royal Commonwealth Society for the Blind and Christopher Blinden Mission. This was reflected in the IEDC (Integrated Education for children with disabilities) scheme (1974) which looked at integration of the physically and mentally handicapped with the general community. This approach was strengthened and again reflected in a big way in the National Policy on Education (NPE) -1986.

The first pilot project on integrated education in India, Project Integrated Education for the Disabled (PIED) launched in 1987 by MHRD and UNICEF was implemented in one administrative block covering ten states and more than 6000 children with special needs were integrated in

regular schools. But the most landmark legislation in the history of special education in the country was the Persons With Disabilities (Equal Opportunities, Protection of Rights & Full Participation) Act, 1995 which stated that every child with disability had access to free education till the age of eighteen years. This was followed by the inclusion of IED (Integrated Education of the Disabled) in DPEP (District Primary Education Programme), a scheme launched by the Government of India for the development of primary education in the country. The IED programme is currently running in 242 districts of 18 states and about 621,000 children with special needs have been enrolled in regular schools with adequate support services

### **Sarva Shiksha Abhiyan ( SSA) and inclusion**

The Government of India launched the SSA with the key objective of achieving universalisation of elementary education by 2010. One of the key objectives of SSA is to increase access, enrolment and retention of all children in the age group of 6-14 and to reduce drop outs. The goal of Universal Elementary Education (UEE) has been further facilitated by the Constitutional (86th Amendment) Act making free and compulsory education a fundamental right. This amendment has given a new thrust to the education of children with special needs as without their inclusion, the objective of UEE cannot be achieved.

SSA advocates that every child with special needs, irrespective of the kind, category and degree of disability is provided meaningful and quality education by adopting a zero rejection policy. The emphasis is that no child having special needs should be deprived of her/his right to education and should be taught in an atmosphere best suited for her/his learning needs. This includes mainstreaming into the formal system, special schools for the needy, Education Guarantee Scheme (EGS), Alternative Innovative Education

(AIE) and home based education. The major thrust is on inclusion or mainstreaming of CWSN into the fabric of formal elementary schooling. SSA provides up to Rs 1200 per child with disability for inclusion per year. The interventions include identification, functional and formal assessment, appropriate educational placement, preparation of individualised education plan, provision of aids and appliances, teacher training, resource support, removal of architectural barriers, research, monitoring and evaluation and a special focus on girls with special needs.

These interventions have led to major gains. The identification of CWSN has gone up from 14.59 lakh in 2003-04 to 23.99 lakh in 2006-2007. The enrolment has also gone up from 11.71 lakh to

19.97 lakh. The target for 2007-08 is 25.47 lakh CWSN.

The NGO sector has been involved in a big way in the inclusion activities of SSA. Many NGOs are involved in identification, training of teachers, distribution of aids and appliances and capacity building of local government schools. More than 687 NGOs from across the country are involved in various activities to supplement the inclusion effort of SSA in thirty states across India. REACH India's interventions in inclusion, though miniscule were a part of providing support by developing exclusive models for the government to replicate in their quest for reaching out to each and every child under SSA. ■

# REACH India: Exploring Innovative Models in Inclusion

**REACH** India is a four and a half year project funded by the United States Agency for International Development (USAID) and was initiated in September 2003 towards improving access of vulnerable and at-risk children to basic quality education, thus complementing the Government of India's Sarva Shiksha Abhiyan, a programme for Universalisation of Elementary Education. The basic objective of the project is to attract out of school children to the classroom and concurrently enhance the quality of basic education so that it provides a real and valuable incentive for vulnerable children to continue in school. The objective is to reach out to more than 200,000 children through 101 non-governmental organizations in six geographical areas of the country through grants and technical assistance.

REACH India is operational in six geographical regions of the country which includes Delhi, Mumbai, Kolkata, Chhattisgarh, Jharkhand and North Karnataka. The project primarily reaches out to children in the slums, weaker sections, children belonging to poor minority communities, deprived classes, tribal communities, the girl child and children with disabilities. The aim is to encompass both urban and rural settings with different socio-economic and cultural characteristics.

As a part of supplementing the Government of India's initiatives in education to reach out to each and every child in the country, REACH India has

developed various models and interventions to bring the at-risk, excluded and vulnerable children to school. These interventions include strengthening of NGO capacity to scale up delivery of educational services to out of school children through bridge courses, capacity building and promotion of networks among NGOs to address the issue of UEE, promotion of best practices within the NGO and government sector, encouraging synergy and strengthening of relationships between government programmes and NGO interventions and introduction of specific tools and methods to address quality issues in education.

### **Working with the government**

A major thrust area of REACH India's strategies has been the linking up of its interventions with SSA, supporting and working with Government agencies. Almost 70% of REACH India's interventions are through bridge courses wherein children are mainstreamed into regular, mostly government schools or through remediation programmes where children studying in government schools are helped to continue in school. Apart from this, a number of NGOs supported by REACH India have been working closely within the government systems. To highlight a few examples, CEMD which is based in Delhi, works on educational leadership and conducts training for school principals and school administrators apart from training teachers. SARD

another NGO supported by REACH has established model classrooms/ resource centers in Municipal Corporation of Delhi (MCD) schools in Delhi. Vikramshila, an NGO based in Kolkata is working with government schools towards improving their pedagogical interventions by unpacking the curriculum and identifying core concepts to enhance learning among children, while CWD an NGO based in Jharkhand is providing extra teachers to government schools as a part of broad based support to enhance learning. providing extra teachers to government schools as a part of broad based support to enhance learning.

