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Education of children with disabilities in India and Pakistan: An analysis of developments since 2000

Dr Nidhi Singal

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**Education of children with disabilities in India and Pakistan:
An analysis of developments since 2000**

Dr Nidhi Singal

Senior Lecturer in Inclusive Education

University of Cambridge

United Kingdom

Table of Contents

Abstract.....	3
Introduction	4
Relationship between disability, poverty and education	5
Education and disability: evidence at the regional level and levers for change.....	8
India	11
Policy and legislative developments in India since 2000	16
<i>Sarv Shiksha Abhiyan (SSA)</i>	17
Right to Education Act, 2009	19
Specific legislative and policy developments in relation to children with disabilities.....	19
Financial commitment towards educating children with disabilities	21
Research insights at the level of schools and classrooms	22
Pakistan.....	24
Policy developments in relation to education of children with disabilities.....	25
Insights from school and classroom based processes	29
Key priorities for policies related to post 2015 agenda.....	30
Appendices.....	33
Appendix 1: Reasons for lack of reliable statistical data	33
Appendix 2: Differences in Ministerial responsibilities (India)	34
Appendix 3: Right to Education Act and Disability (India)	35
Appendix 4: Amendments in the Persons with Disabilities Act (India).....	36

Abstract

This paper presents an analysis of key developments in educational policies and strategies, since 2000, in relation to the education of children with disabilities in India and Pakistan. India, unlike many other Southern countries has made substantial efforts in addressing the needs of children with disabilities through the development of a multi-system approach, and by making changes in the legislative framework. Pakistan, on the other hand, due to a range of reasons has not had the same focus on disability. In both these countries, international proclamations on disability, the slow but steady rise of Non-governmental organisations working in the area of disability and broader developments in the education sector, have shaped the field of education and disability in the last 15 years or so. However some fundamental concerns remain. While school enrolment rates of children with disabilities in India have shown an increase, substantial numbers continue to remain excluded. Those who do make it to school have lower rates of attendance and are less likely to progress through the system. Additionally, there is absence of rigorous research to evaluate the impact of these policy enactments. There continues to be a lack of understanding regarding what is working (or not working) and why? There is also little deliberation on what needs to be done in order to achieve the goal of Universal Primary Education for children with disabilities. The challenges that remain for the post 2015 agenda are multifaceted and will require systemic changes. It will also require an appreciation of contextual specificity in making primary education a reality for children with disabilities.

Introduction

At the World Education Forum in 2000, which brought together some 1,100 national leaders, and a significant number of people from international donor organisations, policy makers, non-government organisations and many other stakeholders it was asserted that, “education is a fundamental right for all people, women and men, of all ages, throughout our world”. Article II of the Declaration, *Universalizing Access and Promotion Equity*, made a clear observation:

The learning needs of the disabled demand special attention. Steps need to be taken to provide equal access to education to every category of disabled persons as an integral part of the education system.

With the deadline for meeting the Education for All goals only two years away, this paper presents an analysis of the key developments in the field of primary education and disability, with a specific focus on two countries in the South Asian Region- India and Pakistan. It also provides an analysis of how these developments have been shaped, their evolving nature and their impact on the field. The report begins with a discussion on how having a disability impacts on education with consequences of a lifetime of deprivation. It then presents statistical data available in relation to the education of children with disabilities in the South Asian region. The paper then moves on to an analysis of developments in India and Pakistan. These two country case studies are interesting- on one hand they share some commonalities, for instance, both are part of the list of fourteen countries which are likely to have more than 1 million children out of school (UNESCO GMR, 2014), on the other, they are also very different in terms of the emphasis on disability in national debates. The paper concludes with a discussion on what should be some of the key priorities for the future.

The UNESCO GMR (2014) notes that “the world is unlikely to fulfil one of the most modest promises to get every child into primary school” (p.53). EFA Goal 2 is likely to be missed by a wide margin as 57 million children still remain out of school in 2011. A common observation in a range of research papers, national and international reports (including the UNESCO GMR, 2014) is the lack of data on the numbers and educational status of children with disabilities, particularly disaggregated data according to the types of disability. UNICEF-ROSA report (2003/04) based on the WHO estimate that 10 percent of a population has some type of disability, notes that the South Asian region has approximately 140 million people with disabilities, of which 42 million (30 percent) are children. Within country estimates tend to be far less, with some suggesting that only 1.5 percent of the population has some type of disability.

In India and Pakistan, similar to other countries of the South, there is an absence of reliable data on the prevalence and status of people with disabilities. This observation has also been

noted in various reports submitted by different agencies, such as UNESCO (1999), JICA (2002), UNICEF (2003) and the most recent WHO (2011) Report. In India, most recent estimates, based on the national Census of 2011 suggest that only 2.21 percent of the population has disability (Office of the Registrar General & Census Commissioner, India, 2013). In Pakistan, the last national census was carried out in 1998, which estimated that 2.54 percent of the total population had a disability (Bano, 2012). Taking account of the fact that the World Disability Report (WHO, 2011), using the 2010 global population figures, estimates that about 15 percent of the world's population lives with some form of disability, both these national figures seem to be gross underestimations. Some of the main reasons for the very low estimations recorded in national efforts are discussed in detail in Appendix: 1. Broadly, the reasons range from lack of conceptual clarity and inconsistent definitions, issues of stigma in declaring one's disability, lack of knowledge about one's condition and factors related to the training and motivation of enumerators. Thus, while data on prevalence rates remain unreliable there has been growing realisation that in order to meet the promises set out as part of the Educational for All (EFA) agenda and the Millennium Development Goals (MDGs) a focus on people with disabilities as part of mainstream development efforts is crucial.

Relationship between disability, poverty and education

A large proportion of disabilities in India, similar to the scenario in other Southern countries, are preventable- including those that arise in circumstances surrounding birth, maternal conditions, malnutrition, and from causes such as traffic accidents or workplace injuries (DFID, 2000). Evidence suggests that children from poorer households are at greater risk of malnutrition induced impairments (World Bank, 2009). Similarly, DFID (2000) report states that in many contexts 50% of disability is a result of largely preventable factors, while 20% of impairments are caused by malnutrition.

Over the last few decades, there have been important shifts in the prevalence of different types of impairments and in the demographic spread of people with disabilities. At a global level, survival rates for low birth-weight infants have increased directly affecting the prevalence of developmental conditions and learning impairments (Fujiura, 2001). In countries like India, on one hand immunisation programmes such as the national polio drive have decreased the number of children and adults' suffering from polio; the country continues to have a rather bleak record on other diseases. The World Bank (2009) report on India notes a "double hump" of disability onset, first shortly after birth and then in the 50-60 year old cohort. In addition, the age profile of disability onset varies sharply by category of impairment. Srinivasan et. al. (2007) using national data sets, such as the National Family Health Survey, indicate how "the pace of annual progress after 1998 in many reproductive and child health indicators is slower than before and a few indicators (e.g., child immunisation) have worsened, despite the expenditure on the programme being doubled" (p. 2931).

Over the last 15 years, the cyclical relationship between disability and poverty has become a central focus. DFID (2000, p. 1) noted that “disability is both a cause and consequence of poverty”. There is increasing evidence to suggest that being poor dramatically increases the likelihood of being born with impairment. This is not surprising as people living in poverty have limited access to basic health care, have insufficient and/or unhealthy food, poor sanitation facilities, and an increased risk and likelihood of living and working in hazardous conditions. Similarly, since people with disabilities are systematically excluded from basic health care services, political and legal processes, formal/informal education and employment, they are likely to have significantly reduced income-generating opportunities, thus leading to poverty (Yeo and Moore, 2003). Therefore, not surprisingly people with disabilities are usually disproportionately represented amongst the poorest of the poor. Yeo (2005, p. 1) states that, “50,000 people, including 10,000 disabled people, die every day as a result of extreme poverty”.

Braunholtz (2007) notes that not all chronically poor people are born into long term deprivation, rather many slide into chronic poverty after a shock or series of shocks that they cannot recover from: these shocks include ill health and injury. He goes on to suggest that the long-term poor who are not economically active because of health, age, physical or mental disability, are more likely to face enduring poverty, as the exit routes available to them are limited¹. Thus, not only are people living in poverty likely to be at a greater risk of impairments, but once disabled they are more likely to stay poor and are also at a greater risk of passing on this deprivation to the next generation. Hulme (2003) also highlights similar findings through his analysis of the life history of a poor two person household in Bangladesh and (among other things) concludes that disability is an “important factor in understanding why poor people stay poor” (p: 16).

The situation is further complicated when differing combinations of structural factors (such as caste, gender, religion etc.), life cycle factors (being young or elderly, household composition) and other idiosyncratic factors (ill health, type of impairment) interact in varied ways resulting in a range of differentiated life opportunities and outcomes. While all kinds of disability have significant costs, the economic, social and educational impact of different types of impairments is likely to be different. However, such disaggregation of data

¹ Braunholtz notes two important exit routes, namely high dependency by the chronically poor person on their own labour (in the absence of financial and material assets) and formal education, which improves the quality of their labour. In the case of individuals with disabilities, neither of these routes seems viable. For example, people with disabilities are more likely to be prevented from becoming economically active, not because of the inherent quality of their condition, but more because of the discrimination and societal perceptions that they encounter related to their impairment. Similarly, limited opportunities (due to lack of trained teachers, restrictive curriculum, physically inaccessible buildings etc) and negative perceptions (stigma, low expectations etc) about their inability to participate in the formal education system, makes it hard for them to access these institutions. Thus, societal beliefs and norms may limit the possibilities of escape for this group of people.

and nuanced analysis of how different types of impairments have differentiated life opportunities is largely absent from the literature (Singal, 2007).

Nonetheless, there also exist some broad commonalities in the lives of people with disabilities which transcend divisions based on aspects such as, gender and class, and this commonality is illustrated in the significant deprivation that they face as a result of their status of being disabled. Additionally, particularly in Southern contexts (given their largely collective social arrangements), disability does not affect only the individual, but it also has a profound impact on the family unit within which this individual operates. While the economic costs are discussed in the literature², the social costs of disability, in terms of its impact on the reduced participation of non-disabled family members in some communities, are often overlooked (Singal and Nithimuthukrishna, 2014). For example, Singal (2007) illustrates that not only is there an increased likelihood of inter-generational transfer of economic deprivation but it is also likely to be the case that in managing their day-to-day survival poor families with a disabled member do not have as much time to build social networks (or have different, possibly truncated ones) and hence have fewer mechanisms of support and limited social capital. Furthermore, social perceptions of stigma and fear associated with disability, which is commonly regarded as the result of a curse, past sins etc., may further exclude families and reduce the number of relationships and networks that they can actually establish. In a similar vein, Elwan (1999: 29) noted that having a disabled person in the family is sometimes thought to damage marriage prospects even of those not identified as having a disability.

