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Equality, quality and quantity: challenges in inclusive education policy and service provision in India

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Despite government efforts to provide services for children with disabilities in line with recommendations from international aid agencies, the 2003 Census of Individuals with Disabilities found that over 90% remain unserved. This paper identifies some of the limitations of these efforts in the context of the census findings, with particular reference to the issues of under-representation of specific groups and identification. The 2003 Education For All (EFA) programme and recent policy initiatives, the Right to Education Bill 2005, the Action Plan for Inclusion in Education of Children and Youth with Disabilities (IECYD) 2005 and the National Policy for Persons with Disabilities 2006, are examined for their responsiveness to these concerns.

Introduction

In the 1990s, international aid agencies recommended that poverty reduction programmes specifically target people with disabilities in addition to other disadvantaged groups, such as women, scheduled castes or Dalits and tribal communities (Asian Development Bank, 2002; World Bank, 2004). These Millennium Development Goals have provided the framework for government intervention in India, contributing to legislation and programmes for inclusive education as a cost-effective and quality option for all — children with disabilities included. Yet, the National Census on people with disabilities conducted in 2002 found that, despite these efforts, about 94% of children with disabilities did not receive any educational services, and some groups, such as children in rural areas, girls with disabilities and individuals with mental retardation, were further under-represented (National Sample Survey Organisation, 2003). In addition, studies indicating fragmented implementation (Alur, 2002a; Jangira, 2002), uncertainty about the concept of

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inclusion (Singal, 2005, 2006), inadequate resources and dissemination (Jha, 2001, 2004; Mohapatra, 2004) pointed to a lack of quality programming.

In response to these concerns, the government implemented a comprehensive Education For All (EFA) initiative, the Sarva Shiksha Abhiyaan (SSA), in 2003 and promulgated three new policies on the education of people with disabilities, the Right to Education Bill 2005, the Action Plan for Inclusion in Education of Children and Youth with Disabilities (IECYD) 2005, and the National Policy for Persons with Disabilities, 2006. This paper identifies some of the limitations of these earlier efforts in the context of these census findings, with particular reference to the issues of under-representation and identification. It also examines the responsiveness of the EFA initiative and the recent policies to these limitations. The paper opens with a historical review of the development of special and regular education in India, and the role of international aid agencies in determining educational policy and programmes.

Development of special education in India

Historically, voluntary agencies have predominated in service provision for people with disabilities in India (Misra, 2000; Alur, 2002b). Starting with Christian missionaries in the 1880s, the charity model became part of the special schools they established (Alur, 2002b), for instance, for the blind in 1887, for 'the Deaf and Mute' in 1888, for 'Crippled Children' in the 1850s, and for the 'mentally deficient' in 1934 (Misra, 2000).

Government intervention began in the 1940s during British rule with the Central Advisory Board of Education, which made recommendations for service provision. In 1947, under the newly independent Indian government, the Ministry of Education established a few educational and workshop units for blind adults to learn occupations traditionally perceived to be suitable for people with visual impairments, such as cane weaving and music (Bhatt, 1963, cited in Kalyanpur, 1996). These units were later expanded to include people with hearing and orthopaedic impairments. On the whole, however, the post-Independence government has focused primarily on setting up national research institutes, awarding scholarships and granting monetary assistance to voluntary agencies to establish special schools (Misra, 2000; Alur, 2002b), while the voluntary or non-governmental organizations (NGOs) have continued to be responsible for setting up special schools. As all the research institutes and most special schools were located in urban areas, and many NGOs charged fees, these services were inaccessible to the poor and rural, constituting a majority of the population. Children with disabilities were 'invisible' (Alur, 2002a) in national policy, and the largest package of health and education services for children and women in rural areas, the Integrated Child Development Scheme (ICDS), established in 1974, did not include children with disabilities among its beneficiaries (Alur, 2002a).

In the 1970s, UNESCO recommended that developing countries implement inclusive schooling as a cost-effective alternative to educating children with disabilities, and, in 1974, the Indian government responded with a pilot project, the Integrated

Education of Disabled Children (IEDC) scheme (Jha, 2004), which was expanded as a nationwide project in 1987. However, at its height in 1994 with full UNICEF funding, the IEDC was implemented in just ten out of 29 states (Rao *et al.*, 2005). An evaluation of the original pilot IEDC program found that, as a result of inadequate dissemination and resource allocation, few parents of children with disabilities knew about the project and few children actually received any equipment or services, while the lack of training bred teachers who were unwilling or unable to respond effectively to their students with disabilities (Seetharam, 1982, cited in Kalyanpur, 1996). Further, despite the emphasis on inclusion, the categorization and exclusion of children among those already enrolled actually increased (Ahuja, 2002). The IEDC was eventually subsumed under generic development programmes¹ (Rao *et al.*, 2005) and is discussed in more detail below.