While there has been no specific focus on children with disabilities in REACH India's targeted interventions, the focus on vulnerable and at-risk children naturally led REACH India to support some NGOs working with CWSN and raise the issue of inclusion. REACH India's interventions in this sphere encompass an interesting variety of NGOs that are pursuing a range of models and interventions to reach out to children who are suffering from various types of developmental disabilities, learning disorders, emotional and behavioral disturbances and attention related disorders which are often unattended or un- diagnosed especially among the deprived and weaker sections of society.

### **Inclusion strategy**

As a part of its overall approach there are four NGOs, namely, AADI (Action for Ability Development and Inclusion), Digdarshika, Ummeed and Manovikas Kendra that are in the process of addressing the needs of the disabled under REACH India's umbrella. REACH India's interventions with these NGOs were based on the belief that segregated schools were not feasible in developing countries like India with a large and growing population. Moreover segregation was undesirable from an education standpoint and also from the development angle of a disabled child. REACH India through its interventions in inclusive education wanted to drive home the point that financial resources are better spent by

strengthening the capacity of local government and community schools to handle children with special needs rather than cater to special schools.

These interventions were focused to showcase examples of inclusive education by adopting various strategies that would help in establishing and enhancing inclusive education. One of the key strategies was to establish pilot projects and incorporate best practices by developing local strategies. Both AADI based in Delhi and Manovikas Kendra based in Kolkata, established pilot projects in government schools under the REACH programme which could serve as models for incorporation by the state education authorities for inclusion. AADI took up the challenging project titled 'Towards Inclusive Education' by promoting inclusive practice in five government schools which were seen as demonstration models. Manovikas Kendra on the other hand looked at promoting inclusion for children with specific learning disability with 21 government schools in south Kolkata which could serve as models to be replicated by the state authorities.

Sensitisation of school authorities towards inclusion and training a cadre of teachers and school principals so they could train other teachers as the project ends, was another strategy that was followed and incorporated by the REACH India programme among all its four NGO partners. These selected teachers were trained on classroom strategies to accommodate children with diverse learning needs in their class rooms. Information packages and training material for best practices were developed by all the four NGOs as a part of this process. Ummeed one of REACH India's partner NGO in Mumbai went a step further by incorporating behavior management for all students which included classes on anger management, peer pressure, decision making, self esteem etc.

Another key strategy of REACH India's inclusive education intervention was the formation of partnerships among school, parent groups, community members and NGOs in promoting

inclusion in the area of its intervention. Parent teacher interactions were activated and a strong bond was established with the community by all the above mentioned NGOs in their interventions for promoting inclusion. In fact involvement of the community was seen as the key in the approach of Digdarshika, an NGO supported by REACH in its quest towards promotion of inclusion.

The interventions of these NGOs makes for some interesting case studies with their strategic interventions with the objective of mainstreaming disabled children through inclusive education and could serve as pilot projects and examples for taking the agenda of inclusion forward by Government and NGOs in their quest for reaching out to each and every child in the country. ■



# Manovikas Kendra: Addressing Specific Learning Disabilities through Inclusion

*T*en year old Laxmi Biswas hated going to school, she was finding it extremely hard to follow her lessons. Her confidence level was so low that she rarely spoke a word in her class and avoided any interaction with her teachers. Whenever a question was put to her, her palms would sweat and her mind would go blank. The fear of ridicule from her peers used to torment her all the time making it really hard for her to attend school. A student of class four of Prantapalli Balika Vidyalaya of South Kolkata, Laxmi lived with her parents and three siblings in a one room chawl in Bhaghajatin, one of the many sprawling slums of south Kolkata.

Laxmi was aware of the fact that the system of automatic promotions would stop at the primary level. There was no way she could clear her exams and move on to upper primary. She had no option and was biding her time to drop out of school. It was during this time that a team of professionals including a psychologist, special education and resource teacher from Manovikas Kendra visited her school and her whole world changed for the better. The team found that Laxmi suffered from learning disabilities and exhibited low frustration tolerance, tension and anxiety coupled with coordination problems in her conceptual orientation. She also had difficulty in reading and often omitted letters and coined her own words and could hardly write. The team made her go through a screening process which involved behavioral checklists and individual assessments. This was followed by IQ tests and a detailed assessment of her case history. She was diagnosed, as a child with average intelligence who was suffering from dyslexia and dysgraphia.

Today Laxmi is a picture of confidence, active and smiling cheerfully, she mixes with her fellow mates and even partakes in games like throw ball. Two years of remedial classes where teachers gave her individual attention coupled with special 'Joyful learning classes' she attended once a week at Manovikas Kendra during the weekends have instilled enough confidence in her to continue her studies and even dream of a future "I want to become the head teacher of a school when I grow up" she says with a shy smile lighting up her face.

Her resource teacher in school Ms Shampa Hore recalls how Laxmi never used to utter a single word in her class. " She had difficulty in speaking and would start stammering when confronted with any question", but with individual attention and special sessions at

*Manovikas, her confidence levels went up and she slowly started responding and made earnest attempts to overcome her shortcomings. Her resource teacher focused on improving her writing skills and made her write simple sentences. She was also taught to give to-the-point answers. Today her oral reading is very satisfactory and her attention and confidence levels have shown remarkable improvements even though her handwriting needs more attention. From the general 18% of marks she used to score in her exams in the primary classes, her average has become a respectable 42% in the sixth class, a remarkable achievement by any means.*

*Ms Sagarika Sarkar, coordinator of Manovikas Kendra, explains that hundreds of children like Laxmi who could not cope with their lessons and were definite dropouts have benefited through these interventions and are pursuing their studies with renewed confidence. REACH India project 'Reach out and educate at risk children with specific learning disabilities' reaches out to 900 children like Laxmi Biswas in twenty one government schools of south Kolkata who are suffering from specific learning disorders.*

Manovikas Kendra Rehabilitation & Research Institute for the Handicapped is an NGO working for the benefit of the children with disabilities for thirty two long years. The organization specialises in the area of assessment, therapeutic intervention, special education, vocational skill training, rehabilitation and research for children with mental, physical and sensory challenges. The organization is recognized as a centre of excellence for educational advancement and rehabilitation of children with different abilities in Eastern India and is supported by Central and State governments. Manovikas Kendra was honored with National Award 2006 for outstanding performance for the welfare of person with disabilities.