Interestingly, somewhat contrary to the discussions above which highlight the strong relationship between disability and poverty, Filmer (2005) based on an analysis of 11 household surveys from nine developing³ countries noted that youth with disabilities did sometimes live in poorer households, but the extent of this concentration was typically neither large nor statistically significant. Rather what was more profound was that youth with disabilities were almost always substantially less likely to start school, and in some countries had lower transition rates resulting in lower schooling attainment. Additionally, “the order of magnitude of the school participation disability deficit was often larger than those associated with other characteristics such as gender, rural residence, or economic status differentials” (p.1). While the author reminds us of the small sample size used in the analysis, given that the surveys had identified only 1 to 2 percent of the population as having a disability, a more recent analysis by Mitra et al., (2012) drawing on internationally

²The economic costs can be characterised as: the direct costs of treatment and access to medical services; the indirect costs incurred by those who are not directly affected (carers); and the opportunity costs of income foregone from incapacity. Issues to do with expenditure on health etc. need to be taken into account.

³ In this survey none of the countries used in this analysis were from the south Asian region.

comparable data across 15 developing countries⁴ made similar observations in relation to education. Mitra et. al.'s analysis highlights that in most countries, disability is found to be "significantly associated with higher multidimensional poverty as well as lower educational attainment, lower employment rates, and higher medical expenditures" (p. 1). A systemic review undertaken by Groce et al., (2011) concluded that while the relationship between disability and poverty in the existing literature is best seen as tenuous, a common and consistent finding across a number of studies highlights that "education, routinely denied to disabled children, is a key factor in determining poverty during adulthood for people with disabilities" (p. 15).

Education and disability: evidence at the regional level and levers for change

Across Southern contexts, rates of educational participation for children with disabilities have remained significantly low; however reliable data to highlight the true extent of the problem are absent. Based on country case analysis UNICEF ROSA (2003/04: 6) estimates that 39.4 million children with disabilities in the region are denied access to education. However, given that USI (2013) figures note that in 2000 a total of 37.8 million children were out of school in South and West Asia, the figure of 39.4 million out of school children with disabilities suggested by UNICEF ROSA does not really add up to provide a reliable picture. Nonetheless, the pattern of low educational participation amongst children with disabilities is supported by information provided in the World Disability Report (WHO, 2011). More recently, UNESCO (2013) based on analysis of Multiple Indicator Cluster Surveys from four countries⁵ notes that children at higher risk of disability are far more likely to be denied a chance to go to school.

Not only do children with disabilities have difficulty entering the education system, they are also less likely to progress through it. Evidence suggests that school completion rates are lowest amongst children with disabilities even when compared to other marginalised groups (UNESCO, 2010). For example, a UNICEF/NPC 2001 survey conducted in Nepal noted that 68.2 percent of respondents with a range of various disabilities lacked any formal education. This is significantly higher compared to the national average of 43.9 percent. Also evident is a strong gender disparity where 59.6 percent of boys and 77.7 percent of girls with disabilities had no education. A more recent report published by Plan International (2013) based on the analysis of Plan's dataset of 1.4 million sponsored children; this report compared educational participation rates among children with a disability to those without, from 30 countries worldwide. The key findings from this report included that children with

⁴ In this survey, respondents were in the age group 18-65 years and respondents' self- evaluation on functional and activity limitation was used as a measure of disability. Two South Asian countries- Pakistan and Bangladesh were included in the survey analysis.

⁵ The four countries for which data was analysed are: Thailand, Bhutan, Iraq and Bangladesh.

disabilities were 10 times more likely not to attend school and that when they do attend school their level of schooling is below that of their peers.

Thus, educational exclusion of children with disabilities remains an on-going concern despite the fact that the first policies to address the needs of this group were adopted in the early 1960s by India and Sri Lanka; and then in the late 1980s and 1990s by Bangladesh, Nepal and Pakistan. In more recent years, a range of factors have helped education of children with disabilities become a priority issue, which are discussed below.

The pressure for change has been consistently placed on national governments through the passing of various international mandates such as the *United Nations International Year of Disabled Persons* (IYDP), 1981, which focused global attention on disability issues for the first time, and the *World Programme of Action Concerning Disabled Persons* (1983-1992) which began the process of transforming disability issue from one of social welfare to making it a central part of the development process. The second Asian and Pacific Decade of Disabled Persons (2003-2012) "*Biwako Millennium Framework for Action: Towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific*" was another significant landmark. In this framework, education was a central component and assigned third in the list of priorities. The most recent and highly influential international proclamation has been the *United Nations Convention of the Rights of Persons with Disabilities* (UN, 2008). This Convention has been ratified by over 150 countries including India and Pakistan. The influence of these international declarations has been significant in bringing disability onto national debates.

Mitchelle (2010) discusses at length the impact of international declarations and the role played by international funding bodies in shaping the educational practices of many Southern countries. With specific reference to the Indian context, Singal (2006) provides a policy level analysis of how over a decade (from 1990 to 2000) the focus on children with disabilities in Indian educational policy gathered momentum as a result of international declarations. Similarly, Kalyanpur (2008) critically analyses how funding provided by international aid agencies to India shaped policy developments in education, and more specifically influenced the education of children with disabilities. For example, she notes how the Indian government's decision to make universal primary education (UPE) the main thrust of its regular education programme was in accordance with international aid directives towards the broader goal of rural development, leading to large-scale importation of Western curricula and instructional materials, teaching techniques and organizational structures (p. 245).

In parallel, a growing commitment towards education, more generally, as evident in the promotion of the EFA goals, the high priority given to education in the MDG Goal 2, where schooling is seen as significant for national development has resulted in a spill over effect for children with disabilities. For example, De et al. (2011) note that the educational

landscape in India, since 1990s, has undergone a significant change- not only have there been very important legislative developments, but also the awareness about the need for education, and a desire for schooling amongst the poorest communities is evident. Education in India has now become a public issue of concern to voters, and media attention has begun to focus more on what goes on in schools and how the system can be extended and improved. There is clear evidence of greater democratic engagement, public debates and pressure on political parties to improve the system. The belief in education as a common good, which can deliver a better quality of life is evident even among poor families (Krishna, 2004⁶).

Singal et al., (2011) based on interviews conducted in poor communities with parents of young people with disabilities living in urban and rural parts of Madhya Pradesh (India) clearly pointed out that this belief in education as leading to a better life for their child with disabilities even holds true for them. Parents in many cases made substantial investments in terms of time spent taking their child to school etc. The paramount role of mothers in supporting the education of their daughters is best illustrated in the findings of Hammad and Singal (2014) in the context of urban families in Pakistan. Their research highlights the significant psychological and physical stress that mothers endured in making sure that their daughter with disabilities was able to access high levels of schooling. In most cases mothers were driven by the perception that being well educated will allow their daughters to live with dignity, that is find a suitable source of employment, especially when marriage is not seen as an option given the prevalence of negative societal attitudes.

Another important factor which has shaped developments in the area of disability has been the growth of a strong advocacy movement and the development of Self-Help Organizations (SHO) at the local, national and international levels. For example, in the last decade or so, there has been increased visibility of disability in the public discourse in India. This is evident in the greater coverage of these issues in both the electronic and print media. There has also been a significant increase in the number of NGOs, thus giving more visibility to disability issues. The World Bank (2009) reported that the number of NGOs involved as partners in the *Sarv Shiksha Abhiyan* (SSA) in India grew from 470 in 2004-5 to just under 800 at the end of 2007, with these organisations involved “in a range of areas, including residential bridge courses, home based education, training and provision of aids and appliances, provision of Braille books and broader planning and implementation of inclusive education strategies” (p. 77). Similarly, in Pakistan, Ghaus-Pasha *et. al.* (2002) estimated the

⁶ It has been commonly argued that people living in poverty do not value education, Krishna’s (2004) research with people living in poor communities in Andhra Pradesh suggests differently. He noted that community members unequivocally identified four stages of progress, that is, the priorities of households as they begin to exit poverty were as follows: buying food to eat, sending children to school, possessing clothes to wear outside the house and returning debt in regular instalments. Thus, educating their children was an important concern after basic sustenance.

number of registered NGOs to be around 45,000. While the numbers of NGOs working specifically in the disability sector are not available, given the nature of the work and the low prominence to disability in government policies, it is likely that a large number of these organisations are focused on marginalised groups, including people with disabilities.

Even though in both India and Pakistan the levers of change have been the same namely, the role of international declarations, the increasing number of NGOs working in the area of disability and a general increase in the focus on education, what is striking is the varying degree to which these have been influential. A key difference in these two contexts seems to lie in the administrative structures adopted and the impact on educational prioritisation. Various commentators have argued that the federal government's decision to devolve the education Ministry to provincial governments had a huge negative impact on the education of children with disabilities as it was dropped down on the list of priorities. Hameed (2012) notes that provincial governments remain unclear about how to respond to the education needs of children with disabilities, and he notes two main barriers in this regard, namely the "attitudes of ordinary school teachers and attitudes of special education teachers".

The next section specifically discusses issues related to the education of children with disabilities in India, contrasting it where possible to overall rates of participation and developments in mainstream education.

India

India's Twelfth Five year Plan, 2012-2017 (Planning Commission, 2011), states that in recent years significant progress has been made in improving access to education, as enrolment of children at the primary education stage has now reached near-universal levels. The mean years of schooling of the working population (those over 15 years old) increased from 4.19 years in 2000 to 5.12 years in 2010. The growth of enrolment in secondary education accelerated from 4.3 per cent per year during the 1990s to 6.27 per cent per year in the decade ending 2009–10. Improvements have also been noted both in youth⁷ and adult literacy⁸. India's educational inequality, measured in terms of the Gini co-efficient for number of years of education, has decreased from 0.71 in 1983 to 0.49 in 2010, indicating a large reduction in inequality. A significant reduction in socio-economic inequality, in access to education and a narrowing of the gap between girls and boys, Schedule Castes/ Schedule Tribes (SCs/STs) and other social groups has also been achieved.

While these achievements are commendable, a range of challenges remain. For instance, dropout rates after the elementary level have increased particularly in relation to children from SC and ST groups. Additionally, studies such as De et.al, (2011) note that while

⁷ Youth literacy has increased from 60 per cent in 1983 to 91 per cent in 2009–2010.