Impact of regular education and the role of international aid agencies

We must also look at the broader context to account for the limitations of the early IEDC programme. Two reasons are the concurrent failures in the development of regular education, and the role of international aid agencies, like UNESCO, the World Bank, UNICEF, and more recently, the Asian Development Bank, in directing the course of educational policies and programmes. In the assumption that poverty in the newly independent nations could be eliminated if they were developed along the lines of the industrialized former colonizing countries, the Western model of economic development became the template for growth (Malapka, 1992). Towards this, donor developed countries contributed, monetarily through international aid agencies, and technically through an international technical assistance network, to recipient developing countries. In most cases, the implicit, and sometimes explicit, understanding was that recipients of monetary assistance would follow the international aid donors' guidelines specifying how the monies were to be spent (Mattelart, 1983). In many cases, these recommendations were based on practices successful in donor countries and did not consider the local socio-political environment (Brady & Anderson, 1981; Gokhale, 1981; Miles, 1986). Worse, Dalal (2002) and Miles (2002) note foreign teams of developers, convinced that Western scientific knowledge was the right path to development, often perceived local cultural beliefs as barriers rather than strengths. For instance, the trend toward segregated settings in India reflected global developments in special education, regardless of the high levels of natural inclusion that prevailed locally (Miles, 1997), and has continued even after the segregation and institutionalization of people with disabilities has fallen into disrepute in developed countries.

The 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 (Baine, 1988; Ahuja, 2002). An inordinate emphasis on an academic curriculum largely meaningless to the average Indian child resulted in

high dropout rates and low enrolments (Saini, 1987). In 1990, the national literacy rate was still only 48% (World Bank, 1993). In the meantime, a parallel system of private education had developed and flourished, offering English, the generally perceived 'passport to success' (Pinto & Sahu, 2002), as a medium of instruction for the small percentage of urban, middle-class and affluent families that could afford to pay high fees for an education (Jha, 2004; Deepa, 2006).

In response to international aid agency guidelines to develop more relevant curricular alternatives for the rural poor, the government introduced non-formal education (NFE) to engage school dropouts and disadvantaged groups, such as girls and Dalits (Jha, 2004). Despite its early promise as a viable option (Baine, 1988), within the fiercely competitive environment of contemporary India (Misra, 2000; Premji, 2005), the perception that it offered a 'watered-down curriculum' soon relegated it to secondary status, under-funded and of inferior quality (Jha, 2001, 2004). Further, because of the emphasis on special education and segregated settings, NFE was not formally incorporated into programming for children with disabilities.

Disability and the millennium development goals

Then in the late 1990s, international aid agencies identified people with disabilities as another vulnerable group, noting that disability is both a cause and a result of poverty (Asian Development Bank, 2002; World Bank, 2004). The millennium development goals recommended that poverty reduction efforts include individuals with disabilities along with already targeted groups. Thus, disability became a centre-stage priority in the Indian government's effort to reduce poverty. These efforts included legislation, public awareness campaigns, and increased funding.

Legislation

In the 1990s, the government enacted three disability-related legislations. Responding to the need for capacity building, the Rehabilitation Council of India (RCI) Act, 1992, made the RCI a statutory body towards mandating minimum standards for training and teacher certification for professionals in the field of special education and rehabilitation (Misra, 2000). The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act of 1995 and the National Trust (for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities) Act of 1999 followed.

The 1995 PWD Act mandates that state or local governments (1) undertake yearly screenings to identify 'at risk' cases, and public awareness media campaigns on causes and prevention, (2) ensure every disabled child access to a free education in an appropriate environment, promoting integration in normal schools, (3) authorize a 3% reservation quota in employment, (4) provide accessibility to buildings, transport and other public services, and (5) appoint a Disability Commissioner to monitor funds and safeguard the rights of people with disabilities. The 1999 National Trust Act provides for the constitution of a central body, the National Trust, to safeguard the

rights and interests of people with disabilities. The Trust's primary objectives are to enable people with disability to live as independently as possible within and as close to the community to which they belong, by (1) extending support and need-based services for families during periods of crisis, (2) developing procedures for appointing a guardian or trustee in the event of a parent's death, and (3) establishing self-help groups towards realizing their rights. Facilities may include respite care, foster family care or day care, residential hostels and homes.

Despite a large number of lawsuits brought to bear, mostly on behalf of adults with disabilities, in response to these landmark legislations (Pandey *et al.*, 2005; Sorid, 2006), poor conceptualization and execution have impeded their impact on inclusive education service provision. Problems with conceptualization, significant in the context of global funding, relate to the meaning of the terms 'inclusion' and 'rights'. Studies on policy makers' and school personnel's perspectives on inclusive education in India found inclusion interpreted differently from the west (Singal, 2005, 2006; Kalyanpur, 2006a). Singal (2005, 2006) noted that 'integration' and 'inclusion' were used interchangeably as if they meant the same, and that inclusion referred to an education not merely for children with disabilities but for all disadvantaged groups. Kalyanpur (2006a) found that inclusive education was interpreted as being any educational service, even a special school, for children with disabilities because it represented an immense step towards their inclusion in society. Both argue this indicates a tendency to be 'politically correct' by taking on current trends in the west without a real or common understanding of their meaning, resulting in dilution of service quality.

