Inter-Country Meeting
on Promotion of Inclusivity in
Education, Employment & Health of
Persons with Disability in South-East Asia

A REPORT

New Delhi, March 3-5, 2010
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EXECUTIVE SUMMARY

Background

Across the world, millions of children, including those with disabilities, do not receive proper education. Education is the right of every child for that is what equips him to meet the challenges of life. Children with disabilities need this all the more, to supplement their different talents so that they can prepare themselves for a happy, productive and useful civil life.

Apart from formal education per se, children with disabilities have also to contend with a whole lot of issues connected with their disability, such as the attitude of the society, lack of employment opportunities and health concerns. These issues have been topics of deliberation at various levels, including the United Nations, and it is widely recognised that an immense amount of work still needs to be done in integrating children and adults with disabilities with the mainstream.

Amar Jyoti Charitable Trust- in collaboration with Rehabilitation International, World Bank, UNICEF, UNESCO, Narotam Sekhsaria Foundation and Government of India- organised an Inter-Country Meeting (ICM) for promotion of inclusivity in education, employment, health and well-being of persons with disability in the South-East Asian region, in New Delhi during 3rd and 5th March, 2010. The Meeting was attended by representatives of the collaborating organisers as well as those from The United States, Europe and most of the countries in the South East Asian region.

Objectives of the Meeting

The ICM set out three main objectives for itself, including sharing experiences gained and lessons learnt:

- To explore the possibility of establishing a network of professionals and review the status of inclusive education in the region;
- To formulate a broad framework for improving independence for persons with disability; and
- To identify best practices, including advocacy efforts, to open new vistas for linking education with health care initiatives, support services, vocational training etc for persons with disabilities.

Sessions & Themes

The ICM was conducted over seven sessions (Current Trends in Inclusive Education; Making Inclusion a Reality Through Holistic Approach; Healthcare Initiatives & Support Services; Transition from Education to Employment; Promoting Infrastructure & Accessibility; Networking to Promote Inclusivity: and Challenges and Way Ahead), broadly divided into three themes:

- Holistic development through inclusive education: Bringing in innovation in human resource development; assessing existing policies and practices; considering changes to provide holistic support for better teaching aids and infrastructure; new initiatives for health care and rehabilitation services as well as vocational skills.
• **Promoting accessibility and employment**: Creation of a barrier-free environment; availability of a variety of services, equitable access to employment & healthcare; status of existing legislations, policies and programmes; methodologies for creating greater awareness, sensitisation of society and advocacy of rights.

• **Enabling the disabled**: Healthcare challenges; need for policy framework to ensure provision of affordable and quality healthcare using modern technologies and early intervention techniques.

8 Posters on the themes of disability rehabilitation and inclusivity were also presented at the ICM. (See Appendix ‘C’)

**RECOMMENDATIONS:**

There were seven business sessions in all, spread over two days. As a result of the presentations made during these sessions and ensuing discussions, the ICM made the following recommendations:

• Learnership needs emphasis as a vital part of inclusivity in education;

• More and more special teachers’ training programmes should be organised;

• Emphasis is needed on early intervention;

• Facilities for persons with disability should be widely available in public hospitals, starting with the Primary Health Centres;

• The paradigm shift in dealing with inclusivity needs to be understood and implemented;

• The financial support systems need to become more efficient;

• Standardisation in support systems, education, regulations, legislations etc needs to be brought in;

• Greater awareness needs to be created within the civil society in the cause of inclusivity;

• Vocational training programmes should be continually upgraded;

• Networking needs conscious promotion, especially in areas of research;

• Technology induction and upgradation needs to be ensured; and

• More valid data should be generated.
The Inter Country Meeting was inaugurated by Hon’ble Mr Mukul Wasnik, Minister of Social Justice & Empowerment, Government of India, on the 3rd of March, 2010. The venue was provided by the World Bank in their New Delhi premises.

The evening set off with a formal welcome address by Mr Roberto Zagha, Country Director (India) of the World Bank. He reiterated the World Bank’s commitment to the cause of disability and expressed the satisfaction that the opening ceremony was being held in the World Bank premises. Inclusion, he said, is not a mechanical or statistical event; rather it is a profile on human experience. As such the challenge before disability activists is: how to humanise the inclusivity campaign. ICM, he hoped, would become a forum where experiences in the field of inclusivity will be freely shared for universal benefit.

Dr Uma Tuli, Founder & Managing Secretary, Amar Jyoti Charitable Trust, Delhi expressed happiness that effort put in by the organising team at the Amar Jyoti Charitable Trust (AJCT) had been so handsomely responded to by sponsors and participants from all over the world. While explaining the objectives of the ICM, Dr Tuli emphasised that the meeting in New Delhi would see the largest such congregation of international participants to discuss issues related with inclusivity for persons with disability, specially in the South East Asian Region. She also highlighted the fact that
Rehabilitation International, the World Bank, UNICEF, UNESCO, Narotam Sekhsaria Foundation and the Government of India had most positively responded to an appeal made by AJCT to collaborate in organising such a major international event.

**Ms Anne Hawker, President, Rehabilitation International (New Zealand)** said that she was happy to be present during the ICM as well as to participate in the succeeding meeting of the Executive Committee of Rehabilitation International. She shared her experiences in the field of rehabilitation with the audience. She highlighted that to “believe in rehabilitation is to believe in human experience”. Unless all stake holders joined in, true rehabilitation would be difficult. Ms Hawker said that the areas where experiences could be shared by rehabilitation workers would be Research; Learning from one another; Dialogue; Knowledge sharing and collaboration; and Values. The ICM, she said, was a welcome step enabling such sharing. However, societies the world over must also develop a value system that incorporates the culture of inclusivity. She complimented AJCT for taking the initiative to organise the ICM.

**Ms Susan Hirshberg, Senior Education Consultant, The World Bank, Washington** spoke of her personal as well as her organisation’s commitment to contribute in the cause of disability. In her earlier appointment at the New Delhi office the World Bank, Ms Hirshberg had the occasion to notice the impressive strides made in the region in areas of rehabilitation and inclusion. However, a lot more needed to be done in this area since the dimensions of the problem are many and complicated. Ms Hirshberg said that from the stage where disability was considered to be a physical and intellectual trait, there is now a paradigm shift that compels consideration of disability in a social construct and context. It is now recognised that environmental, social and attitudinal aspects must form the basis for rehabilitation and inclusivity. Children with disabilities are less likely to attend school while adults with disabilities are less likely to get jobs. Thus exclusion affects the entire family and, as an extension, society as a whole. Different definitions and interpretations of “inclusivity” have been adopted by organisations and workers. The need, however, is that rehabilitation be seen in a holistic model and thinking is invested in understanding what the best environment would be for meaningful inclusivity. The system needs to cherish inclusivity as a value and support diversity. Ultimately, all children should learn in an environment best suited to bring out their true potential.