⁸ Adult literacy improved from 64.8 per cent in 2001 to 74 per cent in 2011.

enrolments rates are high, attendance remains an issue and the quality of schooling is also of paramount concern. Several independently conducted national studies including the ASER (2005 to 2011) and the School Learning Study (2010) have reported very low levels of learning among Indian school children. The ASER (2015) findings illustrate that nearly half the children in class V are unable to read even at class II level. While half of all children in class V are unable to perform basic arithmetic tasks that they should learnt in class II. In the recent Organisation for Economic Co-operation and Development–Programme for International Student Assessment (OECD–PISA) study and TIMSS, India ranked very low in these international comparisons (Das and Zajonc, 2008)⁹.

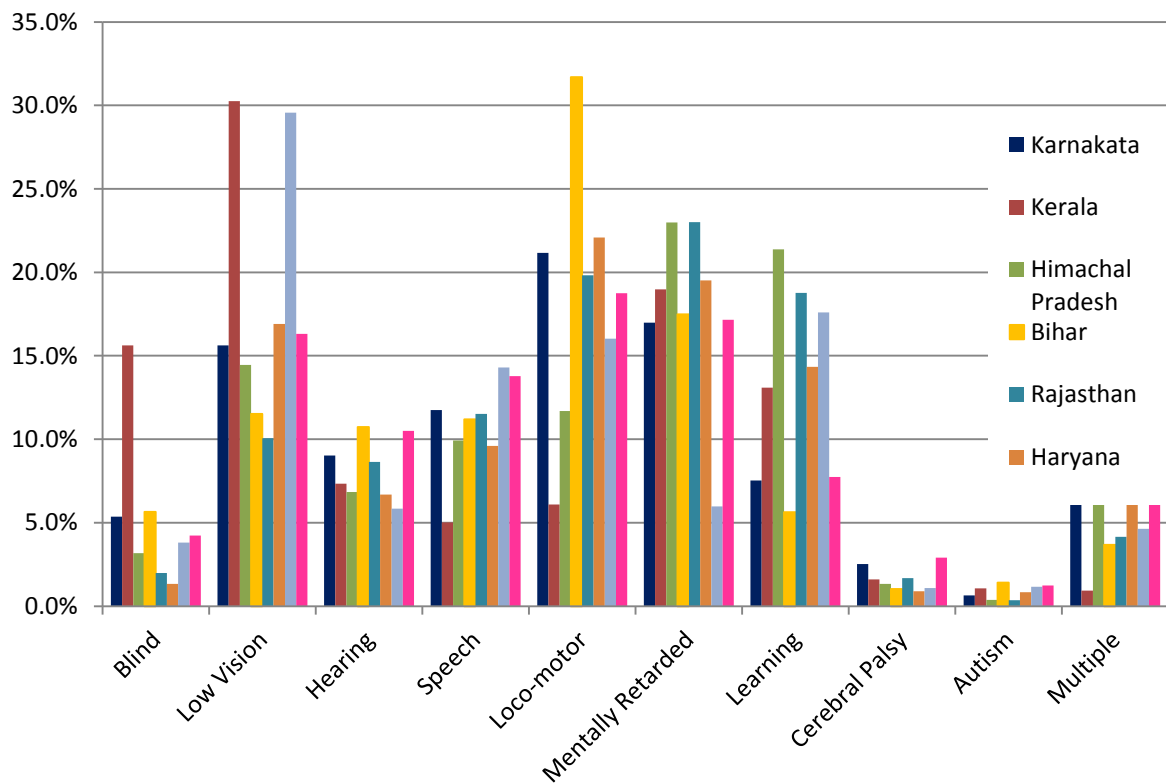
It is against this backdrop that one needs to examine the educational opportunities for children with disabilities. World Bank (2009) based on analysis of administrative data collected under the SSA suggests that there has been considerable improvement in primary enrolment of children with special needs (CWSN)¹⁰ during the 2000s. Enrolment of CWSN in regular schools increased sharply in official data from 566,921 in 2002-03 to 2.16 million in 2007-08. DISE data for 2012-13 (NUEPA, 2014) indicates a further slight increase in enrolment figures with 2.35 million CWSN as being enrolled in elementary classes across the country. Of these 1.64 million (1.18 percent) were in primary and 0.70 million (0.90 percent) were in upper primary classes. While this upward trend is encouraging, closer analysis of the data highlights some interesting insights.

According to the Twelfth Five year plan there are significant differences with regard to the educational participation of different types of disabilities. The Plan notes that the maximum numbers of out of school children (OoSC) are those with mental disabilities (48 percent), followed by children with speech disabilities (37 percent). Almost three quarters of children with severe disabilities are illiterate and the same numbers do not attend school. They are also least likely to complete primary school. While illiteracy is high among all categories of disability, it is significantly more for children with visual, multiple and mental disabilities, and lowest for children with locomotor disabilities. Analysis of the most recent DISE data also highlights similar variations in school enrolment for different types of impairments. It is noted that children with Autism and Cerebral palsy are least represented in the school going population, additionally significant intra-state differences in relation to enrolment of different types of impairments are also clearly visible (see Figure 1).

⁹ It is useful to note here that none of the studies mentioned here include (identify or discuss) children with disabilities.

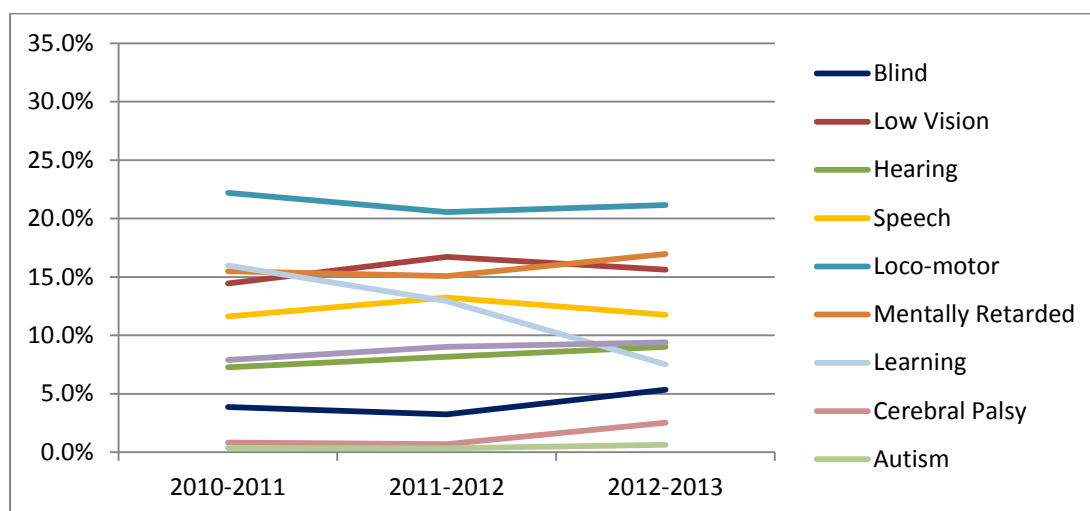
¹⁰ The term Child with Special Needs (CWSN) is used in official Indian documents. However, it remains undefined and is commonly regarded as being synonymous for children with disabilities (CWD). Additionally, different terms are used in various Indian documents to identify different types of impairments, for example, the DISE categorisation of CWSN.

Figure 1: Enrolment of CWSN at elementary level by state (2012-2013)



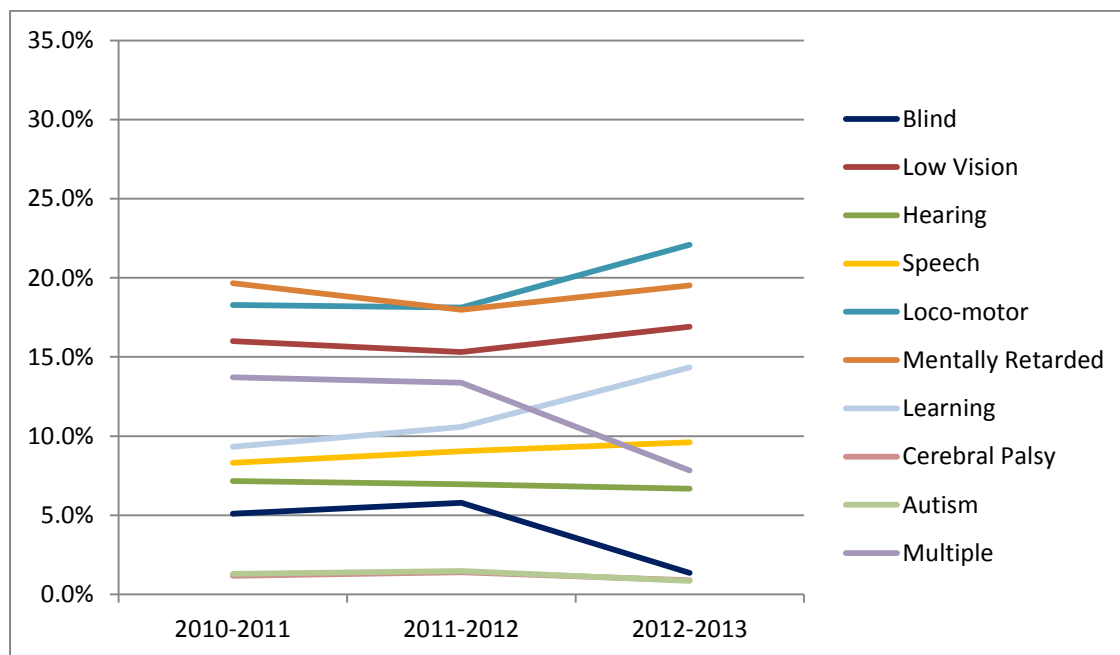
In order to get detailed insights it is useful to examine how different states have performed in terms of enrolment of children with different types of impairments over the last three years. Examples of states, such as Karnataka, Haryana and Kerala which have shown an increase in overall enrolment figures (for both children with and without disabilities) are discussed below.