Similarly, moving away from the charity model, the premise of a global rights-based context (Arieff, 2006) on which the Acts are based is not necessarily reflected within the larger societal milieu (Miles, 2002; Kalyanpur, 2006a). Studies show that the general public tends to justify meeting the needs of people with disabilities on the basis of '*ehsaan*' or obligation (Miles, 2002), while professionals in the field do so on the basis of '*samjhauta*' or understanding (Kalyanpur, 2006a). In such a climate, the current trend of demanding one's rights and participatory development, while a seemingly democratic means of empowering beneficiaries, may actually impose advocacy expectations that smack of tyranny (Cooke & Kothari, 2001) and offer a rhetoric that is not accessible to the ordinary public, further marginalizing people with disabilities. The fact that the government itself has failed miserably in trying to ensure that the rights of all children to an education are upheld also renders the rhetoric meaningless (Deepa, 2006).

Scholars also argue that the laws provide few specifics on execution (Alur, 2002b; Jha, 2004) and focus more on punitive measures for violations than on offering incentives for compliance (Mohapatra, 2004). For one, some of the mandates contradict each other (Alur, 2002b), while others overlap (Jha, 2004). For instance, while the PWD Act promotes inclusion, the National Trust Act promotes segregation, with its requirement that facilities for individuals with disabilities include residential hostels and homes, and, similarly, the RCI Act continues to require separate training programmes for special and general educators (Singal, 2005). In other cases, asserts

Jha (2004), there is a sense of 're-inventing the wheel', where the legislations are only marginally different from each other. For another, state governments have differing priorities. For instance, in accordance with the legal mandate, the central government instituted the state office of Disability Commissioners in 1998 to facilitate administration and implementation. However, only nine states have actually appointed independent disability commissioners (Asian Development Bank, 2002).

Public awareness campaigns

The PWD Act's mandate for media coverage on disability-related issues gives the Ministry of Information and Broadcasting the responsibility for public awareness and education programmes ('Films and radio programmes', 2005). As a result, leading newspapers and magazines carry articles on issues relating to disability regularly, government-funded billboards and wall posters providing basic information on prevention through vaccination and early identification figure prominently in both rural and urban areas, and movies about people with disabilities, such as *Black* and *Iqbal*, have reached wide audiences and received popular acclaim (Paul, 2005). Under the Ministry of Social Justice and Empowerment (MSJE), the Rehabilitation Council (2005) has undertaken workshops and conferences to educate NGOs and the media about available programmes and potential beneficiaries, developed a handbook on disability management to educate officers in the civil administrative services, and is developing a similar one for journalists. Finally, the government-funded program to provide aids and appliances and travel concessions to individuals certified as disabled, and its mandate for a barrier-free environment has increased the visibility of adults with physical disabilities on urban streets (Pingley, 2005).

Although awareness of disability has improved as a result of media coverage, dissemination continues to be inadequate, with the general population, including families of children with disabilities (Kalyanpur & Gowramma, in press) and school principals (Jha, 2004), still largely unaware of the laws and policies (Sorid, 2006). For instance, a study of private and government school principals' knowledge of governmental measures on inclusion revealed that less than 37% had heard about inclusive schooling (Jha, 2004). Negative attitudes about people with disabilities still abound, strongest against mental retardation and girls (Rao *et al.*, 2005). As Hegarty (1998) points out, attitudes to people with disabilities are centrally important in any effort to reform education provision. The Indian government still has a long way to go in helping change these attitudes.

Government funding

Government has also made efforts to earmark funds towards disability and rehabilitation programmes (for an in-depth review, see Mohapatra, 2004). As a planned economy, the Indian government projects these allocations at regular 5-year intervals, called Five-Year Plans. Through the first four Five-Year Plans, allocations for development were targeted largely at rural areas. A shift towards including people

with disabilities began only in the 1970s. The first upsurge of funding went to NGOs and to establishing the national research institutes during the 5th Five-Year Plan (1974–78). A second increase occurred in the eighth and ninth Plans (1992–2002), focusing on government-funded schools, which resulted in the push towards inclusive education. The outlays for the tenth Plan (2002–07) are the highest to date, reflecting the World Bank (2004) and Asian Development Bank (2002) directives to include people with disabilities in poverty reduction programmes and the mandate to commit 3% of all resources allocated for rural development towards individuals with disabilities.

However, a major criticism levelled against the government is that, despite increases in budgetary allocations, its overall expenditures on health have increased from a mere 0.6% of its gross domestic product in 1996–98 to an insignificant 1.3% in 2005, while expenditures on education have remained stagnant at 3.2% (Deepa, 2006; United Nations Population Fund, 2006). Further, the national research institutes appropriate a major proportion of the allocations for education (Jangira, 2002). It is also significant that, besides the Ministry of Social Justice and Empowerment, which is the nodal agency for disability-related programmes, most other Ministries with peripheral implementation responsibility do not have a budget for the disability portfolio (Sandhu, 2004). Further, scholars note that efforts at decentralization to provide greater autonomy to state governments (also in accordance with international aid agency guidelines) have resulted, unfortunately, in the central government reducing its financial commitment for education, expecting state governments to come up with the difference to meet costs, even as it continues to broaden the scope of its projects (Mohapatra, 2004; Deepa, 2006). Jangira (2002) cites this as the main reason for many states choosing not to implement the IEDC programme.