In his Inaugural Address, India’s **Minister for Social Justice & Empowerment, Mr Mukul Wasnik**, highlighted as to why his ministry was so named. The fact that the Ministry’s nomenclature has been changed from being Ministry of Social Welfare to the Ministry of Social Justice and Empowerment itself indicates a change in the Government’s attitude to the cause of disability. He said that the Government of India believed in *empowering* persons with disability in a way that they became a part of the society’s mainstream. While the Government has ratified the UN Convention and followed it up with several far reaching policy averments, success in creating a truly integrated society can not come without active involvement of the citizenry in general and organisations such as Amar Jyoti in particular. At various levels in the Central and State governments, action is afoot to
ensure social justice. The Government has created as many as seven National Institutions to help in the cause. Similarly, the government’s initiative in universalising education for all children between the ages 6 and 14, also ensures that there is greater accent on inclusivity. The Sarva Shiksha Abhiyan (universal education campaign) covers nearly 195 million children in 1.2 million schools. Out of these nearly 60% schools are barrier free. However more than the physical aspect of inclusivity by way of barrier free environment, the environment as a whole must be changed in its many facets. The Government of India has taken many an initiative in this direction including providing financial support and incentives to ensure more employment opportunities for persons with disability. Similarly, the system of issuing of certificates to persons with disability was also being streamlined for greater efficacy. He complimented Amar Jyoti Trust and its collaborators for bringing together important experts and organisations to come up with suggestions that the Government of India may adopt.

The Minister’s inaugural address was followed by a splendid dance performance by children of Amar Jyoti School, including some with disabilities.

Ms Venus Ilagan, Secretary General, Rehabilitation International, proposed a vote of thanks to the Hon’ble Minister, the sponsors, the participants and the organisers for setting up an international event that would have far reaching benefits.
Registration: The programme on March 4, 2010 set off with registration of participants. Over one hundred participants from India and abroad registered. In addition to the registering participants, there were another nearly one hundred persons in the audience representing the organising bodies, representatives of NGOs, academic institutions, sponsors and the media.

Current Trends in Inclusive Education

The Session was chaired by Prof Simon Haskell. It started off with a Keynote Address by Dr M.N.G. Mani (Coimbatore, INDIA). Dr Mani, in his Address – titled “Inclusive Education – Policy Issues and Challenges” - highlighted various aspects of the theme assigned to the session.

Inclusive education is an ideology and not a programme, and is key to ‘Education for All’. Assimilation of inclusive education concept in general education centres around three aspects – policies, practices, and cultures facilitating inclusion. Education for all disabled children will become a reality when inclusive education becomes a national concept. This, again, is a process that involves work at various levels including that of classroom teachers to modify teaching learning strategies to teach children with disabilities. Inclusive education is not a threat to integrated education concept or the special schools programme. Among children with disabilities, every person cannot benefit from inclusion. Special schools can serve such children and can also serve as resource centres for a cluster of general education schools which are involved in inclusive education.

Ms Judith Hollenweger (Zurich University, Switzerland) spoke on “Quality Indicators for Inclusive Education”.

The European Agency for Development in Special Needs Education has developed a framework and methodology to highlight areas, requirements and indicators specially relevant for inclusive education. While the first part of the study (available on line – Development of a set of indicators – for inclusive education in Europe) is complete, the second part of the study is underway and focuses on developing indicators in the area of “participation”. “participation” is a complex concept, including aspects such as “being there” or “having access to” as also “involvement in life situations”, “achievement” and “participating in decision-making” or “sharing power”. These concepts will be explored and compared with the existing indicators in education. Practical examples of how such indicators can be used to analyse policies and describe quality of schools and instruction will be provided.
Mr T.D.T.L. Dhanapala (The Open University, Sri Lanka) highlighted “Sri Lanka’s Journey of Moving Towards Inclusive Education”.

Inclusion is not currently a feature in the regular school system in Sri Lanka, but is being considered only to meet the many and diverse needs of children with disabilities who are most at risk of exclusion from education. Studies UNICEF (2004), Smith (2003) and Roberts (2003) suggested that there was need for a better understanding of the concept of inclusive education, and its accommodation in the policy framework of education. In this background, a study was undertaken to identify trends towards inclusive education and to find out the views of policy makers, administrators and other decision makers towards the concept of inclusive education. The study revealed that education policies failed to take direct responsibility to build inclusive culture. No plan had yet been activated for implementation of inclusive education. There is a gap between rhetoric and reality because of absence of clear understanding of the concept of inclusive education.

Ms Frieda Mangunsong & Ms Farida Kurniawati (University of Indonesia, Jakarta) made a joint presentation on “Effectiveness of In-Service Teacher Training on IEP in Inclusive Primary Schools in Jakarta.”

Individualized Education Program (IEP) guides the delivery of special education supports and services to students with special needs. Its implementation needs teamwork on the part of teachers, parents, school administrators, related service personnel, and, where appropriate, students. The study revealed that the special education teacher has become the main agent in designing and implementing the IEP in classroom. Teachers with no experience in special education setting and held negative attitude toward this type of children. However, teachers who had received IEP training, were not found to be competent or confident to develop or carry out IEP by themselves. Their main concerns were related to assessment method, teaching, and evaluation skills.

The study was followed up with a short training programme to improve the teachers’ knowledge and skills in : Characteristics of children with special needs; Identification process; Assessment method; Special education; and IEP. Evaluation of the training programme showed marked improvement among the teachers.
SESSION 1.2

Making Inclusion A Reality Through Holistic Approach

The session was chaired by Ms Anshu Vaish, Secretary to the Government of India (Ministry of Human Resource Development).

Dr Uma Tuli (Amar Jyoti Charitable Trust, INDIA), set off the session with her keynote address titled “Inclusion – Difficult but Possible”.