Figure 2: Enrolment of CWSN at elementary level in Karnataka



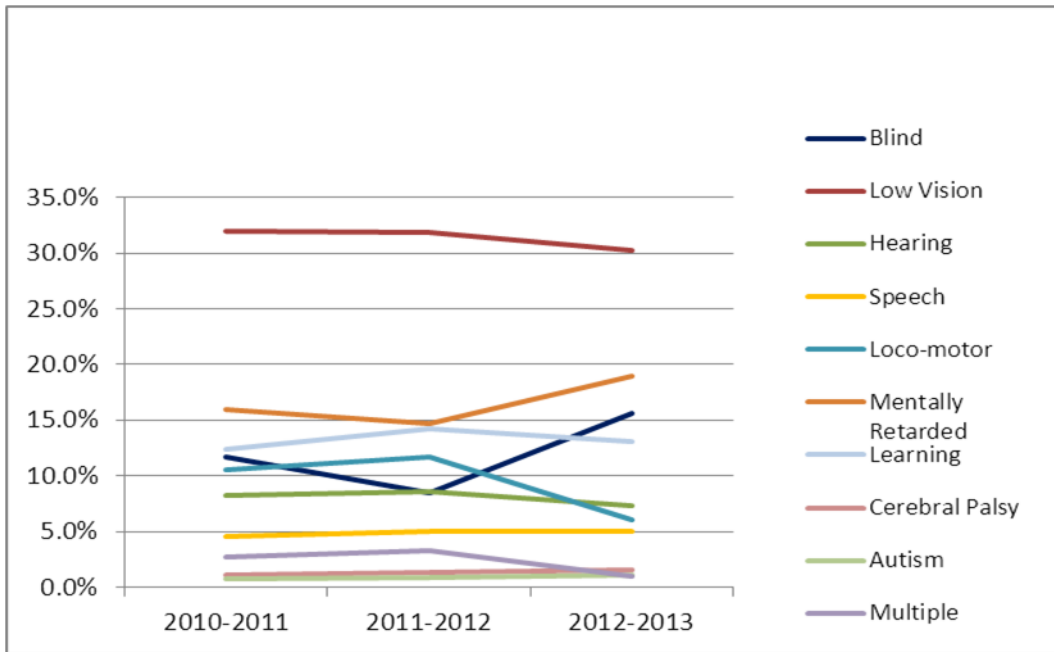
In Karnataka, the percentage of CWSN identified in the total elementary school population in the state increased from 1.13% in 2010-11 to 1.53% in 2012-13. In 2012-13 CWSN constituted 1.5% of the total primary and also the upper primary student population. The percentage of boys with CWSN was more or less the same as girls with CWSN- 1.7% and 1.3%. As evident in Figure 2, children with loco-motor disabilities constitute the highest group among CWSN (21.2%). Interestingly, children with learning disabilities have shown a dramatic fall over the last three years. Desegregation of the data according to gender for types of impairments has not been possible, as DISE State Report Cards do not provide this information.

Figure 3: Enrolment of CWSN at elementary level in Haryana



Similar to Karnataka, Haryana has also shown a slight increase in the percentage of children with disability in the total elementary school population- 0.19% in 2010-11 to 0.88% in 2012-13. But unlike Karnataka, CWSN constitute only 0.9% of the total elementary school population. The percentage of boys with CSWN in primary schools is 1% compared to girls with CWSN which stands at 0.8%. The percentage of children with locom-motor, mental retardation and low vision are higher within the CWSN population, while children with learning disabilities have shown a dramatic increase in the last year or so. While children identified as blind within the CWSN population has gone down.

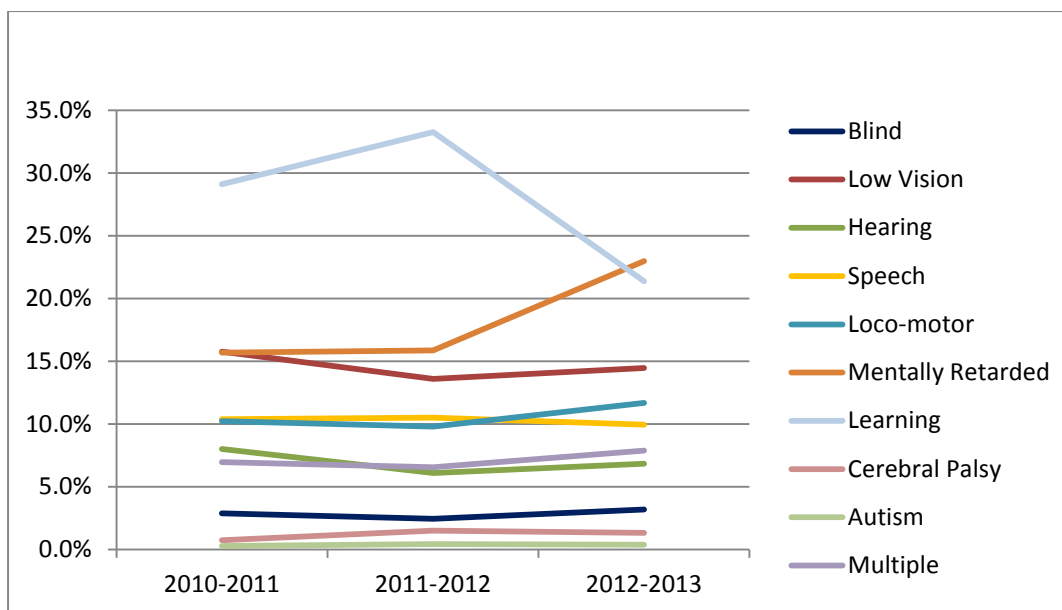
Figure 4: Enrolment of CWSN at elementary level in Kerala



Of the eight states included in the inter-state analysis (listed in Figure 1) Kerala had the highest increase in the percentage of CWSN in the total elementary school population. This went up from 2.78% in 2010-11 to 4.18% in 2012-2013. Additionally, CWSN constitute 3.7% of the primary and 5.1% of the upper primary school population, the highest proportion amongst these states. Within the group of CWSN it is interesting to note that the percentage of enrolment for children identified as being blind has gone up from 11.7% in 2010-11, with a dip to 8.5% in 2011-2012 and an increase to 15.6% in 2012-2013. Unlike national trends, the percentage of children with locomotor disabilities has shown a reduction in the overall population of CWSN attending school. However, similar to other states, the numbers of children with autism and cerebral palsy attending school in Kerala remained very low.

State level analysis of the DISE data also reveals some interesting anomalies, as is evident in the case of Himachal Pradesh. In Himachal Pradesh, for the year 2012-2013 CWSN constituted only 1.1% and 1.3% of the total primary and upper primary school population, with boys only doing ever so slightly better than girls with CWSN (1.3% and 1.5% for boys and 1% and 1.2% for girls). What is interesting to note is the sharp dip in enrolment numbers of children with learning disabilities in the state, with a corresponding increase in children with mental retardation- apart from a simple explanation that children who were first identified as having learning disabilities have been reclassified as mentally retarded the following year, there seems to be no other rationale for these trends. Thus, highlighting the ambiguity surrounding the use of many of these terms.

Figure 5: Enrolment of CWSN at elementary level in Himachal Pradesh



This issue of clarity of terms and definition is of considerable concern in the DISE data. While the need for such detailed data at the national level is undisputable and of incredible value, the lack of clarity at the ground level of what these different terms mean is of significant concern. The DISE field guide does not provide any definition of the different types of disabilities but simply refers to the fact that the same definitions as in the Persons with Disabilities Act (discussed later) have been used in data collection. There is little understanding of how teachers who are entrusted with the task of filling in the survey sheets make sense of these concepts. My research experience in Karnataka of translating the DISE survey form suggests that there are significant tensions and challenges in trying to keep the task simple wherein one line definitions are given for each term, while ensuring that the data gathered is meaningful.

Other areas of educational participation for CSWN in India are prompted under various schemes, such as the Education guarantee scheme/alternative and innovative education/home-based education (EGS/AIE/HBE). World Bank (2009) noted that between 2004 and 2008 there has been an increase in enrolment figures from around 56,000 to over 206,000. More recent data on children accessing these arrangements is not currently available. EGS/AIE/HBE are all part of the SSA programme efforts to include children who have been excluded from the education system.

Policy and legislative developments in India since 2000

In India, the focus on children with disabilities is under the purview of two separate ministries, namely, the Ministry of Social Justice and Empowerment (within this the Department of Disability Affairs), and Ministry of Human Resource and Development. While the former has the overall responsibility of persons with disabilities, the latter specifically focuses on educational provision for children and young adults with disabilities (Appendix: 2 lists the differences in ministerial responsibilities). Singal (2006) provided a detailed analysis

of the historical developments in the evolution of the educational policies in relation to this group. India has always adopted a twin track approach, which was most clearly articulated in the National Policy of Education (NPE, Ministry of Human Resource Development, 1986). Section IV of the NPE entitled “Education for Equality” stated “where feasible children with motor handicaps and other mild handicaps will be educated with others, while severely handicapped children will be provided for in special residential schools” (p. 6).

In more recent years, educational development in India has been driven by national level programmes, such as the District Primary Education Programme (in the 1990s) and the *Sarv Shiksha Abhiyan* (SSA)¹¹. A positive development has been the discussion of concerns related to the education of children with disabilities in mainstream policy initiatives. The two key developments in this regard are the SSA and the Right to Education Act, which are outlined below.

Sarv Shiksha Abhiyan (SSA)

The Sarva Shiksha Abhiyan (SSA) - or Education for All – is India’s flagship elementary education program. The SSA program, for which the major funding comes from the Government of India, is collectively supported by the World Bank, UK’s Department for International Development (DFID), and the European Community. Among these, the World Bank is the single largest contributor. SSA seeks to “seek to open new schools in those habitations which do not have schooling facilities and strengthen existing school infrastructure through provision of additional class rooms, toilets, drinking water, maintenance grant and school improvement grants....SSA seeks to provide quality elementary education including life skills. SSA has a special focus on girl's education and children with special needs” (SSA website). The objectives of SSA, namely access and quality are in line with the norms of EFA.

Sarv Shiksha Abhiyan (SSA) categorically brings the concerns of children with disabilities, or those termed as “children with special needs (CWSN)” under the framework of “inclusive education” (IE) and argues for a “zero rejection policy” so that no child is left out of the education system (SSA, 2007). The programme places CWSN under the category of ‘special focus groups’ and re-emphasizes the importance of educating them. It notes that:

SSA will ensure that every child with special needs, irrespective of the kind, category and degree of disability, is provided education in an appropriate environment. SSA will adopt ‘zero rejection’ policy so that no child is left out of the education system (SSA, 2007, p. 11).

¹¹ SSA is supported by domestic resources and was supplemented partially by external funding from the World Bank’s International Development Association (IDA), United Kingdom’s Department for International Development (DFID) and the European Union (EU); presently only with EU support.

The SSA lists 8 priority areas of intervention¹² and each of these has received varied degree of emphasis in planning. Singal (2010) provided an analysis of the developments in SSA since its inception, particularly in relation to its focus on identification, distribution of aids and appliances, and also in relation to efforts aimed at training teachers and the induction of professionals, such as Inclusive Education Resource Teachers etc to support mainstream teachers.

In more recent years, a clear shift is evident where the government has moved away from advocating a dual system (mainstream and special) to a broader understanding of inclusion. A more recent document (n.d) titled, *Inclusive Education in RTE-SSA-an overview*, notes that “SSA has adopted a more expansive and a broad-based understanding of the concept of inclusion, wherein a multi-option model of educating CWSN is being implemented”. An important aim of this has been to reach out to more CWSN and also to provide them with appropriate need based skills, be it vocational, functional literacy or simply activities of daily living, in the most appropriate learning environment. For example, in 2006 a report under the SSA titled, *‘Discovering New Paths to Inclusion – A Documentation of Home-based Practices for CWSN’*¹³, noted that education of children with severe intellectual/physical disabilities, can be educated in the combination of home-based and alternate educational settings to enable them to achieve independent living skills. The aim is to prepare them for school, in some cases, and for life.