### **Addressing the problem of specific learning disabilities**

REACH India's intention of collaborating with Manovikas Kendra was to reach out specially to children with specific learning disabilities who constitute a major portion of India's primary school going population and are at risk of dropping out of school due to their inability to cope with the demands of the curriculum. Studies

conducted worldwide and in India point out to the fact that nearly nine percent of the school going population suffer from some kind of Specific Learning Disabilities (SLDs) mainly (Dyslexia, Dysgraphia and Dyscalculia) which makes these children, especially those hailing from the weaker sections, potential school dropouts. REACH India through its project with Manovikas Kendra wanted to address the issue of how the problem of SLDs could be tackled and these children retained in schools or mainstreamed into the education system.

To meet the project goal of reaching out to 900 children, Manovikas Kendra initially did a baseline survey with 30 government schools with the permission of the Department of the School Education, Government of West Bengal within a radius of 5-10 kilometers of the institute where interventions on SLD could be carried out. The purpose of working within a reasonable radius was taken to facilitate better services and also to provide easier access to the children who had to visit the institute once a week for joyful learning activities. Twenty one government schools which fell in the category of grade 'B' and 'C' were identified for interventions. The Department of

School Education was apprised of the various aspects of the project followed by sensitization of the school management including the teachers. Once the processes and formalities were in place, two teachers from each of the 21 schools were selected for a seven day orientation course on various aspects and practices of inclusive education and remedial teaching. The selected government teachers were joined by another set of ten trained special teachers from Manovikas Kendra.

This was followed by identification of students who fell into the learning disabled category. The students with very poor scholastic performance were initially put through a screening by means of a standardized checklist developed by the experts from NIMH Secunderabad and SNTD, Mumbai. The students identified under this process were then exposed to IQ assessment by a team of professionals comprising of Psychologists and Special educators. Students with below average intelligence level were not selected for “remedial education”, because they needed “special education”.

### **Holistic approach**

The basic intention was to provide remedial education with individualized attention to each of these 900 children selected from these 21 schools. Each school had around 60 children with disabilities with more than 90% suffering from SLDs while a very small number had physical or motor disability. Some of the severely sensory disabled and mentally retarded children who could not cope were provided with the alternative of pursuing their education through National Institute of Open School (NIOS) or

given the option of switching to pre-vocational training or pre technical education. These children were initially sent to Manovikas Kendra Rehabilitation and Research Institute for the Handicapped where they were assessed in depth and advised to pursue special education as per their ability and talents.

The other children including SLDs and children with mild Attention Deficit Hyper Activity Disorder (ADHD), Autism and those with physical disability and mild visual and hearing disability were targeted for inclusive education with the objective of mainstreaming and preventing them from dropping out of school. As a part of providing sustained intervention, individual case histories of these children with their specific weakness and needs were listed and the children put under the care of trained teachers for remedial education. Apart from the remedial classes which are held twice a week in the respective schools, the children are taken to Manovikas Kendra for joyful learning programmes once a week.

### **Individualized intervention**

The remedial classes at the respective schools work towards improving the academic performance of the child with the intention of helping him/her to cope in his respective class. An individualized remedial education plan (IREP) is



developed for each child for giving special attention to overcome her/his difficulties. For example, Chiranjit Karmalar, a student of a class seven of Halthu High school was identified as a dyslexic child. He had poor reading skills and made too many spelling errors while writing. The special teachers analyzed the pattern of his spelling errors and remedial lessons were specifically drafted for him. The remedial classes are conducted for a duration of two hours after school hours where the children are taught with the help of audio visual training aids, charts, cards and easy learning materials.

Along with the remedial classes, the children are helped to develop their personality holistically by taking them to Manovikas Kendra once every week. Here the children are introduced to joyful learning which involves participation in music, dance, painting, arts and crafts, drills, yoga and games. Apart from this, children are introduced to skill development and team building exercises to enhance their confidence levels and self-esteem.

### **Involvement of stakeholders**

Teachers have been an integral part of this intervention to streamline these disabled students who are very much at-risk of dropping out of school. The sensitization of the teachers on various issues pertaining to disabled and the need for inclusion was a big challenge. Initially a large number of the identified teachers from these government schools were reluctant to become resource teachers. The sum of Rs 125 which was offered to the teacher for a session of two hours failed to attract them as they could make much more by providing private tuitions. A major deterrent was the process of undergoing orientation and periodic trainings. But with the persuasion of the schools heads and efforts of the project director and coordinators from Manovikas Kendra, the teachers agreed to accept the challenge and to take over the mantle of resource teachers. Today all the teachers are proud to be associated with the project.

The capacity of the teachers has been built through periodic training on various topics including Active Learning Strategies, Promoting Active Assessment in Classrooms and more direct ones like Assessment and Treatment of Children with Handwriting Difficulties. Today, there is a sense of ownership among these teachers who are demanding an extension of the project (the project with REACH is ending in November) so that they can continue as resource teachers and make useful contributions for the development of these children with disabilities.