“Inclusion” refers to equal opportunities and full participation in educational, employment, recreational, community and social activities. In spite of years of efforts made at a global level to make “Education for All” a reality, even primary education is still beyond the reach of millions, particularly in developing countries. The scenario for persons with disability is worse, including in the areas of employment and accessibility.
With a large segment of global population suffering from one form or another of disability, rehabilitation is everyone’s responsibility in society. This can be made possible by adopting a holistic approach of inclusive education, medical care, vocational training, capacity building courses and employment opportunities. In this, the focus areas would be: Accessible environment; Training teachers in special education; Appropriate curriculum; Support services; Incentives for employees; Financial assistance; awareness; Self-help groups; and Inter-sectoral collaboration. Even though governments, non-government organisations and corporates in the South-East Region have made efforts to provide inclusive education and employment opportunities, what has so far been achieved is only a fraction of the overall task.

The way forward lies in adopting a multi-pronged approach comprising: Community-based rehabilitation; Social model of rehabilitation; Teamwork amongst policy makers and stakeholders; Legislations to mainstream persons with disability; Training; and Implementers coming together.

Mr K R Rajendra (Bangaluru, INDIA) made a presentation on “Making Inclusion A Reality Through Holistic Approach”.

The basic premise is that “Inclusion is both a goal and a process”. People with disabilities are among the most excluded from the larger developmental processes of the society. Thus the primary task is to create a space in the society in order to be included in the aforesaid processes. The multi-dimensional, multi-pronged and multi-sectoral approach to deal with the issues and barriers, demands a holistic model of a grid of six areas for holistic development, namely (i) Mobility, (ii) Communication, (iii) Self care, (iv) Education, (v) Livelihoods, and (vi) Participation. In each of these areas, a change in attitudes is needed, together with the need to enhance knowledge, update perspectives and improve skills of primary, secondary and tertiary stakeholders. Systematic and conscious efforts need to be made to destroy barriers and to create enabling conditions.

The holistic model of “Disability Resource Centre – DRC” which has proved effective in many places in India, Sri Lanka, Bangladesh and Pakistan, could be adopted as a working model since it combines both DRC and community interventions to facilitate complete inclusion. The ‘delusion of inclusion’ does not mean that people with disabilities should always be happy; everything is pleasant, beautiful, and protected. The socio-economic, cultural and political realities of a society people live also need to be taken into account.

“Inclusive Education: What can we learn from Developing Countries” was the subject dealt with by Dr Umesh Sharma (Monash University, Australia) in his presentation.

National level legislation and policies in many developing countries have emphasised the need for inclusion and mainstreaming. However, these policies have not resulted in any significant improvement in providing access to education for children with diversity (including disabilities) in regular schools. The challenges that hamper implementation of inclusive education span across attitudes and lack of training, resources and administrative framework. Many developing countries
have tried different ways to address these challenges, with limited success. It would appear that one of the key focus areas should be teachers’ training as this challenge has been given limited or no attention by both policy makers and university educators. A reformed teacher education programme has the potential to change school practices which would ultimately improve overall scenario.

**Mr Ram Prasad Dhungana (NEPAL)** spoke about “Skills Development Initiatives in Nepal – Trends, Challenges & Hopes”.

The National Centre of the Disabled, Nepal and many other self-help organisations in the country help identify skills that promote employment, vocational education, skills training, income generation activities and rehabilitation services. They also help create awareness, advocacy, networking and capacity building. The National Policy and Plan of Action on Disability (2006) has galvanised relevant establishments in Nepal to implement the employment policy for promoting vocational education through institutional arrangements. Only a fraction (1.56%) of the 3 million strong community of persons with disability has so far been covered through the implementation of the new policy. Several steps have been initiated by NGO’s and self-help groups to commence programmes that will enable the disabled to benefit from the opportunities to earn livelihood.

Inclusion is much talked about but hardly brought into practice. Rehabilitation activities, too, lack necessary drive. Geographical difficulties and massive use of invertors have created further challenges in market promotion. Most of the small quantum of effort is city-oriented and the unsatisfactory situation is further compounded by the fact that there is a sharp decline in job availability owing, *inter alia*, to the energy crisis. Contextually, therefore, positive efforts need to be made through a systematic approach entailing: Focused training centres; New technical skills; Enforcement of reservation policy; capacity building; and Greater coordination.

**Dr Preethy Samuel (Michigan, USA)** made a presentation on behalf of Dr Barbara LeRoy and Ms Elizabeth Janks of the Wayne State University, Michigan.

The presentation - titled “Promoting Community Inclusion through Family Support Navigation” – provided information on: A new model of family support; The role of Family Support Navigator; IE as a key community outcome; Parental empowerment and advocacy as program benchmarks; and Family Quality of Life as a unique measure of project success. Evidence-based practice indicates that empowered families of children who have developmental disabilities are catalysts for attaining inclusive community and education experiences for their children. The Detroit family Support 360 project offers family support systems navigation with the help pf a Family Support Navigator (who is also a parent of a child with disabilities). The Project is also a support-center where families come to participate in various activities, including training from agency partners and peers. The participating families –often from culturally diverse and socio-economically challenged - experience success when provided with unique supports. Training topics focus on desired community outcomes, inclusive
practices, and self-advocacy skills. The family Support Group meetings give families a nurturing and supportive environment to discuss and share their successes and challenges.

The chairperson, Ms Anshu Vaish, in her concluding remarks alluded to the recently legislated Right to Education Act which sought to cover all Indian children between the ages 6 and 14. As a result of interactions with activists and experts in the disability field, amendments are being brought forward to make education in all schools covered by the Sarva Shiksha Abhiyan (universal education campaign) inclusive.

SESSION 1.3

Healthcare Initiatives & Support Services

The session was chaired by Dr A.K. Mukherjee, Director General, Indian Spinal Injuries Centre.

Dr R.K. Srivastava (Director General of Health Services, Government of India; New Delhi, INDIA) delivered the keynote address at the session: “Healthcare Initiatives and Support Services in India”.

Over the years, the health sector has undertaken several initiatives and programmes for disabled people and added components in the already existing programmes to strengthen health services for disabled persons.

On the prevention side, universal immunization has been in place for decades. Encephalitis vaccine has been introduced as also leprosy, another cause of disability, has been eliminated followed by rehabilitation. Prevention of blindness, deafness control programmes, oral health programme, upgradation of mental health institutions, and establishment of major institutions with strong Physical Medicine Rehabilitation departments are some of the other initiatives launched.