While the SSA objectives are expressed nationally, it offers flexibility at the state and district levels in relation to how the plans will be implemented, depending primarily on the number of children identified and the resources available to effectively implement the inclusive education programme. For example, Home Based Education (HBE) is currently being implemented in 27 States, while Himachal Pradesh and Uttarakhand rely on NGOs to implement this programme, Karnataka and Kerala have appointed volunteers who visit CWSN to provide them with basic functional skills.

While such flexibility might be regarded as a positive step, it is not surprising that this has resulted in many different models of ‘inclusive education’ being operative across the country- raising concerns about the quality and effectiveness of provision. Making similar observations, the SSA Joint Review Mission (2013) concluded “that there are inter-State and even intra-State differences in the implementation and even in the understanding of what

¹² (1) Survey for identification of CSWN, (2) Assessment of CWSN, (3) Providing assistive devices; (4) Networking with NGOs/Government schemes; (5) Barrier free access; (6) Training of teachers on IE; (7) Appointment of resource teachers; (8) Curricula adaptation/textbooks/appropriate teaching learning materials.

¹³ Details of the SSA focus in relation to CWD, and personnel included in the SSA- namely the Inclusive Education Resource Teachers (IERTs) and Home Based Volunteers (HBV) are elaborated in Appendices 5 and 6.

constitutes Inclusive Education; but it must be appreciated that the process of institutionalizing inclusion of Children with Special Needs (CWSN) into mainstream schools, is now taken as a state obligation/mandate and not as an option or a welfare program” (p. 36).

Right to Education Act, 2009

A significant landmark in the Indian educational landscape has been the Right to Education (RTE) Act which was passed in 2009, which includes the right to free and compulsory education for children in the 6-14 age group, including those who have dropped out or face issues in admission due to migration, caste, disability and so on. All disabilities within the Act have been included under the blanket term of ‘disadvantaged group’. With respect to children with disabilities, the Act specifically aims at promoting the clauses of the UNCRPD, 2006. In relation to the education of children with disabilities it proposes the provision of a range of educational services which include access to infrastructural support, personnel support, training of teachers, management of resources, planning and monitoring and parental contribution (details of these can be found in Appendix: 3).

There is little information available which examines the impact of the RTE, other than a range of different newspaper stories. The only available report is an evaluation undertaken by NCERT (Soni, 2013), which collected data from 8 states across 84 schools. The findings of this report are not very encouraging, as it highlights that in all states regular teachers have not been trained to teach children with disabilities; educational materials for children with disabilities were non-existent and there was an absence of basic infrastructure such as ramps and disabled friendly toilets. However, the methodology adopted and the evidence base presented in this report is not systematically developed, hence it provides little insight other than simple and rather generalised headline statements.

Specific legislative and policy developments in relation to children with disabilities

The passing of the Rehabilitation Council of India Act (MSJE, 1992, 2000), which was amended in 2000, was an important milestone in setting a legislative marker for the education of children with disabilities. However, the Act provided mainly for people with locomotor, visual and hearing disabilities and placed emphasis on registration of professionals, leading to authentication of skills. It stated that,

An Act to provide for the constitution of the Rehabilitation Council of India for regulating the training of the rehabilitation professionals and the maintenance of the Central Rehabilitation Register and for matters connected therewith (Rehabilitation Council of India, 1992, p.1).

More specifically this Act paved the way for the Persons with Disabilities Act: Equal Opportunity, Protection of Right and Full Participation) (GoI, 1995), which proposed a paradigmatic shift from welfare state to right based approach to disability issues. This was

the first Act focusing on the rights and provisions for people with disabilities and included seven different disabilities¹⁴. In relation to education, the Act continued to adopt a dual approach where it promoted inclusive education and also advocated the need for, and role of, special schools.

Over the years various concerns have been raised in relation to the underlying principles and implementation of the Act and more recently revisions have been made. In the redrafting, it was noted:

...it is also recognized that the present Persons with Disabilities Act does not incorporate a number of rights recognized in the UN CRPD. Even the rights that are recognized are not in total harmony with the principles of the Convention (p. 4).

The revised Bill attempts to address the interactionist nature of disabilities and argues for a more nuanced understanding of the concept of disability. A few important amendments, particularly in the definition of the new Bill are noted in Appendix: 4. These amendments are reflective of the changing perceptions and attitudes in relation to disability in the broader political arena. The widening definition of 'disability' which extends beyond purely medically drawn boundaries, and the removal of the '40 percent of disability' clause, and a new focus on 'perceived disability, hampering activities of daily living' is significant. However it is not clear how these will be implemented in practice.

In 2006, the Ministry of Social Justice and Empowerment (MSJE) developed the *National Policy for People with Disabilities* (GoI, 2006) which recognized people with disabilities as an important asset to the country's human resources, and focused on their physical, educational and economic rehabilitation. In relation to education, it specifically noted:

Education is the most effective vehicle of social and economic empowerment. In keeping with the spirit of the Article 21A of the Constitution guaranteeing education as a fundamental right and Section 26 of the Persons with Disabilities Act, 1995, free and compulsory education has to be provided to all children with disabilities up to the minimum age of 18 years¹⁵...There is a need for mainstreaming of the persons with disabilities in the general education system through Inclusive education (GoI, 2006, p. 7).

¹⁴ The seven disabilities included are: (i) blindness (ii) low vision (iii) leprosy-cured (iv) hearing impairment (v) locomotor disability (vi) mental retardation (vii) mental illness.

¹⁵ Free primary education is 6-14 years, but the age limit is extended for PWD.

The term inclusive education was also fore fronted in the 11th Five year plan (2005-2012) which adopted the term 'inclusive growth' as its focus. Under the period of the plan, MHRD developed the *Action Plan for Inclusive Education of Children and Youth with Disabilities*, 2005, which noted:

In its broadest and all-encompassing meaning, inclusive education, as an approach, seeks to address the learning needs of all children, youth and adults with a specific focus on those who are vulnerable to marginalization and exclusion. It implies all learners, young people - with or without disabilities being able to learn together through access to common pre-school provisions, schools and community educational setting with an appropriate network of support services
(<http://www.ncpedp.org/eductn/ed-isu2.htm#3>)

Key objectives of the plan begin with a commitment towards "admission in mainstream" and then move on to stating how CWDs living in rural and remote areas can access hostels, to finally outlaying the provision of home based learning for children with severe, multiple and intellectual disabilities. Here the issue is not the provision of multiple choices, but the lack of elaboration on the justification for such objectives. This has also resulted in various criticisms from different disability organisations.

Thus while India is one of the few Southern countries with a strong disability policy framework it continues to be faced with a huge challenge in operationalizing this vision, which is in itself marked by unclear messages (Singal, 2009). Also one could argue that the focus lacks a strong political commitment, which is evident from the lack of resources channelled towards these efforts.

Financial commitment towards educating children with disabilities

A Report by RESULTS (2010) noted that in 2005-06 under SSA only an estimated £2.3 million, out of an overall budget of £78 million, was spent towards supporting children with special needs. A more detailed picture of budgetary allocations is provided by the National Centre for Promotion of Employment for Disabled People (NCPEDP, 2012), which undertook an analysis of Union budgets since 2008¹⁶. This report clearly reflects the very low priority accorded to disability in budgetary allocations, with the country spending only 0.0009 percent of its GDP on disability. This includes allocation for schemes across key ministries such as health, education, labour, rural development, youth affairs and sports. This is a worryingly low figure and calls to attention the need for more financial support in realizing many of the promises currently being made.

¹⁶ <http://www.hindustantimes.com/india-news/newdelhi/union-budgets-since-2008-show-india-spends-0-0009-of-its-gdp-on-disability/article1-1137403.aspx>

This decline is also seen at the state level. For example, in the year 2011-12, Karnataka spent Rs. 3950.15 lakh on 1,31,017 children with disabilities at the rate of Rs. 3000 per child (SSA, 2012). However, the budget per child declined considerably in 2013-2014. Currently the sanctioned budget is Rs. 1530.64 lakh for 11,27,553 children with disabilities identified at a unit cost of Rs. 1200/- per child. While on one hand it could be argued that the non-recurring nature of a number of activities in 2013-14 such as building of ramps, or new resource centre at the district level, justifies this decrease, however on the other, inflation and better rates of identification and hence greater increase in the number of children with disabilities enrolling under various programs are not accounted for.

An important lacuna in the existing literature is an absence of research which discusses or evaluates the impact of the above policy initiatives. In the next section, I draw on existing research studies to understand the current reality of educating children with disabilities.

Research insights at the level of schools and classrooms

Majority of the research studies in this field (from 2000 onwards) are small scale school based explorations, while the remaining few are teacher based surveys. The main themes emerging from an analysis of this literature are presented below:

Continued lack of basic facilities in schools: Even though a considerable amount has been spent on infrastructural support in schools under the SSA and the latest DISE figures for 2012-13 (NUEPA, 2014) note that the percentage of schools with ramps increased significantly from 1.49 percent in 2004 to 55.09 percent in 2012-2013, UNCIEF ROSA (2012), WASH Report noted that despite well-articulated guidelines/ design specifications in SSA, and the provision of friendly water and sanitation facilities under the School Sanitation and Hygiene Education (SSHE), the biggest challenge remains the lack of disabled friendly toilets and other facilities in schools. Very few school buildings have ramps and even these in most cases are broken or the surface was too uneven for unhindered mobility. This issue of access to school toilets and the inability of the child to use the toilet independently emerged as an important concern in a very recent study (Singal, 2014) in rural Karnataka (India). Clearly, CWDs were unable to use the school facilities and hence dropped out in most cases.

Lack of teacher expertise and confidence in meeting the needs of children with disabilities: Research in India has consistently highlighted the confusion and lack of confidence amongst mainstream teachers in relation to teaching children with disabilities. For example, in a study 470 secondary teachers in Delhi, Bhatnagar and Das (2013) indicated moderate levels of concerns for inclusion. Similarly a survey conducted by Shah et. al., (2013) in Ahmedabad, across 560 government school teachers noted that teachers felt unable to support inclusion. A similar study in Delhi by Das et al., (2013) across 223 primary and 130 secondary schools teachers noted that they rated themselves as having limited or low competence for working

with students with disabilities. 70 percent of the teachers had neither received training in special education nor had any experience teaching students with disabilities. Further, 87 percent of the teachers did not have access to support services in their classrooms.