Another factor which contributed towards the success of the project was the involvement of the parents and the local community in general. Parent teacher associations were formed which met periodically to assess the progress of the children as well as the constraints and difficulties. Today more than 90% of these children have been successfully oriented and the risk of their dropping out is very remote.

The REACH India project has been a learning experience for Manovikas Kendra as it was for the first time they were addressing the particular problem of children with learning disabilities and their inclusion in an organized manner. Manovikas Kendra is keen to continue the project with alternate funding and expand its inclusive education activities to other schools. During the course of the project, Manovikas Kendra has received encouraging feedbacks from various stakeholders. The education authorities, teachers and parents have been unanimous in their opinion that the project has really helped in mainstreaming these children with disabilities who would have otherwise dropped out of school. Many other government schools and private schools in the city of Kolkata have evinced keen interest. The project has been an eye opener not only for Manovikas Kendra but also for parents, teachers and education authorities who have realized the magnitude of SLDs and the need for addressing this issue in the quest for attaining the dream of Universal Elementary Education. ■

## UMMEED: Setting New Standards for Inclusion

Can inclusion actually work in an ordinary average school in India is a question that can still haunt the mind of even a die hard supporter of inclusive education. Can a child with serious disability cope in a normal school with more than fifty normal children in her/his class? Can a child with disability realize her/his potential with more than 95% normal active children around her/him? What about peer pressure, acceptance, individualized attention ? ? ?

*Maybe .....thirteen year old Perinaz a student of class five of Holy Name High School in Colaba, Mumbai can give the answer. Perinaz has cerebral palsy, a weak memory, and a host of other medical conditions.....and still looks forward to attending her school every single day! As the bell rings there is a deafening roar as students rush out of their class. Perinaz with crutches too makes her way out helped by a fellow class mate. The school ground within minutes is turned into a sea of students, boys and girls running here and there. Two other children rush towards Perinaz and help her slowly down the ground as her grandmother approaches from the gate to take her home. The fact that Perinaz studies in a normal school is a blessing says her grandmother. "The children around are genuinely caring, they help her in every way and Perinaz is very happy here."*

*Perinaz earlier was studying at the Spastic Society School. Hailing from a middle class Parsi family it was both financially and physically difficult to commute long distance to attend school. It was then that her family decided to get her admitted to a local school. Many of her family friends and relatives had cautioned her parents that she would not be able to adapt to a regular school and would*

*find it extremely tough to cope. The management of Holy Name High School which is working with the NGO Ummeed on the REACH India project had no issues about admitting her. Young Perinaz after the initial jitters got into the groove. Everything fell into place, the teachers were accommodating, her classmates were caring. There were no taunts, no sympathetic glances or remarks; she was just like any other student. In fact her whole personality has changed for the better, says her grandmother.*

*Academically, Perinaz is exempted under government rules from various tasks. She is pursuing 3<sup>rd</sup> grade in maths in class five, she is allowed to use a calculator, needs lesser marks to pass her exams and gets more time to complete her papers. All this with her disabled status made no difference to her classmates. She was accepted as one among them..... the first step towards inclusion.*

Ummeed is a non profit organization set up in November 2001, with the objective of helping children with developmental disabilities such as cerebral palsy, mental retardation, learning disability, autism and attention deficient disorders. The Ummeed Reach India project 'Improve quality of education and social adjustments for children with emotional, behavioral and learning



the various positive aspects of following inclusive practices and the positive impact it can have on children and the overall betterment of the school in the long run. Once permission is granted, the designated project coordinators move into the school and observe classroom activity, disturbances, children with disabilities and the ways teachers manage the children. This information is collated and appropriate recommendations for

disabilities' which has been operational for the last three years aims at facilitating inclusive education by improving classroom management and quality of education and social adjustments for children with emotional and behavioral difficulties, in addition to identifying and aiding learning of children with developmental disabilities.

The basic objective has been to identify one school every year and inculcate Inclusive practices among all stakeholders involved with the school right from the management to the teachers, parents, students and the community. As a part of the REACH India project Ummeed is working with two schools in Mumbai, Little Flower of Jesus at Marine Lines and Holy Name High School, Colaba. The project directly impacts 773 children with emotional, behavioral, learning or developmental disabilities in both these schools through individual and group interventions.

### **Phased approach**

The inclusive approach is implemented in two phases in a holistic manner which works towards sensitization of all stakeholders. Phase 1 involves meeting with the school administration and sensitizing them about the need for inclusion and

intervention are put forward to the management. The next step towards inclusion is the operation of phase 2 of the intervention which includes Teacher Training, Provision of Psycho Social Services, Creation of Education Modules, Psychosocial Adjustment Interventions, Community Support Programmes, and interface all stakeholders.

### **Focus on care givers**

One of the key factors of inclusion is the sensitization of teachers, which is carried out in a systematic way. For example, the teacher training session of The Little Flower of Jesus High School began with teachers documenting what changes they would like in their classroom and covered topics such as appropriate discipline techniques and use of punishment with children. It also included a short session on team building which was conducted to facilitate a more supportive and collaborative relationship between teachers. The training session ended with a short session about what teachers would actually change to reach their stated goals. The training session was extremely well received and the feedback from teachers included statements like “this was the best training we ever had” and “We got to focus on how we can make small changes and achieve big results”.

The objective is to help teachers identify and work with specific children who they have difficulty managing in the classroom. The teachers are provided with regular ongoing support from Ummeed counselors. Their teaching skills are enhanced by putting them through modules on classroom management and stress management. They are also provided focused training on dealing with difficult classroom behaviors and emotional disturbances, as well as the different disabilities.