Human resource development in the field of rehabilitation has been another focus area. Various programmes have launched at different levels to prepare a vast cadre of personnel in rehabilitative services.

The Government has also created the Department of Health Research with a separate division dealing with disability related matters, including one of musculoskeletal disorders. A prototype for inclusion of disability care services in primary healthcare has been finalised after multi-centric research, and is now being implemented. Drugs and devices frequently used by the physically disabled have also been developed. Development of better prosthesis is another priority area.
Prof Naila Khan (Dhaka, BANGLADESH) presented a paper on ‘Multidisciplinary Child Development Centres within government medical college hospitals providing vulnerable children access to diagnostic services, early intervention and improved quality of survival in Bangladesh’.

Rates of childhood disability have risen in Bangladesh within a decade, in inverse proportion to the reduction in child mortality rates. The nature of disabilities has also demonstrated changes, with trebling of cognitive disabilities and doubling of behavioural problems and speech and language deficits. Parental awareness has increased, too, with a large number of children seeking services at health centres, while there is also evidence of increased pauperisation of families trying to access faraway services. In respect of those able to access services, there is improved quality of survival of children with disabilities or those at high risk. In some cases:

The Ministry of Health and family Welfare has established multidisciplinary Shishu Bikash Kendros (SBK’s) in 14 government-sponsored medical college hospitals. Three months training on core curriculum and individual curriculum have been developed for staff development. The most vulnerable children are being identified through a two-stage household survey of vulnerable communities in each site. Awareness among medical community is rising. Families report easy access.

Multidisciplinary SBK’s are a new dimension to the caring practices within public hospitals. The paradigm shift from a ‘medical model’ to a ‘psychosocial model’ is expected to go a long way in decreasing family stress, reducing pauperisation, and preventing children from entering a vicious cycle of disability and marginalisation.

Dr Jitendra Jamdar (Jabalpur, INDIA) spoke about “Comprehensive Rehabilitation Scenario In Central India”. The presentation dealt with:

- Evaluation of available data on the extent of different types of disabilities prevalent in the Central Indian States of Madhya Pradesh and Chattisgarh. The availability of services and facilities available for the specially abled in the Government and Non Government Sectors, with special emphasis on surgical options, provision of equipment, vocational education, job opportunities, vocational and social rehabilitation.

- Analysis of Government sponsored programmes and facilities available.

- The role of NGO’s and social service organisations as well as a comparison of the role of government organisations and NGO’s (including their financial implications).

- A case study of Samanvay Seva Kendra of Jabalpur.
• Success stories of specially abled persons and families, highlighting comprehensive rehabilitation.

• Guidelines for setting up Comprehensive Rehabilitation Centres.

Dr Udita Jahagirdar (Florida, US) presented a paper on “Anti-natal Care and Prevention of Disability”.

Prevention of disability starts prior to conception with systematic identification of risks, of fertile women. This process includes nutritional counselling, determination of proper immunization status, laboratory testing for Rh status, tuberculosis, HIV, syphilis, genetic concerns and appropriate intervention for mother and foetus on existing medical conditions.

The presentation discussed availability and access, during pregnancy, to adequate prenatal care with early trimester screening for chromosomal and birth defects. Surveillance of foetal well being is essential.

Management of complications of pregnancy leading to premature labour through various techniques and procedures is yet another aspect in prevention of disability.

Dr Anita Mathur (Florida, US) spoke on “Prevention of Post-Natal Disabilities”

Knowledge and understanding of primary prevention of developmental disabilities requires an insight into specific causes that affect the growth and development of a child. With 17% of children worldwide with developmental disabilities, disability is a global problem and its magnitude varies from country to country. Malnutrition; infection; trauma at birth, in infancy and childhood; environmental exposure to toxic agents; and chronic illness – all these can cause disability. Lately the menace of Polio and Meningitis has been considerably controlled through immunization. Pneumococcal and meningococcal vaccines will further reduce the threat of meningitis.

Developmental disabilities caused by other types of injuries may be reduced through intensified implementation of existing preventive efforts such as mandatory restraint systems for infants and toddlers to reduce the severity of injuries resulting from motor vehicle crashes. Use of helmets is a step in the same direction, too.
Simple preventive measures such as anticipatory guidance, nutritional counselling, newborn screening, parental education and routine immunizations are the key components of preventive care.

Ms Aishath Looba (MALDIVES) made a presentation on “Rehabilitation services for people with disabilities – The current context (Maldives)”. 

Rehabilitation of persons with disability is a new area of development in the Maldives, even though prevalence of disabilities is high Among the many challenges faced in the field are: the unique geographical structure of the islands and limited resources. Current services available include rehabilitation services, community based rehabilitation programme, rehabilitation centre, Home for Special Needs, Disabled People’s Organisation, and special education units.

Social apathy, even stigma, attached to disability has caused long neglect of people with disabilities. Lack of support systems as well as absence of opportunities for social development have further compounded the situation. Gradually, however, the situation is changing. There is growing social acceptance of people with disabilities. Parents, too, have become more aware and now seek better ways of providing support to children with disabilities. Different NGO’s have emerged to work in this field.

Dr A.K. Mukherji, in his concluding remarks of the session, said that right to health should become the cornerstone of work in the disability sector. Such a right would include an individual’s freedom and entitlement to avail of facilities that would lead to mental and social well being. Availability of health facilities, their accessibility and quality would be key determinants. Similarly, basic aspects such as availability of clean water, sanitation, congenial environment and support services would go a long in ensuring mainstreaming and inclusivity.

SESSON 1.4

Transition from Education to Employment

The session was chaired by Mr Vinod Khanna, Principal Consultant, Tech Mahindra Foundation, India.
The Keynote Address for the session was delivered by Dr Madan M. Kundu (Louisiana, US). He spoke on “Transition from Education to Employment: Challenges for Consumers and Professionals.”

The development of an Individualized Transition Plan (ITP) has been found to be effective for helping high school and college students with disabilities achieve successful employment outcomes. Such a plan for high school students should be based on informed choice: evaluation of educational potential and work/vocational behaviour; availability of academic and non-academic learning experience; technical, vocational, and employment related training opportunities; and development of skills required for community living. For college students, the transition plan should include educational assessment and exploration, career counselling and guidance, mentoring requirements, portfolio building skills, and the needs for Individualized Plan for Employment (IPE).