Undoubtedly, there has been progress, particularly in the last ten years, and people with disabilities are no longer invisible. Yet, limited policy implementation, financial resources and dissemination have reduced the impact of the government's efforts, leaving large numbers of children with disabilities without access to an education. The next section identifies additional barriers from an analysis of the census data.

Are people with disabilities included in the count?

Based on UNESCAP directives (Dash & Singh, 2006), in 2003, the National Sample Survey Organisation (NSSO) conducted a census of people with disabilities to:

provide information on the magnitude and other characteristics of disabled persons (that would) be useful to the planners and policy makers in order to evolve a successful programme for social integration of the disabled.

(Ray, 2003, p. 1)

The demographics reveal not only a vast under-served population of people with disabilities, but also specific groups, such as children with mental retardation, individuals in rural areas, and girls/women with disabilities, who receive even fewer services. The demographics also point to another issue: the problem of identification

and labelling, of establishing incontrovertibly who are the disabled, suggesting that one reason for the large numbers of children with disabilities being unserved is that they have never been identified.

Limited educational service provision

The NSSO first attempted to collect information on the number of individuals with physical disabilities in 1960; this effort was exploratory and confined to rural areas (NSSO, 2003). In 1961, the survey was extended to include urban areas as well, but these 'early inquiries' were neither systematic nor comprehensive. Subsequent rounds collected data on the prevalence and incidence of disability in the country and extended to include persons with visual, communication (i.e. hearing and/or speech) and locomotor disabilities. It was only in the most recent round, in 2002, that persons with mental disability were included in the count. The most comprehensive survey to date, it also provides information on several other indicators.²

From this survey (NSSO, 2003), we learn that the total number of people with disabilities in the country is 18.49 million, constituting about 1.8% of the total population. In terms of educational levels, only 11% of children with disabilities between the ages of 5–18 years in urban areas (less than 1% in rural areas) were enrolled in special schools, while 55% of adults with disabilities were illiterate (59% in rural and 40% in urban areas) with only 7% in rural and 18% in urban areas having completed secondary education. Girls with disabilities had lower enrolment ratios than boys with disabilities (1) across region, i.e. urban and rural, (2) by type of schooling, i.e. regular and special schools, and (3) by level, i.e. primary and secondary. Of all the disability categories,³ persons with mental retardation were least likely to have received an education, had the lowest enrolment ratio in schools, were the lowest proportion of employed adults and were the most likely to remain unmarried.

In other words, children with mental retardation, individuals in rural areas and girls with disabilities receive even fewer services than most people with disabilities. Prevailing cultural attitudes may account for this. For instance, the perception of women as burdens in a patriarchal society that relegates them to subordinate positions in the family, low-paid or unpaid jobs in the work force, and denies them property and inheritance rights, often contributes to the belief that any economic investment in girls, like an education, accrues to the husband — as opposed to boys whose education is seen as feeding back in to the earnings and status of the family (Patel, 2003). This gender disparity is reflected in lower enrolment rates for girls than for boys, particularly at the secondary level. Similarly, many families choose not to educate their children with mental retardation, particularly if the child is severely involved or has multiple disabilities, because of the prevailing belief that such a child would not benefit from an education (Misra, 2000).

Parents' lack of information or traditional beliefs may explain the low rates of enrolment. However, studies show that when families are informed about the advantages of educational interventions, they do enrol their children quite readily (Alur, 2002c; Pai, 2002). This suggests that the limited availability of schools is a major contributory

factor: indeed, Rao *et al.* (2005) noted that, in 2001, nationwide, there were just 1000 special schools for children with mental retardation and 130 additional schools run by parent associations. Again, a study of special schools (Rao & Reddy, 2004) found that less than 15% of special education services were located in rural areas. Finally, by 2000, the IEDC programme had been implemented in only 20 000 schools, covering just 14 states (Rao *et al.*, 2005).

Labelling process

The issue of labelling has generated considerable controversy elsewhere. Scholars assert that the medical model which dominates the identification and labelling process is flawed in that it assumes the disability to be a deficit within the individual traceable to an organic basis, that disability is an objective, quantifiable construct, and that understandings of disability are universal, regardless of cultural norms (Harry & Klingner, 2006; Rao, 2006). An analysis of the demographics reveals certain discrepancies and ambiguities that suggest that the enumeration process, which uses this model, is also flawed.

If we examine the prevalence and incidence rates, we find that at 1.85%, the prevalence of disability is marginally higher in rural than in urban areas (1.5%), while the incidence rate (or the number of people whose onset of disability occurred within a year of the census) is comparable across urban and rural areas at about 69 persons per 10 000. These small degrees of difference between rural and urban areas are disproportionate to the distribution of the general population, of which 74% lives in rural areas (Asian Development Bank, 2002), indicative not only of the scarcity of identification and screening services in rural areas (Asian Development Bank, 2002; Rao & Reddy, 2004), but also of the exclusion of many people with disabilities in rural areas from the count. Interestingly, this has been attributed to the lack of sophistication in rural respondents (Dash & Singh, 2006) rather than the inappropriateness of the tool.