Provision of Psycho-Social Services for children identified with emotional and behavioral difficulties has been another area of intervention. Students identified with serious mental health issues/developmental disabilities are helped by individual counseling and an individualized support plan. After school hours or during breaks these children sit with the counselors and are given remedial lessons and therapies as per their needs. Students are encouraged to meet the counselors who have been provided rooms in the school for the purpose. Group interventions include special sessions where goals are set for students and behavioral modifications are carried out. This involves chalking out specific interventions as well as advising the parents to make sure that the children are supported through the advised remedial programmes. As a part of general and holistic development of the child, special educational modules on anger management, peer group pressure, sex education, decision making, self esteem, communication and time management have been developed wherein students are encouraged to partake freely and come up with their own interpretations and mechanisms to deal with the above issues.

Sensitisation of parents is another key area. Apart from counselors visiting the parents of the identified children and apprising them of the child's condition, the parents are directed to visit the required institutions and obtain the required certificates classifying these children as disabled

so that they can avail of various concessions and schemes under the government. The parents are sensitized to the need for providing adequate care at home which would also help the professionals in designing their remedial exercises. Parent psycho-education is also done as a group intervention and covers topics such as discipline, communication and anger management. In addition, the parents are also actively involved in designing their remedial programmes as without their support, it would be almost impossible to achieve the desired results in the long run.

### **Integrated care approach**

Both the managements of Little Flower of Jesus High School and Holy Name High School have been pleased with the results of these inclusive interventions. Father Mervin, principal of Holy Name High School says that apart from the affected children, the whole school has benefited from these interventions as holistic education means overall development of the child and teaching her/him to be sensitive to her/his surroundings. "Whether the project continues or not our stress on counseling and an integrated approach to education with inclusion in mind will continue". Ummeed on its part is committed to expand the project started by REACH to another four schools in a span of three years.

One of the reasons for the success of Ummeed's intervention has been its philosophy of integrated care approach which involves professionals working together as an interdisciplinary team. Under this approach, each professional works with the child individually but meets with the rest of the team to review and compare the findings and to come up with joint decisions with the family on care and management for the child. Ummeed feels that integrated approach is the key in a country like India with limited trained resources to address the issue of inclusion for a better world. ■



# एक दिवसीय अभिभावक प्रशिक्षण कार्यक्रम

## TEAM

(Training and Education for Access to the Mainstream)  
For children with disabilities

दिनांक- 11/11/08 स्थान- जौह

आयोजक- "दिव्यदेविता" अश्रम (म.प्र.) एवं  
जन विकास परिषद एवं अनुसूचित संस्थान,  
बलराम लेडीज रोड, जेठवा अमर, विलासपुर (म.प्र.)

DILDARSHIKA

REACH India

USAIC

## Digdarshika: Holistic Approach through Social Inclusion

*Seven year old Brihaspathi rarely stepped out of her house; she could not bear the harsh light of the sun which created a thousand painfully tingling sensations in her body. Blind and confined to the four walls of her house, she spent most of her time lying in her bed and had almost become a vegetable by the time the Vishesh Acharyas (volunteers) of Digdarshika, an NGO working for the disabled came to know of her plight and visited her house. They were shocked by her condition. The young girl could barely talk and at times was forced to do her ablutions inside the confines of her room when her poor parents toiled in the nearby fields during the day.*

*The youngest of three siblings, Brihaspathi lost her eyesight when she was three years old and since then was not encouraged to step out of the house. Even her two sisters were sort of forbidden to keep much contact with her and gradually this little girl started losing touch with reality and showed sign of mental ill health, that interfered with her normal development . Her little colorless world was confined to the four corners of her dark room.*

*The volunteers immediately started counseling her family and persuaded her father Dasrath Maravi to approach a doctor. With the assistance of Digdarshika, she was put under the treatment of a doctor at Bilaspur while the volunteers started parallel counseling sessions. Slowly and steadily, this young girl started showing signs of improvement. The stress was to work for her 'Social Inclusion', to see that she is accepted by her immediate family and the society at large and not seen as a burden. An individualised action plan was worked out for her inclusion in a secured and congenial environment. This included (a) developing self help skills which included eating, toilet training, hygiene, and dressing. (b) Communication and socialization skills which taught how to communicate one's needs and express wants (c) functional skills which taught her the basics like protecting herself from dangers and interacting with strangers.*

*Today young Brihaspathi has learnt to do her own thing and has become less dependent on her parents. She is continuing her medication and her condition has shown steady improvement. The volunteers of Digdarshika feel that the day would not be far when she would be mainstreamed into a regular school. Digdarshika strongly believes that the basic objective behind inclusion is the acceptance of disabled by the society, 'Inclusive education can only begin with social inclusion'.*

The Digdarshika Institute of Rehabilitation and Research established in the year 1989 in Bhopal is an NGO specializing in disabilities and mental health. The organization which is run by a qualified team of Rehabilitation Council of India (RCI) registered professionals has been the Central Zonal Chairman's Office of The Rehabilitation Council of India, and is the nodal agency in the state of Madhya Pradesh for The National Trust for The Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability. With the assistance of REACH India, the organization is supporting five NGOs working on inclusive education and reaching out to 3000 children with disabilities in the geographical regions of Raipur, Bilaspur, Jagdalpur, Bishrampur and Korba of Chhattisgarh. While more than 2000 children have been mainstreamed into the local schools, about 350 to 400 children like Brihaspathi are being provided with home based care through social inclusion.