Studies which have examined classroom based processes in more detail provide similar insights. Singal (2008) based on data collected through teacher interviews, observations of classroom practices noted that teachers in private fee paying schools in New Delhi, with substantial resources, were not able to engage effectively with children with disabilities. The child remained at the margins of both the teaching and learning processes. This scenario was no different from the findings of a more recent study in Karnataka (Singal, 2014), where on one hand, government school teachers were accepting of the presence of children with disabilities and realised that they were part of the government rhetoric, but on the other hand, they did not see themselves as sufficiently confident or skilled to include these children in the classroom processes. Interestingly, as mandated in government (national and state policies) this district had additional professionals, such as IERTs and HBVs, however they were far few in relation to the demand and did not necessarily work with teachers in supporting their skill base. In the perceived absence of pedagogical skills and additional support, teachers were willing to let children be in the class, underpinned by the rationale that it was good for their social inclusion. However they did not take responsibility for the child's learning.

Poor learning outcomes: Over a decade back, debates in the field were primarily focused on access to schooling and the need to increase enrolment numbers, however more recently, the poor quality of learning experiences and low outcomes in relation to the education of children with disabilities have also been noted. While current national assessment tests, such as ASER, do not specifically record whether children with disabilities are amongst those tested¹⁷, in the recent past, concerns about the quality of educational outcomes for CWDs has also come to the forefront. Not only are there practical difficulties such as making adaptations to assessment tools, but even where CWDs are included in tests, data are not sufficiently disaggregated by type of impairment for making meaningful policy inferences, partly due to problems of sample size (Evans and Ebersold, 2012).

The only available data is an NCERT (2012) survey of Class V students, in which tests and questionnaires were administered to a sample of 1,22,543 students, and 10851 teachers from 6,602 schools across 27 States and 4 Union Territories. The survey report states that "6% students belonged to physically challenged group¹⁸" (p. xxvii). The findings of the survey noted that "physically challenged students do substantially worse than the rest of the

17 The tests used in ASER are largely paper based with no adaptations undertaken for children with additional needs, such as braille etc.

18 It is useful to know that the report does not define this term or the characteristics of this group.

population¹⁹” (p. 113). Children who reported to have a physical impairment scored, on average, 12 scale points less than their peers in reading comprehension even after controlling for background characteristics.

Pakistan

While India has gone further than many Southern countries in putting in place policies to provide for the education of children with disabilities, Pakistan is an interesting contrast, where the same level of commitment towards education of children with disabilities is not yet apparent. As discussed earlier in the paper, some commentators believe that this has been due to the devolution of responsibilities at the provincial level, with little incentive to include people with disabilities.

The UNESCO EFA Global Monitoring Report (2014) notes that Pakistan has the second highest out of school population, amounting to 10 percent of the world’s share. It is a country which is “very far from target” of the goal of universal primary enrolment by 2015, with particularly high gender disparity. Pakistan invests less than 3 percent of GNP to education, which is lower than all other countries in the region. Additionally, reports such as ASER and SchoolTELLS (Aslam et al., 2011) highlight the very poor quality of teaching and learning in classrooms.

While there is some acknowledgment of the poor state of the education system, for example, a government funded report by the Pakistan Education Taskforce (Barber, 2010) declared Pakistan to be in a state of ‘educational emergency’, national priorities continue to remain very aspirational with little effort being made at the ground level. In the government’s latest document- Vision 2025²⁰ it is noted that, “the aim is to create a globally competitive and prosperous country providing high quality of life for all its citizens”. It aspires to transform the country into an industrialized, technology intensive, globalized and knowledge based inclusive upper middle income country by 2025, yet education does not feature in the nine priority areas listed in this plan²¹. Recently, an important legislative landmark has been the passing of the Right to Free and Compulsory Education Bill (2012), which ensures free education to children aged 5-16 years as enshrined in Article 25-A of the

¹⁹ The rest of the population in this case being non-disabled children, as children with no other type of disability were identified.

²⁰ http://www.pc.gov.pk/?page_id=145

²¹ The nine priority areas/themes are: (1) energy security, (2) sustained and inclusive higher growth, (3) private sector led growth, (4) modernization of existing infrastructure, (5) improving competitiveness in industry and trades, (6) taxes, investment and export promotion, (7) institutional and governance reforms, (8) social capital and (9) revival of confidence.

constitution. It also legislates that fines will be imposed on parents who refuse to send their children to school and people who employ child labourers. However, the Act does not make any specific reference to children with disabilities.

This absence of children with disabilities in official documents is a common theme and is also evident at the programme level. For example, the World Bank currently has 8 projects on education in Pakistan and none of these include children with disabilities. Looking at the available on-line documentation on the Bank's last three projects on disability (all of which are now closed) it is not clear the extent to which these focused on the education of CWDs²². A report published by the Japan International Cooperation Agency (JICA, 2002) profiling disability in Pakistan noted that 'persons with disabilities are mostly unseen, unheard and uncounted persons in Pakistan. They are the most marginalised group' (p. 5).

Thus, it can be stated with considerable confidence that education of children with disabilities is not part of the national discourse. Furthermore the 18th Amendment to the constitution, which resulted in the devolution of education from a federal subject to provincial level, has further complicated the issue in relation to those with disabilities. It has made it even more difficult to address issues such as the comparability of data on disability, availability of professionals with the requisite skills and essential resources.

Policy developments in relation to education of children with disabilities

An important development, since 2000, has been the passing of the National Policy for Persons with Disability (2002), which till date remains the most significant official document on disability. While this is the only comprehensive document outlining the government's mission statement and vision in this area, it is a very aspirational document with little reference to ground reality and provides no clear indication of steps that will be taken for realisation of its goals. At a general level, the policy regurgitates what would be expected of any such document- "holistic approach in the overall interests of Persons with Disabilities covering all aspects of their lives in the community...the need for a rights based approach rather than welfare concepts in programme planning and implementation...active collaboration from all stakeholders..." (p. 5). In relation to education it specifically notes, "Adopt a shift from exclusive system of education to inclusive education for the children with disabilities" (p. 6). Further on it states, "At the international level, the movement towards making education an integral part of education has been gaining ground. Integration of children with disabilities in normal systems of education shall therefore be promoted at all levels" (p. 7). It is ironic that the only rationale put forth for including children with disabilities is based on the argument that this is what is desired at an international level. Interestingly, while the policy promotes integration, the thinking

²² The three projects were: Earthquake Disability (2007-2009); Community-Based Rehabilitation of Persons with Disability (2006-2009); Promoting Independent Living Amongst Persons with Disabilities (2006-2009).

underpinning it remains overwhelmingly medical in nature where the focus is on expanding existing post graduate training in special education and training of medical professionals to help with diagnosis and implementation of therapies.

Nonetheless the policy's goal of mainstreaming persons with disabilities is an important one but the lack of implementation continues to be a major concern. The National Plan of Action (NPA) 2006 suggests measures to operationalize the policy and notes that access, inclusion and equalization of opportunities for those with disabilities are not possible through isolated interventions. It notes that services should therefore be designed in an integrated way by pooling and mobilizing all resources. The NPA identifies 17 critical areas of intervention from assessment of the magnitude of the problem to service delivery systems, and lays out a long term plan to be achieved by July, 2025. The central objectives being the creation of barrier free physical environment for PWDs in all public, private and commercial buildings and revision of construction bye laws. Additionally, it emphasizes the effective enforcement and expansion of social assistance and social security programme under the provisions of existing laws.

Two additional documents feature in the area of disability in Pakistan, namely the Islamabad Declaration of Accessibility for Persons with Disabilities (2006) and the Islamabad Declaration of Rights on Persons with Disabilities (2009), both of which have been the result of various NGOs coming together to affirm a commitment towards addressing disability issues. While neither of these documents have any legal status they are reflective of the current state and thinking in the field. Both documents note the need to adopt person first language, "In all communications, the term 'Persons with Disabilities' should be used instead of 'Disabled Persons,' signifying the importance of the human being rather than the impairment" (2009, p. 2). A document published by SightSavers (n.d.) observes that during the last decade the government in general and NGOs in particular have realised the need of developing "networks" for promotion of the cause of persons with disabilities at the national level" (p. 6). Such networks are seen as particularly important with the devolution of the Ministry of Social Welfare and Special Education at the provincial level.

Pakistan has largely adopted a dual approach to the education of children with disabilities. Historically, religious institutions had been the main providers for services to persons with disabilities. At the time of independence only limited provision was available, but in subsequent years, few private institutions became active. In 1959, for the first time, the National Commission on Education placed the education of children with disabilities on the government agenda. It recommended the provision of vocational education for children and adults with mental retardation, and training of special educators. The Education Policy of 1972 also provided funds for special education. However it was in the 1980s, that a significant increase in government involvement was witnessed through increased budgetary provision for special education (Lari, 2006). During this period the Sixth Plan (1983-1988),

focused on improving existing institutions of special education and social welfare, in both the government and non-governmental sectors. This resulted in the establishment of more than 200 special education institutions which enrolled more than 20,000 students. Additionally, a Federal Directorate General of Special Education with provincial counterparts was set up in 1985 and the first National Policy for Rehabilitation of the Disabled was formulated in 1986 (Lari, 2006). It is argued that an important reason for this focus on disability during a time of Presidential rule was due to a personal commitment of the late General Zia ul Haq (1977–1988), father of a girl with multiple disabilities. As the President he was in a strong position to directly influence many of these developments (Miles, 1990). Interestingly, and rather significantly, this period also coincided with the emergence of a strong international movement driven by the UN resulting in the United Nations Decade of Disabled Persons (1983–92). In contrast, more recent years have not seen the same level of commitment towards disability. The Seventh Five-Year Plan (Pakistan Planning Commission 1988) noted that the existing facilities for children with disabilities were few and rather inadequate. Interestingly, the only mention of disability (termed as handicapped) in the National Education Policy 2009 (Government of Pakistan, 2009) is in the aims and objectives where it is noted (as point 15 of a total of 20 bullet points) that: “To equalize access to education through provision of special facilities for girls and boys alike, underprivileged/marginalized groups and handicapped children and adults”. However it remains unclear how this will be achieved.

Thus, some commentators have rightly argued given the current state of affairs, existing policies and laws on disability in Pakistan need to be refined and updated to bring them in line with changes in society and advancement in various models for the rehabilitation and mainstreaming of persons with disabilities. Weak enforcement mechanisms need to be strengthened so that the benefits available to those with disabilities, such as 2% quota in jobs, can actually be implemented. All of this requires a strong political will, and commitments on behalf of both the government and corporate sector.