Similarly, individuals with locomotor disabilities make up the largest group by disability category across rural and urban areas averaging about 53%, while individuals with mental retardation constitute the smallest category at 4%. It is curious that low incidence disabilities, such as visual and orthopaedic impairments, in developed countries like the USA, are high incidence disabilities in India, and the reverse is true of disabilities like learning disabilities and mental retardation. Again, while one reason for this paradox is the lack of sufficient preventive and early intervention services that could eliminate, or reduce the prognosis of, a physical condition, it is more likely that conditions like physical impairments are identified in larger numbers precisely because they are visible, whereas less visible conditions, like learning disabilities, tend to get overlooked.

Another reason for these discrepancies is that the definitions that were applied to identify various categories of disability are problematic. The NSSO defined as disabled any individual 'with restrictions or inability to perform an activity within the range considered normal, i.e. having less than 40% functioning'. This definition,

based as it is on identifying deviations from developmental milestones rather than on common understandings and perceptions of disability, emerges from the medical model (Takamine, 2003). Two factors suggest that this definition may have resulted in an arbitrary and inaccurate enumeration. One, no guidelines for identifying a 40% functional level are provided (Ketan Kothari, National Association of the Blind, personal communication, 6 October 2005). Two, deep-rooted negative attitudes and the social stigma attached to disability often make people unwilling to admit to having a family member with a disability. For example, because of traditional discriminatory attitudes against females, often girls in northern and western India are consistently undernourished resulting in mild levels of developmental delay. However, they may not be perceived as being 'mentally retarded' within the collective perceptions of their communities (Sen, 2005). Similarly, village children in Maharashtra with mild mental retardation and hearing impairments, which did not prevent them from earning an income for the family, were not perceived as disabled (Pai, 2002). On the other hand, when surveys allowed self-reporting of disability based on communities' own definitions of disability, a study of three villages in Tamil Nadu found much higher prevalence rates of disability (Harris-White & Subramaniam, 2002, cited in Mohapatra, 2004).

The problems inherent in a medical model definition are also seen in the identification of people with mental illness and mental retardation. The survey included three probes. Respondents were considered mentally ill if their response to only to the first probe, and mentally retarded if their responses to all three were in the affirmative. The first question asked if any family member demonstrated difficulty in understanding instructions or carrying out activities like their peers, talked to oneself, laughed or cried without reason, stared or was violent; the second question asked if these behaviours were observed before 8 years of age; and the third asked if the family member was delayed on specific milestones. This approach (1) assumes a very narrow spectrum of behaviours to identify either an intellectual disorder or a mental illness, (2) precludes the possibility of identifying a mentally ill child or adolescent, (3) does not take into account individual or cultural variations in expectations for child development, and (4) most significantly, could have just as easily resulted in an individual being categorized under mental illness as under mental retardation, suppressing numbers for the latter category (Kalyanpur, submitted).

Perhaps the most controversial aspect of this identification process is the contradiction between the Indian government's efforts, on the one hand, to adopt an inclusive stance that moves away from impairment-led labels toward the acceptance and integration of a marginalized group within the general population, and, on the other, to identify and quantify the number of people with disabilities in a process that creates perceptions of difference and label-based segregation. Scholars have suggested the need for a process of identification that moves away from 'percentages of impairment' (Jha, 2004, p. 170) and instead recognizes the influence of personal, social, and environmental factors on people with disabilities (Takamine, 2003; Jha, 2004). Several countries use the International Classification of Functioning, Disability and Health (ICF) checklist developed by the World Health Organization as an effective

tool that defines disability more accurately and sensitively (Takamine, 2003); additionally, it moves away from the traditional 'four categories and other' approach towards a more locally nuanced interpretation of disability (Peters, 2004).

How responsive are government's recent policies and programmes?

Inadequate implementation and financial resources, and an enumeration system that relies heavily on a medical model of labelling have hampered government initiatives on inclusive education and resulted in large numbers of unidentified and unserved children with disabilities. Since 2003, the government has promulgated three new policies on the education of people with disabilities and implemented a comprehensive EFA programme. To what extent do these recent initiatives respond to the shortcomings of the government's earlier efforts and the lacunae identified in the census? This section attempts to answer this question.

Policies

The directives of the Millennium Development Goals have resulted in three government policies. The Right to Education Bill 2005, drafted by the Ministry of Human Resource Development, still awaits enactment (Bhushan, 2006). This Ministry also drafted the Action Plan for Inclusion in Education of Children and Youth with Disabilities (IECYD) in 2005. The National Policy for Persons with Disabilities, under the Ministry of Social Justice and Empowerment (MSJE), followed in 2006.

The 2005 Right to Education Bill reiterates the government's promise of a child's right to free education of equitable quality. To its credit, the Bill is the first non-disability-focused policy that delineates children with disabilities as a separate category from other disadvantaged groups: research indicates that when countries do not, there is little recognition of the specific needs of individuals with disabilities (International Labor Organization, 2002). It even specifies some practical modifications, such as modified textbooks and barrier-free school buildings. Most significantly, while it continues to espouse rights as a means to an equitable society, it does so not within the Western framework of individual rights, but in terms of social justice and collective advocacy (Kalyanpur, in press).