Successful transition planning is directly related with socio-demographic figures and availability of resources. Where possible, a comparison may be made on the status of transition planning and programming in developing and developed nations.

Professionals involved in ITP and IPE need to become knowledgeable about transition practices, and develop competencies in knowledge and required skills. They should also be efficient coordinators & implementers. Service providers must understand the consumers’ disability and potential for work and placement strategies, and empower them with knowledge and resources conducive to making informed choices of educational and career goals leading to successful long term employment outcomes and enhanced quality of life.

Ms Anne Hawker (President, Rehabilitation International; New Zealand) spoke on “Education to Employment”.

Both in terms of education and employment for many people with disabilities, the future looks much more optimistic.

Many States have committed to recognising the rights of people with disabilities by signing and then ratifying the UN Convention on the Rights of People with Disabilities.

In the context of the Millenium Development Goals—of special significance to developing countries—many countries have recognised that they are not going to achieve their objectives unless people with disabilities are actively targeted. When education becomes inclusive, greater understanding develops between children with or without disabilities: this, in turn, helps create a new approach to employment.

Operating in an inclusive transition model that carries through with inclusive employment and training practices, provides the opportunity to realise the dictum: “Treat people as if they were what they ought to be and you help them become what they are capable of”.

![Image of conference event](image-url)
Mr Samir Ghosh (Pune, INDIA) made a presentation on “Promoting Accessibility and Employment”.

Decent work envisages equality, inclusivity, non-discriminatory environment, equal opportunities, dignity, capacity building, growth and solidarity. Historically, people with disabilities have been among the most economically impoverished, politically marginalised, and least visible members of their societies. 82% of the 650 million persons with disability in developing countries live below the poverty line. Their opportunities to emerge from poverty are limited. Weak legislations and weaker implementation of policies add to the predicament of PWDs in seeking gainful livelihood.

There is loss of imagination by implementing authorities when it comes to employing PWDs. Every government—in the developed as well as the developing world—has to put in much greater effort to create conducive employment and economic opportunities for PWDs. Promotion of equal opportunities and creating a non-discriminating environment for disabled people are the main objectives of all PWD Acts all over the world. Employment generation and provision should be special focus areas.

Mr Niranjan Khatri (New Delhi, INDIA) spoke about the initiatives taken by the ITC group of companies to create employment opportunities for people with disabilities. His paper was titled “Creating Employment Opportunities – A Bold Initiative.”

Firm in their belief that PWDs can contribute positively to work environment, ITC hotels have taken several initiatives in the matter. 215 such people have been employed in the recent years. A matrix of disability type and work functions/departments has been developed to facilitate appropriate training and employment. Innovative measure and technologies ensure that the workplace is PWD friendly and operationally efficient.

Family members of PWDs are invited to see for themselves the job content and environment. There is a constant monitoring and feedback system in place, too. All ITC hotels are in the process of adopting technology that will be more PWD friendly, as well as engaged in creating more employment opportunities.

OPEN FORUM

The Session was followed by an ‘Open Forum’.
Mr. Sam Carlson, Mr. Johan Linderberg, Ms. Sonya Philip, Dr. M Kundu and Dr. H C Goyal were on the panel.

The audience raised questions about:

- The funds provided for IED Schemes in Schools of Delhi.
- Existence of IED Schemes after its prescribed tenure.
- Job security and the salary scale of teachers involved in the Project.

Mr. Sam Carlson (The World Bank) answered the questions. He said that that the Sarva Shiksha Abhiyan will replace Integrated Education for Disabled scheme and will continue till 12th plan. State and Central Government both will be responsible for allocating the funds. Salary of teachers will be as per Government norms. Their services will be taken at the elementary level.

Dr. M.N.G Mani suggested formation of an Education Cadre at the state level to utilize the human resources. So it becomes the responsibility of the state and not Sarva Shiksha Abhiyan for providing job security.

Another important point raised was about the practical possibility of making “One School for all”. The suggestions were made regarding the improvement in Curriculum of all Teachers Training Courses, attitudinal changes at all levels and infrastructural development as based on Universal Design Model.

An important suggestion in this regard came as Privatising Education for Effective Inclusion by Mr. Johan Lendeberg of UNESCO office at Delhi.

Quantitative results of SSA – Schemes [specifically of South India (Bangalore)] was also discussed. Lack of accessible toilets was highlighted as the possible causes for high rate of dropouts.

Mr. Sam Carlson responded positively and stressed that infra structure should be according to forms and should not be overlooked. He pointed that accessible toilets exists and further it will be constructed for which 45% of funds will be contributed by state Government and 60% from Central Government. The financial assistance will be doubled in 4 years.

At the end of the day, a visit to the Indian Spinal Injuries Centre was organised. A large number of participants availed of the opportunity to visit the premier institution. The ISIC provides intensive multidisciplinary rehabilitation programmes and expertise to help patients return to maximum independence following illness or injury. The ICM delegates were given a conducted tour of the facility.
Mr Joseph Kwan (HONG KONG) was the key note speaker for the session. He spoke on “The Universal Accessibility Approach Towards an Inclusive and Accessible Environment and Infrastructure”.

Physical accessibility in infrastructure and the built environment, as well as access to services and communication, is the key for people with disabilities. Design guidelines for user-friendly buildings for PWDs and the elderly need to be adopted into building by-laws to make them legally binding.

Architects and designers, city and town planners, building and public transportation providers must move forward towards a design and access strategy that incorporates Universal Accessibility.

The design of all infrastructure in public spaces (including roads, footpaths, crossings, stops, stations, parks, recreational areas, sporting facilities, links between buildings) and all modes of transportation must be universally accessible.

Buildings, in the public spaces as well as residential areas must be user-friendly, visitable, adaptable, and barrier-free to all visitors and occupants. Children with varying abilities must be able to learn together, to be nurtured under integrated mainstream education supported by a system of accessible, stimulating and enriching learning environments, and not confined into special schools from the outset.

Mr Sanjeev Sachdeva (New Delhi, INDIA) also spoke on the subject ‘Infrastructure and Accessibility’.