While there are no reliable figures available in relation to the education of children with disabilities in Pakistan, the National Education Census, 2005 noted that the number of children enrolled in special schools was 13,122 (0.04 percent of the total numbers enrolled), also suggesting that there has been a decrease in enrolment numbers from previous years. However, this apparent decrease has not been counter balanced by increased enrolments in the mainstream system. In more recent years, as noted in the policy documents above, the discourse has shifted more towards inclusive education (even though there remains a lack of conceptual clarity about what it means in the Pakistani context). Nonetheless, Fontana and Lari’s (2001) observation that, “education of children with special needs in Pakistan is an area which is grossly neglected and in need of urgent attention” (p. 1), remains true. A UNESCAP document (2006), noted that only 4 percent of the total number of school going age (approximately 25,000) children with disabilities are enrolled in various schools/centres

of the country. This figure was reiterated more recently in 2013 in a newspaper article²³. Rieser (2008) noted that Pakistan is still in a phase of developing inclusive policies, and identified only a few small scale projects rather than a national commitment. Similar observations are made in the UNICEF ROSA (n.d.) case study on Pakistan which states that, “so far, no serious movement for inclusive education has emerged in the country. In the present system, ordinary schools and special schools are working in complete isolation” (p. 20). Interestingly, the report goes on to note that:

The teachers, administrators, professionals and parents appear to be aware of the concept of inclusive education, but lack the knowledge and means to implement it in an ordinary setting. The attitudes of society in Pakistan about people with disabilities are generally positive, and are more favourable in rural areas than in urban areas. However, lack of knowledge about the capabilities of such people leads to a low profile of children with disabilities. Lack of proper education facilities only exacerbates their problems. (p.20)

A similar scenario of exclusion was evident in the analysis of findings of a household survey undertaken by Singal, et al. (2010). This purpose-designed survey, which included questions on disability, collected rich information on various individual, family and community-level factors, administered to 1094 urban and rural households between November 2006 and March 2007. The households were selected randomly through stratified sampling from nine districts in two provinces – Punjab and the Khyber Pakhtunkhwa (KP) – formerly called the North West Frontier Province. An innovative aspect of this survey was that the questions on disability were influenced by the WHO’s International Classification of Functioning, Disability and Health (WHO, 2002). The questions relied on self-reporting and not the impact on an individual’s functioning. Findings from this survey indicated the decreased likelihood of schooling for youth with disabilities as compared to their non-disabled counterparts. More than one-third of the young people (15-30 years) in the sample were “never enrolled” while this was 10 percentage points lower, i.e. 26 percent among the youth without disabilities. Not only were those with disabilities more likely to be excluded, but there was double discrimination in the case for girls with disabilities, which is reflective of the gender discrimination in women’s education at large (UNESCO, 2014). However, the difference between disabled and able-bodied females was around five percentage points and insignificant. Thus, it is plausible that gender is more significant than the disability dimension in the continued exclusion of girls from the education system. On the other hand, for males who were not receiving any education it was possible to explain this in relation to their disability status. Here the percentage of young men with disabilities who have received no education (29 percent) was significantly higher than that of non-disabled males (12

²³ <http://tribune.com.pk/story/644828/special-education-children-with-disabilities-need-inclusive-schools/>

percent). Interestingly, the young men with disabilities who had made it into the schooling system had the same schooling levels as their non-disabled male peers.

Findings from the survey suggest that young women with disabilities are less likely to enrol in school as compared to men with disabilities, additionally, even if they do acquire some education, they are less likely to complete high school as compared to men with disabilities and indeed their able-bodied female counterparts. On the other hand, while young men with disabilities are more likely to get education when compared to young women with disabilities, they are less likely to get education than their nondisabled male counterparts. However, if they (young men with disabilities) do manage to attend school, their progression through the system is more stable, and they are similarly likely to complete high school or above. It was also evident that the earlier the onset of a difficulty, the less likely the person was likely to get some education. This was particularly the case for those with difficulties in learning or personal care, and to some extent for those reporting physical difficulty.

Another interesting gender dimension was in relation to participation in Quranic education, where there was clear evidence of families' preference towards this type of education for young people with disabilities. Quranic education is mostly imparted in madrassahs, most of which are non-state institutions associated with local mosques and funded through charity. There is no cost of studying in a madrassah and some can be residential – they provide children with food and shelter. Findings from the survey suggested that young people with disabilities were twice more likely (5%) to be trained to become a *Hafiz-I Quran* as compared to their nondisabled counterparts (2%). Such a finding is supported by observations made by Pasha (2003). All young adults in our survey who trained as hafiz were men who reported, or were reported as having, moderate and severe difficulties. It could be plausible that becoming a *Hafiz* increased a young man's chances and opportunities for social participation and gives him a better social status. Anecdotal evidence also suggests that becoming a *Hafiz* has several advantages including 'higher status in society; and receiving some benefits (additional marks in board exams, higher ranking in scholarships, etc). Moreover, becoming a hafiz is also regarded as a valuable religious duty as it also means that 'the soul of the parents is protected'.

Insights from school and classroom based processes

While there is a lack of rigorous research in the area, the few studies which are available highlight concerns in relation to the quality of education, not just in mainstream schools but also in special schools. For example, a study by Khan et al., (2013) based on interviews conducted with 60 parents of children with disabilities who were attending special schools noted that "special education schools may play very vital role in the adjustment of special children in their family but unfortunately due to lack of resources and infrastructure they

are not fulfilling the needs of special children and there is also some lack in the awareness about the importance of social adjustment of special children in their families” (p. 486).

The challenge faced by mainstream teachers in addressing the needs of children with disabilities is another common theme. In a recent survey undertaken by Pasha (2012), covering 300 teachers across 75 public and private primary schools in Lahore noted that schools are currently unprepared to include these children due to lack of clear admission policies, lack of knowledge among school administrators regarding how to implement inclusive education, and inaccessible school infrastructure. They also note the enormous difficulties reported by teachers in implementing inclusive education, given the absence of professional development opportunities and the fact that they are not specifically held accountable for the learning of all children. Somewhat similar results are reported in an earlier study undertaken by Haider (2008), who also used a survey instrument to gauge teacher’s attitude towards inclusion of children with disabilities. Based on data collected from 50 teachers (48 women, and 2 men) and 50 special educators (47 women and 2 men) from 4 schools in Lahore, it was noted that 70 percent of mainstream teachers felt that they lacked the skills and the exposure to address with the needs of children with disabilities. For 81 percent of the teachers’ limited resources in classrooms was a key concern. Interestingly, in both the studies the authors conclude that there is enough evidence also to support that inclusion of CWD is possible in mainstream settings. Rieser (2008) in his analysis concludes that the rigidity of the curriculum, the lack of resource teachers in schools, poor quality paediatric health services and lack of specialists to help assess the special needs of children are some of the main barriers to inclusion in Pakistan.

Key priorities for policies related to post 2015 agenda

The last few years have seen some important developments in the field; however a lot remains to be done. Unlike 2000 when arguments were primarily focused on presenting a rationale for allowing children with disabilities access to mainstream classrooms, this is no longer the only concern. There is now greater awareness of the need to include CWDs in the school system as evident in the official rhetoric in both countries and in terms of the increased numbers of children with certain impairments accessing elementary schooling in India. While significant barriers remain in place for certain types of impairments; nonetheless educational participation of children with disabilities is now more of a reality than it was in the 1990s.

Disability issues are no longer simply marginalised but are being included in national discourse, and as Jeffery and Singal (2008) highlight people with disabilities may well find themselves enmeshed in a kind of ‘surveillance society’, unlike the situation in the mid-1990s when virtually nothing was known (Harriss-White, 2003: 1). In India, district disability officers undertake annually up-date listings of schoolchildren, in order to distribute scholarships for children with disabilities, similarly, regular surveys by school-teachers focus

on identifying OoSC, additionally schemes have been introduced to provide reservations in government jobs, social security pensions, travel concessions etc. Though these benefits are neither generous nor adequate and the procedures to obtain them are often byzantine and costly, nonetheless, awareness of the benefits of having an identified and certificated disability is spreading. These developments are changing the nature of perceptions around certain types of disabilities, and should be acknowledged. Notions of stigma do exist and need to be addressed but the discourse is not overwhelming about prejudice - evidence from the field based on qualitative studies conducted with people with disabilities and their families highlight the real struggles, but also opportunities that are available (Singal and Jain, 2012).

India, in comparison to Pakistan has far more clearly articulated policies in relation to the education of CWD and this has been a real strength. Nonetheless, important gaps remain especially in terms of shaping this vision into reality. The process remains unclear, especially at the school level and this is clearly highlighted in the research evidence discussed in earlier sections of this report. Efforts to educate CWD in both these countries need to take greater account of the real concerns faced by mainstream education systems (as is the case for many other Southern contexts). Here it is important to acknowledge that both these countries have systems with low overall educational indicators, wherein concerns are about teacher attendance not qualification; the focus is on basic teaching skills not on developing innovative pedagogical approaches, and concerns are about the scarcity of accessible and clean lavatories, and not high-tech laboratories. Additionally, these countries are burdened with the baggage of colonial legacy and pressures to respond to a globalised era. Therefore the approaches adopted to respond to concerns of children with disabilities must also acknowledge these disjunctures. Educational arrangements that are able to appropriately and effectively address the varied needs of children with different types of disabilities need to be identified and strengthened, rather than focusing on importing solutions from other contexts, particularly the North.

As we plan for the post-2015 agenda, the real challenge is also to make sure that learning outcomes for children with disabilities are not relegated to the background. Efforts to address the global learning crisis (UNESCO GMR 2014) must include CWD- both at the level of assessment and interventions. Little and Rolleston's (2014) observation in relation to non-disabled children that "rising enrolment levels have not, however, necessarily been accompanied by improvements in the quality of schooling and level of learning outcomes" (p.2) is of equal, if not more, concern for CWD. Rather, it could be argued that making sure that schooling is equipping CWD with key skills is of even greater concern, given that for many of them education may be the only mechanism of gaining skills that will help them access the labour market and move out of a lifetime of poverty (Branhoultz, 2007). Thus, learning of basic skills of numeracy, literacy, and reasoning should be an important feature, even though research evidence from Pakistan and India suggests that teachers do not seem

prepared for such a task. This argument is best exemplified in the findings of Singal (2014) where based on 12 in-depth teacher interviews, and 16 hours of classroom observation in a mainstream school in rural Karnataka (India), it was clear that teachers' discourse and practices were overwhelmingly driven by the perceived social benefits of children with disabilities attending mainstream schools. Letting children be together (allowing them to sit and play together) overrode any efforts made by teachers to enable children to learn together. Mainstream teachers did not feel confident in addressing the learning needs of CWD and the professional cadre being developed to support them (such as, IERTs) were too overstretched in terms of the number of schools they had to cover. Thus, any focus on classroom participation and learning for this group of children was in majority of the cases relegated to the background. Thus, the need for supporting teachers is paramount. This cannot be simply done through on-off teacher training programmes but thinking of a more systemic approach for continued professional development of teachers and indeed providing them with appropriate support structures to overcome real challenges in their own settings. There is now an urgent need to involve teachers in constructive dialogue to support the development of training programmes that are truly beneficial in equipping them with required pedagogical skills. Reforms in teacher education are crucial. Additionally, the need for specialist support for addressing educational needs of some children is a reality and this should not be relegated to the margins in favour of calls for inclusive education. Singal and Muthukrishna (2014) argue the need for a closer cultural and contextual analysis of how education of children with disabilities needs to be framed within Southern contexts.