The basic idea behind identifying and working with different grassroot NGOs for the project 'TEAM' (Training and Education for Access to the Mainstream) was to reach out to the maximum number of vulnerable children who were living in remote and tribal areas of Chhattisgarh. These five NGOs, Aakash based in Raipur, Ankur based in

Korba, Jan Vikas Parishad based in Bilaspur, Gyanodaya Association based in Sarguja and Bastar Viklang Seva Samiti based in Jagdalpur were all working for the welfare of the disabled in various districts of Chhattisgarh. The mandate of Digdarshika under the REACH India project was to build the capacities of these NGOs and work on a specific and sustained intervention with clear deliverables for the benefit of children with disabilities.

### Structured project implementation plan

A structured project implementation plan in a three phased manner was chalked out for reaching the project goal of 'TEAM'. The first phase was aimed at building the vision and work culture of the organization through a demonstration model designed by Digdarshika. Under this phase the selected NGOs were sensitized about the particular intervention and were made to watch how the programme should be implemented by the experts of Digdarshika. This was followed by encouraging the NGO to start work on the intervention along with volunteers of Digdarshika with proper handholding. The third phase included handing over the ownership of the intervention to the NGO with Digdarshika taking over the role of an observer. This three phase intervention was a continuous process evolving from one intervention to another as the project progressed.

At the beginning of the project, sustained meetings were held with the NGOs and the areas of intervention of the project was identified. A total of 800 villages fell in the project area comprising of five districts. This was followed by PRA interventions (Participatory Rural Appraisal) in the selected villages for identifying children with disabilities. A total of 10,000 persons were thus identified as per the exercise which continued for an average



of two days in a particular village. Apart from identifying children with various disabilities various other data including the number of children attending school, the occupation of parents, the number of teachers in the village etc was also collected.

This was followed by a proper screening and assessment process involving officials and doctors and psychologists from the District Rehabilitation Centers under the Department of Social Welfare, Government of Chattisgarh, district hospitals and Digdarshika wherein the actual children who fell within the parameters of the disabled and in the age group of (six to fourteen) were identified for the project. These children were then issued with certificates and other aids and appliances meant for the disabled under various schemes by the government.

The basic idea behind the identification of these children was to give them education and mainstream the ones who could go to school. Many among the identified 3000 primary school age children under the project had never been to school while even some of the enrolled children with disabilities never attended school on a regular basis and were on the verge of discontinuing their studies.

As a part of developing awareness and sensitizing the various stakeholders, a number of advocacy activities were initiated. These included street plays, film shows and focused group discussions with the panchayat members. Awareness materials in the form of posters and banners, audio music CDs were put up in the project areas to build awareness about the project before the actual interventions started.

One of the thrust areas of project 'TEAM' intervention as a part of inclusive education was the training of teachers in the schools which fell in the project areas. It was observed during the Participatory Rural Appraisal (PRA) exercises that some of the children with disabilities who had enrolled themselves in schools were not encouraged by teachers and gradually stopped coming to schools. The aim was to expose and

sensitise the teachers on disability and inclusion. More than 1,500 teachers were exposed to innovative teaching methods that are adopted to reach out to these children. Initially about 450 teachers in batches of thirty underwent a ten day residential exposure training. Teachers who could not attend these training were exposed to two day orientation trainings in their schools.

### **Ownership of the community**

The backbone of the TEAM project were the Vishesh Acharyas (volunteers) who belong to the local community. They included local village youths, parents of the children with disabilities, local panchayat members and members of the women's groups. The Vishesh Acharyas were instrumental in identifying the children, motivating the parents, teachers and the local community towards the project. In fact, the programme officers of Digdarshika had made a note of potential Vishesh Acharyas during the PRA exercises. People who showed genuine interest in the exercises and who were active were taken note of. Once the process was completed and the advocacy activities launched, these people were approached and those who showed inclination were drafted as Vishesh Acharyas. They were then put through an eight day orientation on various facets of disability and inclusion. The initial group of Vishesh Acharyas acted as the core group and were made trainers who further disseminated their learning to the new volunteers or Vishesh Acharyas when they joined the team.

One of the most important activities of Vishesh Acharyas was to counsel and sensitise the parents of the children with disabilities towards social inclusion. It was found that many of the children with disabilities were not encouraged to mingle with the society and were forced to lead secluded lives. The parents were not aware of the various schemes designed to help such as, free distribution of aids and appliances and the reservation quota for jobs. The Vishesh Acharyas, were the major link between the NGOs and the community. Being members of the local community, they had access as well as acceptance from the predominantly poor

and tribal communities of the project areas. The Vishesh Acharyas were mainly youths and community members who had some source of income and were not given any remuneration for the services rendered except that they were reimbursed for miscellaneous and travel expenses. The members of the community were also sensitized about the project by providing Orientation Trainings during their monthly meetings.

### **Horizontal approach**

The entire intervention of the project was centrally coordinated by the Digarshika team in Bhopal. The capacities of these five NGOs which had good experience of working with disabilities were enhanced by proper orientation and training on various activities including organizational development, monitoring and evaluation and

financial administration. One of the first steps towards implementation of the 'TEAM' project was the development of a structured project implementation plan with built in time frames. This was followed by proper monitoring of the project by field officers. Monthly action plans were worked out and NGOs were motivated to achieve their targets by instituting prizes for the project managers. One of the unique features of the project was the scope for horizontal interaction among project partners. NGOs were encouraged at every step to share experiences with each other and come up with solutions.

Working in predominantly rural and tribal environs has been a big challenge for Digdarshika. Moreover, its role as a capacity building NGO was another new experience which it feels is the only way to reach out to children with disabilities living in remote corners of the country. ■

## AADI : Towards Inclusive Education

*A*ADI ( formerly know as Spastic Society of Northern India) was the first school for children with multiple disabilities in Delhi. Started in the year 1978, when there were no services available for people with cerebral palsy, the organization began working with mainstream schools to integrate children with disabilities. Over the years, it has evolved from an organization focused on overcoming segregation and providing welfare to an advocate for the inclusion and empowerment of disabled persons.