Infrastructure must be planned, developed, managed and executed in an equitable manner so that its benefits reach all sections of the society alike. In India, the accessibility component was missed out in the infrastructure, for a long time. With increase in awareness as well adoption of
UNCRPD and passage of the ‘Persons of with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act’ of 1995, there is evidence of much greater coordination among all stakeholders and providers. Now, growingly, public spaces in general and most other infrastructure can be safely and universally enjoyed and accessed. It is also possible to rectify the existing non-user(PWD)-friendly physical infrastructure through access audits at an additional 2% to 3% of the total construction cost. India’s ‘Vision 2020’ to become a ‘Developed Nation’ must also include the need to become an ‘Accessible Nation’.

The presentation made by Mr Aktar-ud-Din (BANGLADESH) dealt with the “Emergence of Inclusiveness towards Mainstreaming the PWDs in Bangladesh”.

Negligence of states and parties, lack of awareness of local representatives and community regarding disability, and lack of capacity and willingness on the part of those responsible, has resulted in increase in poor conditions for PWDs in Bangladesh. This results also in their remaining backward and marginalised. Case studies suggest that there are several hurdles in ensuring inclusive education in Bangladesh. Active involvement of the states and other key stakeholders (including community and its leaders) can be ensured through enhanced advocacy activities at local and national levels.

Mr Balkrishna Gaire (Kathmandu, NEPAL) spoke about “Infrastructure & Accessibility: Status & Plans in Nepal”.

Accessibility is extremely limited in extensive swathes of Nepal’s physical infrastructure. Only a few select buildings have ramps and elevators. Public transportation, academic institutions, roads, means of transport etc remain inaccessible to PWDs. Many have had to quit formal education for reasons of inaccessibility.

Public transport is inaccessible. Teachers, politicians, lawmakers appear to be unaware of the needs and rights of PWDs. Policy pronouncements have remained unimplemented.

Lately, concerned organisations have forced the government to introduce infrastructure and accessibility laws based on UNCRPD. Advocacy efforts are underway with law makers, transport authorities, government departments and civil society organisations to formulate and implement necessary steps. Incorporation of participatory action research is also being campaigned for so as to identify the physical barriers faced by PWDs in public transportation, work places and study environment. Campaigns to sensitise the concerned people at all levels are also afoot.

Ms Mimi Mariani Lusli (Jakarta, INDONESIA) chose to speak about “infrastructure and Accessibility” in a global context.

Global, regional and national resolutions and conventions need faithful implementation to include people with disabilities who face marginalisation and discrimination from the society. The vast resource that PWDs offer to the developmental process needs to be tapped into. PWDs are effective for building inclusive society development.
Mere inclusion of PWDs is not enough. It needs to be ensured that they are empowered to take active part in the society, they are safe, their voices are heard, their contributions acknowledged and valued by the society.

Accessibility is a key issue in mobilizing people. Accessibility should go beyond its physical component, and cover societal accessibilities such as knowledge, skills and attitudes. Providing accessibilities are the way to reduce disability, to adjust the social and physical environment to ensure that the needs and rights pf PWDs are met, rather than attempting to change PWDs to fit existing environment.

SESSION – 2.2

Networking to Promote Inclusivity

The session was chaired by Ms Jayati Chandra, Secretary to the Government of India. The session also had a special guest in the person of Dr Kiran Walia, Minister of Health, Government of the the National Capital Territory, Delhi. The Hon’ble Minister had an interaction with the participants towards the end of the session.

The keynote speaker for the session was Dr Jacqueline van Swet (Fontys University, Tilburg, NETHERLANDS). She spoke on “Networking to Promote Inclusivity”.

Special needs education should be integrated into research and developmental programmes of research institutions and curriculum development centres. Pilot experiments should also be launched to assist in decision-making and in guiding future action. The experiments and studies could be carried out on a co-operative basis by several countries.

Professionals working in the field of special education and/or inclusive education have to deal with complex situations, every day. Reflective practice and systemic enquiry, especially when used in participatory approach, can be very effective tools to expand professional knowledge. Fontys University is offering the Erasmus Mundus MA/Mgr SEN in collaboration with Roehampton University, London, and Charles University, Prague. In this master’s Programme experienced professionals working in the field of Special Education Needs and Inclusive Education from all over the world come together to Europe for a one year programme. This group, together with their
professional contacts and networks in their own countries, has an enormous capacity to learn from and with each other and to make a real change. However, there are several problematic issues with no answers as of now: The different contexts the participants come from, the different meanings inclusion has and the different needs of each context.

**Ms Indumathi Rao (Bangaluru, INDIA)** also read her paper on ‘Networking to Promote Inclusivity’.

“Culture of inclusion” requires openness to accepting different capabilities and persons with diverse needs. The challenge is not only for PWDs but also communities. The environment of exclusion creates a barrier for better inclusivity in communities. These barriers are best addressed by people to people networks. The CBR Network (South Asia) is working in eight countries including India, Nepal, Afghanistan, Pakistan, Bangladesh, Bhutan and the Maldives. The goal of the network is to share knowledge, skills and experiences to benefit mutually. Community Based Rehabilitation (CBR) –well accepted in South Asia – is built on the principle of inclusive society and it has worked to develop support to PWDs without disintegrating them from their families and communities.

Inclusive education is an integral part of CBR. CBR is an effective vehicle for translation of the UN Convention of the Rights of Persons with Disabilities into action.

**Ms Venus M. Ilagan (New York/Phillipines)** made a presentation on “Networking for Disability”.

Simply put, networking means “making connexions with people”. The last decade has seen many unprecedented developments in the field of disability, including UNCRPD and its meaningful change in the lives of the poorest persons with disabilities is formidable. It requires building of capacities among stakeholders to be able to form alliances and develop capacity to work with others to create a network that will facilitate effective implementation of the new human rights instrument, namely, UNCRPD.

Networking is also crucial in terms of resource mobilization to support implementation efforts for the Convention in the light of the harsh economic environment where traditional funders of disability have seen a reduction in the resources they can use in support of disability initiatives. Social networking can serve as an effective tool and a methodology not only for creation of awareness on disability but also to encourage other donors of mainstream development initiatives to become disability inclusive.

**Prof Sudesh Mukhopadhyay (New Delhi, INDIA)** presented a paper on “Networking to Promote Inclusivity”.

“Inclusion” by definition is reaching within and beyond so as to empower self and others. The very existence and development of an individual with or without disability is in relation with self, family,
peers, community and the larger world. Inclusion is when an individual perceives, feels, participates and is also so perceived by others. Emphasis is on expanding the vision of inclusion beyond the traditional objective of poverty alleviation to encompass equality of opportunity, as well as economic and social mobility for all sections of society, with affirmative action for all disadvantaged groups, especially PWDs.