However, it does not provide for children below the age of 6 years (Deepa, 2006), despite research indicating the importance of early intervention towards mitigating the impact of a disability and the social benefits of starting inclusion at an early age (Davis *et al.*, 1998). It also adopts an anti-inclusive stance by suggesting that children with mental retardation need not be placed in age-appropriate settings but according to their mental development, and that children with severe or profound disability who cannot be accommodated in neighbourhood schools be provided an education in appropriate, alternative environments. Interestingly, a major reason for the delay in its being enacted is the cost of implementing the 3% reservation for the vulnerable groups identified in the census: in the interests of decentralization, the central

government intends to bear only 75% of the financial burden and expects state governments to shoulder the rest, which they have refused to do (Bhushan, 2006; Deepa, 2006).

Given the confusion in understandings of the concept of inclusion in earlier legislation and policy (Singal, 2005), the most significant contribution of the 2005 IECYD Action Plan⁴ is its effort to clarify this. It states that: ‘whereas under the Scheme of Integrated Education for the Disabled Children (IEDC) as it stands at present, children with disabilities are placed in a regular school without making any changes in the school to accommodate and support diverse needs, the revised IECYD will, in contrast, modify the existing physical infrastructures and teaching methodologies to meet the needs of all children, including Children with Special Needs’ (Ministry of Human Resource Development, 2005). It recognizes the need to move away from a punitive stance for legal violations with proactive measures to encourage compliance, and delineates the authorities responsible for implementing each output (although timelines are missing). It remains to be seen whether this understanding of inclusion can be disseminated among all stakeholders and the implementation streamlined across all the responsible authorities.

Another progressive aspect of the IECYD Action Plan is the promise to provide in- and pre-service training to regular education teachers on disability and inclusive education through collaboration with the Rehabilitation Council and the National Council for Teachers’ Education, as well as to pre-school (*anganwadi*) workers in the Integrated Child Development Services (ICDS) programme. On the other hand, although ‘appropriate’ special schools run by NGOs are expected to convert into resource centres for teacher training and materials, most will stay as special schools, while children with severe, multiple and intellectual disability will receive home-based learning.

Interestingly, although the Action Plan (under the Ministry of Human Resource Development) preceded the National Policy (under the MSJE) in time, it provides many of the implementation strategies implicit in the visionary planning of the Policy. For instance, the Action Plan intends to implement the National Curriculum Framework, which has been modified to respond flexibly to all students — an appropriate tool towards realizing the National Policy’s goal of educational rehabilitation. It is hoped that the two Ministries recognize this connection between vision and action in their respective documents and consolidate their efforts towards what is essentially a common goal of inclusive education.

Acknowledging the census findings, the 2006 National Policy⁵ intends to offer inclusive education through the EFA programme, expand coverage in rural and unserved areas by establishing new District Disability Rehabilitation Centers (DDRC) besides the existing 120, disseminate information in terms of availability of aids and appliances, ensure the mandated 3% coverage of persons with disabilities in poverty reduction programs and target girls with disabilities. However, although it mentions specific programs for women, there are none that proactively target girls with disabilities, particularly in the context of health and social attitudes. Special schools will become resource centres for inclusive education and the Ministry will open new special schools on an as-needed basis.

On the whole, although there are indications that the government has responded somewhat to previous concerns, there is the sense of a 'Band-Aid' approach of fixing the smaller details, such as streamlining the disability certificate issuance and reconciling different definitions of disability, rather than addressing the bigger issues of inaccurate identification measures, inadequate infrastructure and facilities, teacher shortage, quality of education in the non-formal and vocational sectors, and gender disparities. Possibly the most troubling concern regarding all three policies is their continued reliance on alternative placements to inclusive settings, despite evidence of the consequences of spreading resources too thinly across parallel systems of schooling, special and non-formal (Jha, 2004; Singal, 2006).

Programmes

Under the World Bank directives recommending the institution of EFA programmes,⁶ the first initiative on inclusive education, the Scheme of Integrated Education for Disabled Children or IEDC (referred to above), gradually broadened its focus as it was subsumed under generic rural development and poverty reduction programmes. Under the Janshala Schools programme (1998–2004), it created awareness about the importance of education in low enrolment districts and offered free education to 'integrable' children with disabilities in regular classrooms at government-funded schools with transportation and assistive devices (Gandhe, 2004). By 2003, under the newest EFA initiative, SSA, it promised to accommodate other students with disabilities within alternative and non-formal schooling systems, and provide residential and non-residential 'bridge courses', or transitional programmes for mainstreaming, to children with disabilities who had never been to school (Rao *et al.*, 2005).