REACH India's project with AADI, titled 'Towards Inclusive Education' was a major step towards providing an opportunity to implement AADI's plans of inclusive education developed with a systemic perspective. The project focused on providing inclusive education to children in the age group of five to fourteen via five government schools under the Directorate of Education and transforming the AADI centre for special education into an inclusive school that caters to all children. The other thrust areas under the project included providing alternative educational services for out of school children with disabilities and working on action research.

The main focus of the project was to promote inclusive practices and culture through a 'Whole school development approach' wherein the existing policies and approach of the school towards education would be sensitized and changed to accommodate inclusive practices. The idea was to influence existing policies through appropriate and replicable service delivery models

which address the specific educational and social needs of children within and outside the educational system and disseminate empirical evidence gathered during the project to impact policy at the macro level.

To reach out to the maximum number of children in the identified project area of the AADI school and the five allotted Government schools, a base line survey within a radius of two kilometers for the government schools and five kilometers for the AADI school was conducted to identify out of school and children with disabilities. The survey covered 93159 households and a total of 3466 out of school children along with 308 children with disabilities were identified for interventions in the ensuing academic year.

### **Promoting inclusive practices in AADI school**

Even though AADI had total control over their special school, promoting inclusive culture and practices among the staff, students and employees was not an easy task. To facilitate the process, a major workshop involving all stakeholders was held to discuss the vision and objectives of the AADI inclusive school. Many philosophies including Montessori, Gandhian and J. Krishnamurthi were discussed and the mission of the school was evolved. This was followed by Capacity Building of the staff members towards inclusion and building up of a community of special and general educators for the school. Many other aspects relating to administration, curriculum, infrastructure, partnerships and

linkages needed changes before the transformation happened.

The infrastructure was initially meant for children with physical disabilities. A lot of changes vis-à-vis size of classrooms, designing new furniture, and redoing of the toilets were called for. For example, bright yellow lines were painted on the ground, right from entrance to reception and toilets for the convenience of children with visual impairment. Similarly, universal picture symbols to indicate stairs, lifts, ramps and toilets were put up. A more child centered curriculum with rubrics method of assessment was incorporated.

Another major task was to inform the local community and other stakeholders regarding the transformation. People knew AADI as an organization for children with disabilities. It was important that the changeover to an inclusive school which was open to all children irrespective of abilities, caste, income, gender etc be communicated. As a part of getting the message across, AADI with the help of an NGO 'Pravah' developed street plays on the transition which were staged in neighbouring areas within a radius of five to six kilometers.

This was followed by advertising through posters and the local cable television networks. A proper mapping survey about the low income colonies and out of school children was also done within a radius of five kilometers and steps were taken to inform them about the AADI school. Linkages were also established with schools in the neighborhood including public as well as government schools and inter-exchange programmes were carried out as part of inclusion.

As a part of inculcating inclusive practices, the AADI school attempted to make its interventions more child centered and participatory by making learning fun for children. They were encouraged to make choices, become more creative, and express their opinions more freely. Teachers took on the role of facilitators, as against the traditional role of implementers. In the process, teachers became

learners with increased self awareness-reflection and openness to innovation and experimentation. The teaching learning process moved towards planning and adapting for diverse learners, creating a learner friendly environment which allowed for active learning and contextual learning, nurturing the individual child's needs beyond academic dimension. It also builds a more equitable relationship with parents by making them a part of various committees, encouraging participation in classrooms and evaluation of children .

### **Demonstration models in government schools**

One of the key focus areas of the project was the introduction of inclusive practices in five government schools through the 'whole school development approach' which would serve as demonstration models for further government interventions. Five government schools, Government Sarvodya Kanya Vidyalaya, Nand Nagri, G.B. Pant Savodaya Bal Vidyalaya, Srinivaspuri, Government Boys Senior Secondary School, Rani Jhansi , Government Sarvodaya Bal Vidyalaya Nand Nagiri and Sarvodya Kanya Vidhyalaya, Zeenath Mahal were allotted to AADI by the Directorate of Education for the project. The project was initiated by holding a familiarization workshop followed by a five day teacher training titled 'Anekta Mein Ekta'. Demonstration classes by AADI staff were also organized in some of the schools as part of the training process.

AADI believed that the key to introducing inclusive practices in the classroom was by changing the mindset of the teachers. This was to be achieved by giving individualised support to teachers. As a part of this process, classroom observation was carried out and ongoing support was provided to teachers to implement what had been shared in the trainings.

One of the major gaps in the implementation of school policies was in the involvement of parents



in school. Interactive parent teacher meetings with active involvement of both sides were initiated by the AADI team. The AADI team undertook periodic meetings with the head teachers and teachers of the five model schools to iron out difficulties and plug loopholes. Drives to create awareness and enroll more children in these government schools were also undertaken at the beginning of every academic year.

### **Alternative education services**

Another component of REACH India's 'Towards Inclusive Education' project was to provide alternative education services (AES) to children with disabilities and their families in the age group of 6-18 years. These children are provided with alternative education through group sessions. Since children in the cluster are of different ages, differentiated instructional strategies are used. An individual education programme is drafted for each child followed by a cumulative bi-monthly plan which is broken down to monthly and daily

activities. One of the features of the AES component is the involvement of parents and setting of individual goals for each child.