Networking is the powerful tool available to realise these goals; it is basic to the history of civilization; the difference is that today word of mouth, travel, meetings, writings have taken a new avatar due to digital revolution and technological advances. Social networking is touching our lives without even our being aware. There are several national networks that do post lots of information. EDUSAT can also be used to give this sector a better chance to reach every home and hut. Work is also needed on promoting social networking as persons with disabilities can also be lonely like others. Networking should means empowerment and not further marginalisation.

Prof Arlene S. Canter (Syracuse, NY, USA) made a presentation titled “The UN Convention on the Rights of People with Disabilities and its Effect on the Development of Domestic Law and Policies in Selected Countries”.

UNRCPD is the first binding international instrument designed to protect the rights of PWDs throughout the world. Countries throughout the world, including those in Asian region, have begun drafting their own domestic disability laws and policies. UNRCPD is an organising tool to mobilize and raise awareness about the rights of people with disabilities throughout the world. There have been several legal developments including drafting of new laws as well as court cases that apply principles of the new CRPD. Innovative laws and advocacy strategies are being developed to advance equality rights of children and adults with disabilities. Cases in several countries illustrate ways in which legislations and court decisions are advancing the rights of people with disabilities in such areas as guardianship, services, transportation, employment, inclusive education, community living, and access to the built environment.

Dr Kiran Walia spoke about the importance attached to the concepts of inclusivity by the Government of the National Capital Territory. While the government was open to formulating policies that would fulfil the inclusivity agenda, the Minister felt that the experts in the field as well as the workers at the ground level were really the key to translating the policies into action. Several initiatives were already afoot to make inclusion a reality, but a lot more needed to be done. In this context looked forward to. The Government of NCT would show all seriousness in addressing the issues involved.
SESSION – 2.3

Challenges & the Way Ahead

The session was chaired by Dr S.D Gokhale, President of International Longevity Centre India and President Emeritus CASP India.

Ms Aloka Guha (New Delhi, INDIA) opened the session with her keynote address “Do we have the will?”

The challenges that face the disability sector are most universal in nature, the differences being a matter of degrees rather than anything fundamental in nature. Differences, where they exist, are arguably based on economics, and are part of the larger health, education and developmental agenda of individual countries.

There are, in general, fifteen challenges facing the disability sector today. These are: Compilation of reliable population based data; Uniformity in definitions and terminologies; Absence of nodal responsibility and political will; Need to increase visibility of disability issues; Advocacy for greater financial and HR allocations; Creation of a continuum of quality-checked service delivery system; Increasing accessibility and access to services, especially to non-urban areas; Prioritizing primary prevention through public health interventions; Capacity-building, horizontally and vertically; Recognising the predominant (and non-negotiable) place of people with disabilities and their families in planning, monitoring, and all decision-making process; Factoring in the role of NGOs and international organisations; Advocacy for the rights of people with disabilities, pushing for human rights models, policies, legislation; Implementing the UNCRPD, harmonizing with law; Appreciating the role of research as a priority; and Cohesion, convergence and networking within the different disability groups.

Mr Michael Fox (Sydney, Australia), the Immediate Past President of Rehabilitation International, spoke about the opportunities and challenges for NGO’s. Accessibility, for instance, is a means and not an outcome. The outcomes flowing from accessibility are: education; employment; empowerment; and social inclusion. Effective implementation of CRPD involves: building legal capacity; advocacy; and legislation analysis and review. This will help the governments of the reorganise legislation as may be required. Implementation will also include creating a strong web-link among activists, experts, and bodies working in the sector. As for opportunities and challenges,
it needs to be recognised that work in the field of rehabilitation and inclusivity constitutes a huge industry with great social responsibility. It is in everyone’s interest to create greater awareness about the industry.

Mr Fox mentioned the contours of a situation analysis done in Australia. The analysis brought out five important lessons: (i) need to create better information sharing and knowledge systems; (ii) clearer and better management of capabilities; (iii) more effective sector development; (iv) working with the governments and coming up with innovative ideas for inclusion into policies; and (v) relationship building. Involvement of mass media in such efforts is important, too.

Prof Chandrakant S Pandav (New Delhi, INDIA) presented a paper on “Disability: Healthcare Challenges and Way Ahead”. (The Paper was authored by him along with his associates Mr Stalin P, Mr Kapil Yadav and Mr Sanjeev Kumar Gupta).

Impairment, disability and handicap area continuum that significantly impedes optimization of capability of affected individuals and, in turn, the society. With India undergoing demographical and epidemiological transition, there is an increase in elderly population and non communicable diseases, increased rates of road traffic accidents and injury and, as consequence, disabilities.

The healthcare challenges in India, given its vastness, population, resource constraints, economic and urban-rural disparities etc are formidable. Disability limitation and rehabilitation of the affected individual poses a significant challenge to the already stretched healthcare system. Most facilities that exist are only available in tertiary care institutes that too only in urban areas, thus excluding the majority of individuals with disability living in rural areas.

The way ahead to tackle these challenges is primary health care approach with emphasis on primordial prevention and health promotion. Equitable distribution, inter-sectoral coordination, appropriate technology and community participation are critical approaches for effective and sustainable implementation. Community based rehabilitation is an important tool, too. NGOs should be encouraged to ensure greater reach. Community based health insurance schemes should be introduced. Overall, there is need to make substantial additions to manpower, infrastructure and finance, to meet the existing challenges.

Prof Yung Lee (South Korea) spoke about the inevitability of transformation.

Change is difficult to bring about. We struggle to make even small changes in our lives, and the challenge we face in the field of rehabilitation and inclusivity requires transformation of individuals, families, communities, nations and the world as a whole. Clearly, such transformation is a daunting prospect.

Each individual in the field of rehabilitation needs to begin with himself/herself. Only those who are convinced of the cause that rehabilitation is can become effective change agents. The foundations of transformation are: creating a new value system, and developing compassion. Compassion based values require each citizen to understand the need for inclusion as a social responsibility. While the lead for creating a new culture and value system must come from the national leadership, every individual at his/her own level has to make a beginning, too. In South Korea, work in the disability sector received a huge fillip from the political leadership. The governments of the day put in place
three five year plans to deal with disability related issues. The sector also utilised the media effectively to build awareness.