Analysis of the EFA programme, and the IEDC in particular, reveals that, implementation continues to be fragmented. Once again, state governments' priorities are a factor. For instance, although Madhya Pradesh and Gujarat have comparable numbers of people with disabilities (NSSO, 2003), in 2002, Madhya Pradesh had 2165 IEDC schools while Gujarat had only 898 (Rao *et al.*, 2005). Similarly, the 'vote-value' of a project is one reason why a newly elected state government may choose to continue or discontinue it (R. Sundar Vadan, Disability Commissioner, Andhra Pradesh Government, personal communication, 25 November 2005). Further, best practices from earlier programmes are not always incorporated into later ones. For instance, the disability-friendly interventions of the Janshala programme, voted the best in the world by the UN, such as multilevel teaching which avoids stigmatizing struggling students, and micro-planning which creates robust village level involvement, have not been adopted by the 2003 SSA programme (Gandhe, 2004).

Scarce resources may be another factor. For instance, a study assessing 51 neighbourhood EFA '*anganwadi*' or pre-schools for their potential to effectively include children with disabilities on the criteria of physical accessibility, teacher to class ratio (due to a teacher shortage, classes were often combined), availability of electricity, clean drinking water and toilet facilities, found that not a single school met all the

criteria (Raju *et al.*, 2001). Similarly, the Andhra Pradesh state government's efforts to meet the needs of its out-of-school special needs population, comprising 21% of the total population of children with disabilities in the state, by offering residential bridge courses and training resource persons to work in regular classrooms, still left over 34 000 children unserved (Andhra Pradesh Government, 2005). Finally, while the enrolment of children with disabilities increased in the Janshala programme, their proportion among non-enrolled children was still high (Gandhe, 2004).

A third factor relates to the confusion among international aid agencies about the most efficient approach to disability policy implementation. Aid agencies argue the need for a multi-sectoral approach, whereby the ministry of social affairs works in close coordination with technical line ministries, on the grounds that the needs of persons with disabilities cut across multiple sectors, such as education, health, employment, urban planning (ILO, 2002; Jallade *et al.*, 2001). India has adopted this approach gradually: currently, while the Ministry of Social Justice and Empowerment (MSJE) is the nodal agency of the central government promoting services for people with disabilities, eight additional Ministries have responsibilities for specific aspects relating to their respective portfolios (for details, see Rao *et al.*, 2005).

However, in recent years, global funders note that the multi-sectoral approach assumes both a sophisticated level of coordination as well as specialist knowledge that may not exist in government bureaucracies (Asian Development Bank, 2002), and a higher level of participation and advocacy by persons with disabilities within this policy structure than currently prevails in India (Pinglay, 2005). They assert that a more streamlined approach facilitates implementation, and that, while a multi-sectoral allocation of responsibilities may seem logical, the need for a multidisciplinary approach in special education and rehabilitation service delivery may be better served with consolidation (Asian Development Bank, 2002; Peters, 2004; World Bank, 2004). In a climate of resource scarcity and slow change, such a drastic change of position can hardly be helpful to the Indian government. Indeed, the 2006 National Policy decision to make the Human Resource Development Ministry the nodal agency for the education of persons with disabilities, MSJE the nodal agency for Policy implementation, and ten other Ministries and eight Departments responsible for portfolio-specific implementation does not indicate this change will occur.

Discussion

Can the government provide effective and sufficient schools to be equitable to all disadvantaged groups? Or, when resources are scant, do the goals of quantity and quality become mutually exclusive? Conversely, in trying to meet both goals, does it mean that neither is achieved? It would seem that in following the directives of international aid agencies, the Indian government is faced with difficult choices and the possibility that, whatever the decision, there may be no successful outcomes. Not espousing inclusive education as a moral imperative would have alienated the international aid community and national disability rights activists, among others, jeopardizing India's position as a leader in the developing world. However, in moving

towards inclusive education, there is the risk of alienating the voluntary organizations, which cater to a large percentage of children with disabilities, but, entrenched in their practices, continue to offer special schools.

In the end, the government appears to have developed its own unique response towards assuaging all parties: it is reconciled to having two parallel tracks of educational systems for students with disabilities. This structure consists of government-funded inclusive schools for children with mild and/or physical disabilities who could be accommodated in a regular classroom with minimal support and government-funded or NGO-run special schools for students with moderate and severe disabilities who would need major curricular modifications to be academically successful (Rao *et al.*, 2005). That the government has even acknowledged the need to educate students with moderate and severe disabilities is perceived as a tremendous accomplishment and, indeed, a step towards inclusion. This compromise solution flies in the face of global evidence that financing both systems simultaneously negatively affects the quality of both (Peters, 2004); further, when resources are spread over parallel systems in a climate of scarcity, the dearth is further exacerbated (Singal, 2006). The government's past record of poor implementation hardly help. Two, since higher numbers of students with locomotor and visual impairments are included in regular schools than students with mental retardation, this increases the segregation of students with mental retardation who are not accommodated in inclusive schools.

The question of rights demands close scrutiny, too. Unsupported by adequate implementation and dissemination, the laws lack teeth. The idea of demanding one's rights on an individual level is foreign to the majority of Indians, and perceived as selfish and antisocial. Although an explicit aspect of government policy, perhaps in the interests of being politically correct within the larger international context of human and children's rights (Sorid, 2006), the government has reduced the rhetoric of rights to just that, lacking substance or a common frame of reference (Deepa, 2006). Instead, it has come to symbolize social justice and collective change through the actions of parents, self-help and other advocacy groups (Kalyanpur, in press).