The absence of rigorous evidence which can be used to evaluate the impact of current policies and shape future programmes remains one of the biggest challenges in the field. A systematic review (Bakshi et al., 2013), funded by AUSAid, on identifying approaches that increase the accessibility to education for children with disabilities across developed and developing countries noted that given the lack of rigorous research "it is not possible to draw any firm conclusions about the most effective approaches (in terms of impact or indeed cost) to increase the accessibility of education for children with disabilities" (p. 34). During times of evidence based policy developments this lacuna of rigorous research, drawing on both quantitative and qualitative research traditions, is most felt in the field of disability and education in Southern contexts. However, given that low priority has traditionally been accorded to disability in educational research funding it is not surprising to see this lack of evidence. But as we move forward, developing a more coherent agenda must be based on rigorous research findings. More importantly, such evidence gathering must involve people with disabilities, as it is ultimately by listening to these voices can we begin to respond to their lived realities.

Appendices

Appendix 1: Reasons for lack of reliable statistical data

(1) **Lack of conceptual clarity in recording disability**, inconsistencies in how it is defined and recorded in surveys within a national setting, let alone across nations. For example, in Pakistan the 1998 Population Census defined disability as “the physical or organic handicap of a person due to natural deformity or deficient functioning if any limb resulting from accident, disease etc... it refers to any visible malfunctioning of any organ of the body”. The types of disabilities covered in the census include blindness, deafness and muteness, crippling mental retardation and insanity, and, in addition, severe cases of seeing, hearing, locomotive and learning impairments. Thus, the visibility and severity of impairment seem to be key factors in making decisions about an individual’s disability.

In India, disability prevalence estimates from the 2001 census (Registrar General of India, 2001) and the 2002 58th Round of the National Sample Survey (NSS) (NSSO, 2003) have radically different definitions of four of the five major kinds of impairment they consider. This explains some, but not all, of the differences in their estimates. The NSS definitions of hearing, speech and locomotor impairments are more inclusive, and produce larger estimates than does the census. But for visual impairments, the census includes people using spectacles or contact lenses, whereas the NSS ignores them. For mental impairment, the definitions used by the two agencies are very different, yet the estimated totals (2.3 million from the census and 2.1 million from the NSS) are very similar. Taking all disabilities together, the stricter census definitions provide a lower estimate of people with disabilities of 11.8 million; taking the wider NSS definitions generates an estimate of 26.5 million. Larger differences emerge if particular age categories are considered. Amongst youth (those aged 12–24) the census finds 2.16 million with visual impairments, but the NSS finds only 0.18 million (plus some of those with multiple impairments). The figures for hearing impairment are much the same (0.21 million and 0.18 million, respectively) despite the differences in definition used; and the census figures for speech impairments are twice those of the NSS (0.550 million compared with 0.255 million), the reverse of what would be expected from the definitional differences (Jeffery and Singal, 2008).

(2) **Issues to do with lack of reporting**, which have commonly been attributed to concerns about social stigma- people not willing to disclose the presence of a disabled family member due to fears of being excluded from community networks, which tend to associate disability with reflection of past sins, bad luck etc. But non-disclosure could also be due to the fact that household members may not actually be aware of some conditions, or have a diagnosis, given the lack of health care provision in many areas.

(3) **Lack of training of enumerators** to ask sensitive questions. Ahmed (1995) reflecting on the different ways that disability data collected in Pakistan could be erroneous notes that in addition to respondent’s biases, a common issue is that of mistakes made in coding and recording of the data. These errors could be due to the enumerators own fatigue levels, rapport and interest in data collection as well as biases and manner in presenting questions. These observations hold true even for the Indian context, given that census coverage is usually massive, the focus tends to be on quantity and interviewer’s fatigue, disinterest and bias could easily cause the introduction of errors, especially with regard to relatively low ranked priority areas such as disability.

Appendix 2: Differences in Ministerial responsibilities (India)

DIFFERENCES IN MINISTERIAL RESPONSIBILITIES (INDIA)			
Ministry of Human Resource Development (MHRD)		Ministry of Social Justice and Empowerment (MSJE)	
National Council for Education, Research and Training (NCERT), National University for Educational Planning and Administration (NUEPA), National Council for Teacher Education (NCTE)	National curriculum development for inclusive education Research and policy development	Rehabilitation Council of India (RCI)	An apex national level institution for promoting disability rights, capacity building and research on issues related to people with disability.
Directorate of Education (DoE) State Council for Education, Research and Training (SCERT),	State level educational intervention on inclusive education Coordination with district level functionaries		
District Institute of Education and Training (DIET)	Teacher training Alternative and innovative curriculum	Directorate of Social Justice and Empowerment (DSJE) and Department of Social Welfare (DSW)	Salaries of special educators Funding of special schools at state and district level Organization of disability camps at state and district level for early detection and prevention Provision of assistive devices and undertaking corrective surgeries
Block resource coordinator (BRC) & Community resource coordinator (CRC)	Ground level implementation of inclusive education		

Appendix 3: Right to Education Act and Disability (India)

- Special training (in residential school, non-residential school or home based education) for children with disabilities, for instance, sign language, braille etc.
- ‘Special schools’ will have to become inclusive schools (neighbourhood schools). They will continue to function as resource centres for special inputs to regular and resource teachers, for teaching of children with special needs.
- A continuum of support services are required for enabling children with disabilities to access and be retained in schools. These include transportation from home to school, reform of physical infrastructure to ensure development of schools as inclusive spaces for education of all children.
- For inclusive teaching it is vital that adaptation of the curriculum is carried out to meet individual needs of children with disabilities.
- Both pre-service and in-service training need to given special attention to building capacity of teachers for addressing the needs of children with disabilities.
- The National Advisory Council, and State Advisory Councils envisaged under the RTE Act must include disability experts to provide guidance, technical and academic support. The NCPCR as well as SCPCRs should also include a disability expert to deal with issues of children with disabilities.
- It is vital to constitute resource groups at state and district levels to undertake effective planning and management to address educational needs of children with disabilities, which would include local NGOs.
- In order to provide decentralized resource support, all cluster resource centers should be provided a trained special educator who will function as an Inclusive Education Resource Teacher.
- School Management Committees (SMC) should be trained and sensitized on needs and strengths of children with disabilities and a training module for the same should be finalized.
- Parents and community members need to be sensitized on how to support children with disabilities. Inclusive education resource teachers at cluster level may assist in mobilizing community volunteers for spreading awareness.

Appendix 4: Amendments in the Persons with Disabilities Act (India)

Amendments In the PWD Act	
PWD Act, 1995	(Draft) Rights of PWD Bill, 2012
	<p>Discrimination on the basis of 'Prohibited Grounds' means discrimination on the grounds of:</p> <p>(i) Disability</p> <p>(ii) Perceived disability, whether the perception is accurate or otherwise, or</p> <p>(iii) Association of a person with persons to whom one or more prohibited grounds apply, or</p> <p>(iv) A combination of disability and any other ground such as religion, race, caste, tribe, place of birth, age, language, sex, gender identity, sexual orientation, pregnancy, maternity, marital status, care giver status, economic status, political or other opinion.</p>
<p>"Disability" means-</p> <p>(i) blindness; (ii) low vision; (iii) leprosy-cured; (iv) hearing impairment ; (v) locomotor disability ; (vi) mental retardation; (vii) mental illness;</p>	<p>"Disability" means a physical or mental impairment, which has a substantial and long-term adverse effect on the ability of a person to carry out normal day-to- day activities and it includes –</p> <p>(i) blindness (ii) low vision (iii) leprosy-cured (iv) hearing impairment (v) locomotor disability (vi) mental retardation (vii) mental illness;</p>
<p>"person with disability" means a person suffering from not less than forty per cent of any disability as certified by a medical authority;</p>	<p>This clause is to be deleted in this new draft. In this case, disability certificate can be issued to any person, who believes himself to be having a specified disability and applies, in such a manner as may be prescribed, to a certifying authority having jurisdiction, for being assessed and issued a certificate of disability.</p>
EDUCATION	
	<p>All Government and government aided educational institutions shall reserve not less than three per cent seats for admission for persons with disabilities.</p>
<p>Appropriate governments and local authorities to make schemes and programmes for non-formal</p>	<p>Comprehensive and Inclusive Educational</p>

<p>education etc.</p> <p>a. conducting part-time classes in respect of children with disabilities who having completed education up to class fifth and could not continue their studies on a whole- time basis;</p> <p>b. conducting special part-time classes for providing functional literacy for children in the age group of sixteen and above;</p> <p>c) imparting non-formal education by utilizing the available manpower in rural areas after giving them appropriate orientation;</p> <p>d) imparting education through open schools or open universities;</p> <p>e) conducting class and discussion through interactive electronic or other media</p> <p>f) providing every child with disability free of cost special books and equipment needed for his education.</p>	<p>Scheme.</p> <p>Without prejudice to the generality of foregoing provision, the appropriate government and local authorities shall prepare a comprehensive and inclusive education scheme compatible with the special needs of students with disabilities by providing additional support and provisions in regular schools and institutions of higher and technical education, and also projects in the fields of education and training in formal, non-formal, vocational, open learning system and other such sectors.</p>
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Source: MSJE, n.d.

The proposed revisions to the Act were undertaken with the intention of introducing issues of functionality in the definition, where disability is seen as more in line with notions of diversity, rather than being framed purely in a medical discourse. The revisions were also intended to make a stronger case for implementation of certain provisions and entitlements for people with disabilities.

Criticisms of the revisions:

However the proposed revisions drew a lot of criticism from some Disability Rights Groups, who argued that these revisions do not reflect the paradigm shift envisaged in UNCRPD as it does not view disability as a form of human diversity. They argued that Act continued to draw on the medical model rather than incorporating reflections from the social model of disability. One of the main criticisms has been that the revisions are not in line with the UNCRPD. They have argued that undertaking revisions is simply not enough and there is a need to replace the existing law with one entitled, “The Rights of Persons with Disabilities (Respect for Dignity, Effective Participation and Inclusive Opportunities) Act, 2009”.

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