### **Building bridges with the government**

One of the major achievements of the project was the linkages AADI was able to develop with government and international agencies. AADI got opportunities to work with the Directorate of Education at the macro level by developing the Sarva Shiksha Abhiyan Delhi State Plan for the focus group of children with disabilities for two consecutive years. AADI conducted trainings for master trainers who subsequently trained over 2000 teachers. AADI was also part of the national consultation of the MHRD Action Plan for Inclusion in Education of children and youth with disabilities. AADI was involved in finalizing the SSA guidelines for evaluation of children with disabilities and it also got opportunities to establish linkages with NIEPA, CBSE, NCERT, and the IEDC cell.



### Marching on.....

The Towards Inclusive Education Project was able to reach out to 5825 children out of which 604 were children with disabilities. The project was able to mainstream or support 271 children with disabilities. It provided direct services to 41 children with disabilities in the AADI school, 34 children with disabilities through its AES initiatives and provided basic education to 266 out of school children with disabilities in the project area. The project was also able to build the

capacities of over 158 government school teachers and 38 other staff members towards inclusion. The project in the process also reached out to 124 families in AADI school and 2444 families in government schools.

One of the major breakthroughs the project has been able to achieve is the decision by the Directorate of Education, Delhi to upscale the 'Whole School Development Model' to 25 schools falling under MCD, NDMC and Delhi cantonment board. This move would give a major fillip for the adoption of inclusive models in Delhi schools. The other major achievement has been the smooth transformation of the AADI special school to an inclusive school. The initial fears of the staff and its workers have abated and the management and staff has been able to translate its belief into practice.

AADI, as an organization is committed to go forward with its programme and continue working with these five schools on inclusive practices. All the forty staff members who have been recruited under the REACH programme will continue with the project to take the message of inclusion all over Delhi. ■

## From Isolation to Inclusion

*I*nclusive education is now a major point of debate in education circles both at national and international levels world wide. The earlier system of segregated education with special schools for children had left a lot to be desired especially regarding reaching out to children with disabilities. According to UNESCO, around 90% of the children with disabilities in developing countries are out of school. It is now believed that this approach should be replaced by inclusive education with emphasis on rights, equal opportunity and participation. International declarations and meetings at Salamanca, Dakar and Kochi have reiterated that children in spite of their different abilities and diversities need to be educated together. The concept is not restricted to children with disabilities but encompasses all children including marginalized who are excluded from mainstream education. But the focus is definitely on addressing the needs of children with disabilities and integrating them into the mainstream.

Studies in India point out that more than 80% of India's estimated 40 million children with physical and mental disabilities are out of school and a majority of them are subject to neglect and deprivation by the society. Specialised education for the disabled has only resulted in isolating them from the mainstream due to various reasons such as non availability of special schools, inaccessibility, seclusion, lack of resources etc.

The Persons with Disabilities (equal opportunities, protection of rights and full participation) Act

1995 provides the legal basis of a rights based inclusive society wherein the central and the state governments have to play the lead role in making the rights actionable. The act covers prevention and early detection of disabilities and aspects of rehabilitation like early intervention, education, employment and vocational training, non discrimination, jobs in the state sector, research and manpower development and development of barrier-free environment. With the government of India bringing the children with disabilities under the ambit of SSA and the Integrated Child Development Scheme, things have definitely changed for the better with special emphasis on inclusion

As pointed out earlier, REACH India's intervention on inclusive education with the four NGOs, AADI, Manovikas Kendra, Ummeed and Digdarshika was based on the belief that segregated schools were not feasible in developing countries like India with a large number of at risk children. REACH India through its interventions wanted to drive home the point that financial resources are better spent by strengthening the capacity of local governments and schools to handle children with special needs rather than cater to special schools.

Even though the interventions undertaken by these NGOs have been limited and confined to a few schools, all the four NGOs are unanimous in suggesting that inclusion is the answer for reaching out to the disabled. The only point of debate if any is pertaining to what kind of

disabilities can come under inclusive education and which categories need to be provided with special care. It is pointed out that inclusive education requires manageable class rooms so that children with disabilities can receive personalised teacher attention. In countries like India where the student teacher ratio tends to be high, it would be difficult for the teacher to do justice to children with severe or multiple disabilities. Under such circumstances, some of the children with severe disabilities might not be able to cope and could need special schools for developing their abilities.

While AADI is firm that all children with disabilities irrespective of the kind and severity of their disabilities can be brought under inclusive education, other organizations like Manovikas Kendra and Ummeed feel that some categories like visually challenged and children with multiple disabilities need to be provided with special care at least for the present. In this context, special schools are seen more as medical interventions rather than as social development models or centers of learning which impart holistic development of children with disabilities.

In fact the interventions of all the four NGOs have pointed to the fact that inclusion will inevitably result in the acceptance of children with disabilities into society and within their own families. Inclusion is not only about education but is also about social inclusion as pointed out by REACH supported NGO Digdarshika.

Examples and case studies from the REACH India project point out that children accept their disabled peers more easily than adults who are conditioned to look at them in a different way. If all children grow up together, there will be less likelihood and chances of resistance against the disabled.

“Studying in an inclusive atmosphere will result in children becoming compassionate and caring towards their peers who will ultimately lead to social inclusion and a progressive society with no prejudices”.

But all of them reiterate that inclusion is a continuous process of constant change and adaptation. It depends on continuous pedagogical and organizational development from the side of educational institutions and sustained sensitization and acceptance of inclusive principles on the part of society. The fact is that inclusion cannot happen in isolation, all stakeholders right from governments, education authorities, school managements, teachers, parents and the community need to be sensitized and made aware of the benefits of inclusion. Inclusion can only lead to progress and prosperity as inclusive education addresses a large diversity of pupils and involves differentiating each of their needs and coming up with the right solutions rather than dividing and secluding children who are the future citizens of tomorrow. Only an inclusive approach to education can break barriers and build bridges. ■

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