This duality is replayed in the arena of labelling, and the government's intention to collect census data every five years, again following international directives. There is a delicate balance between the need for numbers for policy planning and a process of enumeration that could result in the further marginalization of people with disabilities, defeating the purpose of inclusion. The government intends to move away from the medical model encapsulated by the current Census survey instrument by utilizing the ICF checklist instead (Dash & Singh, 2006). However, a field-testing of the checklist in Meerut district with trained interviewers found discrepancies between rural and urban, and illiterate and literate, respondents in understanding of terms and perceptions of disability categories (Dash & Singh, 2006). This would indicate that, while the ICF checklist may be a more nuanced instrument for the identification of disabilities than the current one, and will succeed in identifying people with disabilities who would not have been identified before, some unwanted consequences could still occur. One, the externally imposed criteria for difference may create new perceptions of disability that could lead to

exclusion (Pinglay, 2005). Two, it fails to optimize on cultural strengths and prevailing high levels of natural inclusion.

Given the current debate in the developed world on whether there are any intrinsic benefits from classifying children under those categories that lack clear etiological characteristics, such as learning disabilities and behaviour disorders (for a review, see Harry & Klingner, 2006), there are advantages in not categorizing or labelling students. Interestingly, an evaluation of the Janshala Schools programme found that many teachers and other members of the community, recognizing that ability grouping was tantamount to discrimination and led to social conflicts, resisted the idea of labelling the children and separating them on that basis (Gandhe, 2004). The government may be better served by following the example of the Janshala teachers and focusing less on identifying the disabled and more on providing services, offering additional incentives particularly to voluntary agencies, to provide inclusive services, and to increase enrolment of girls, children with mental retardation, and rural children. A study of successful inclusion in Lao People's Democratic Republic shows that when teachers are trained to work with children with disabilities, they are more willing to do so (Holdsworth, 2002). Therefore, offering on-going training to in-service teachers will also help increase the enrolment of these groups of children, while ensuring quality inclusive education.

At base is the fact of culture and the realization that any solution, to be effective, must emerge from an understanding of the historical, political and social context of a nation, of local beliefs and values and of the experiences of people with disabilities themselves. When external influences impose preconceived parameters for development based on assumptions of universal applicability, the outcome is a complex, often unnatural amalgam. The Indian interpretation of inclusion, that any effort at educating students with disabilities is a step towards their inclusion, justifying the continued establishment of special schools, is one such example. It results in an inferior quality of schooling, without solving the problem of lack of sufficient schools, inclusive or regular. The rhetoric of rights is another. The mere presence of a law does not ensure the rights of people with disabilities, particularly when it is poorly implemented and disseminated. Only when interpreted as a metaphor for social justice and obligations, for collective understanding and advocacy, does the concept of rights become culturally meaningful. The dichotomy between inclusion and labelling is a third. What the government needs to do is to start identifying and emphasizing the cultural strengths, such as tolerance and acceptance of difference, in Indian society within the larger socio-political context. This will facilitate its public campaign by slowly chipping away at negative attitudes, and building a greater awareness of natural inclusion, where teachers are accommodating students with disabilities on their own accord, without labels.

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Notes

1. These are the District Primary Education Programme (DPEP) launched in 1994, the Janshala Schools Programme (1998–2004), and the Sarva Shiksha Abhiyan (SSA) programme begun in 2003.
2. In addition to basic socio-economic characteristics such as age, gender, literacy level, and vocational training or employment, it includes information on the type and degree of disability, the cause, the age at onset of disability, the type of assistive device used, the distribution of disability by cause, marital status, living arrangements, and activity status.
3. There are two main groups: mental and physical disability. Mental disability includes mental retardation and mental illness. Under physical disability are visual disability (constituting blindness and low vision), hearing disability, speech disability, and locomotor disability. People who had more than one type of any of the above disabilities (11%) are placed in a separate category of multiple disabilities.
4. The Plan also promises (1) to support research in areas relating to inclusive practices by setting up centres for disability research at universities; (2) to ensure ‘disabled-friendly’ schools and other educational buildings, including hostels, libraries, and laboratories, by providing barrier-free access and assistive devices; and (3) to facilitate vocational education and employment for young adults by providing legally mandated accommodations and reservation quotas.
5. Additionally, the Policy plans to streamline the bureaucratic process of issuance of disability certificates, to encourage states to establish compensatory social security policies, and to develop training manuals in medical education that include modules on disability prevention, early detection, and intervention. It will undertake amendments to the PWD Act, and expand the supported guardianship scheme, including custodial care institutions for persons with mental disabilities without family support, under the National Trust Act. It will conduct comprehensive reviews and collect census data every 5 years.
6. Education For All programmes go beyond basic primary education to provide universal elementary education (UEE), vocational or non-formal education (NFE), adult education (women’s literacy), and education for disadvantaged children, children with disabilities and ethnic minorities.

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