**Dr Gokhale**, in his concluding remarks, made a few significant observations. Without the support of the society at large, achieving the desired goals in the sectors will be extremely difficult if not impossible. As such, each legislator – at provincial or federal level- needs to be briefed and convinced about the urgency of action in the sector. This is how political will can be built. This, in turn, will facilitate creation of infrastructure for training and health as well as opportunities for employment. In passing, Dr Gokhale also observed that in governmental set-ups it was necessary to induct experts to deal with disability issues rather than entrust that to career bureaucrats.
VALEDICTORY
VALEDICTORY

VALEDICTORY SESSION:

The panellists for the Session were: The Dr D.S.Gokhale (in chair), Ms Anne Hawker, Dr Uma Tuli, Mr Michael Fox, Mr Khaled-el-Mohtar, Dr Yung Lee, and Dr Sudha Kaul. While thumbnail sketches of the other participants are already available elsewhere in this Report, brief introductions of Dr Sudha Kaul and Mr Khaled-El-Mohtar are given below.

Sudha Kaul, Founder, 1
Kolkata (formerly Spastics Society or Eastern India), she has a PhD in Augmentative and Alternative Communication from Manchester Metropolitan University. She has authored several books on AAC and presented papers at several national and international conferences. She is a member of several Government of India- Technical Advisory Councils. She is currently the Vice-Chair of the Indian Institute of Cerebral Palsy and its Executive Director. Since January 2007 she has been appointment President of the International Society for Augmentative and Alternative Communication (ISAAC), an international Society for persons with complex communication needs. ISAAC is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations.

Mr Khaled El Mohtar from Lebanon has been an active and dedicated member of RI for many years. Mr. El Mohtar, the new RI Vice President for the Arab Region, served on the EC before as the Deputy Vice President for the Arab Region. He is a Founding Member and the Director General at the National Rehabilitation and Development Center (NRDC). He has been dedicated to working on disability issues for over 20 years. He is the founding member of several NGOs, including the Handicapped Services Coordination Committee in Lebanon, and has served on the board or as a member of numerous disability and rehabilitation NGOs, including the International Abilympics Federation, Inclusion International and the Mediterranean Countries C

The valedictory session was chaired by Dr D.S.Gokhale and the panel consisted of Ms Anne Hawker, Dr Uma Tuli, Ms Anne Hawker, Mr Khaled-el-Mohtar, and Dr Sudha Kaul.

Ms Sudha Kaul presented a gist of the points that emerged from the seven business sessions. The recommendations of the ICM could be summarised as below:

Inclusion is a value that needs to be internalized so that it impacts every aspect of life including education, employment and health.
Inclusion as a value will guide all the decisions and policies dealing with persons with disability.

**Inclusive Education**

- A paradigm shift from medical model to psycho-social model in addressing children’s functional limitations will help children tremendously in their rehabilitation. This will enable them to enjoy their fundamental rights to lead a decent life and right–based society. (as per UNCRPD)
- While planning for inclusion in education the learner should be an integral part of the team of stakeholders.
- There is a need for context specific and evidence based research to accelerate the process of mainstreaming.

**Health Care**

- Multi-disciplinary child development centres should be established in government hospitals including Primary Health Centres. This will help in reaching the unreached/economically weak persons with disability in the rural areas.

**Higher Education**

- Persons with Disability should have an access to higher education programmes so that they can become productive members of the mainstream society and contribute at the level of policy formulation and decision-making.
- Even in the absence of trained professionals one can carry out functional assessment so that early intervention can be initiated.
- The regular teacher training programme needs to be developed to cater to the special needs of the learner and family.
- Planning transition services from one phase to another needs to be thought of, in totality.
- Vocational training programme need to be updated continuously to match the demands of the work world. This has special relevance to sheltered workshop.
- We can optimally use the existing infrastructure and vocational training facilities for PWDs by making barrier-free.
- Efficient financial disbursement by government agencies for implementation of government programmes will lead to greater effectiveness. Performance audits needs to be institutionalized across services. The audit must include civil society as equal partners.

**Accessibility and Infrastructure**

- University curriculum should include the concept of universal design for continued professional development in this direction.

**Networking**

- Networks creating empowerment.
- Power of technology needs to be explored for the benefits of Person with Disability.
• Networking is to be promoted as it enables sharing of ideas and experiences, resources and responsibilities.
• Networks are focused platforms that can use tools such as collaborative action research to increase effectiveness of implementation strategies and monitor results.
• Standardization of definitions and terminologies are essential for valid and reliable data which leads to authentic research and policy drafting.
• Development of user friendly websites and strengthening of media is essential for dissemination and sharing of knowledge and information.

The ICM ended with the panellists lauding the efforts put in by Amar Jyoti Charitable Trust to bring together participants from all over the world. The quality of discussions, the arrangements made and the general conduct of the Meetings came in for high praise.

Dr A.K. Datta, Trustee, Amar Jyoti Charitable Trust, proposed the vote of thanks to all those who made ICM such a success.

After the valedictory a dance performance was put up by children belonging to Akshay Pratishthan. Akshay Pratishthan - an organisation engaged in imparting inclusive education, vocational training, and rehabilitation services specially to children belonging to under privileged section of the society. The dance was performed by a mixed group of children-those with and without disabilities.
Programme Schedule

Inter-Country meeting for Promotion of Inclusivity in Education, Employment, Health & Well Being of Persons with Disability in the South-East Asia

March 3, 2010
1830 – 2030 hrs.  Inaugural Function
Venue Sunken Garden, The World Bank
70 Lodhi Estate, New Delhi
Welcome Address by Mr Roberto Zagha, Country Director (India), the World Bank, New Delhi
Objectives of the ICM: Dr Uma Tuli (Founder & Managing Secretary, Amar Jyoti Charitable Trust)
Sharing of Experiences: Ms. Anne Hawker (President, Rehabilitation International)
Inaugural Address: Mr. Mukul Wasnik (Hon’ble Minister of Social Justice & Empowerment, Government of India)
Keynote Address: Ms. Susan Hirshberg, The World Bank
Dance Performance by Amar Jyoti School Students
Vote of Thanks: Ms. Venus Ilagan (Secretary- General, RI)

March 4, 2010
Venue Institute of Defence Studies and Analyses, New Delhi
Session I : Current Trends in Inclusive Education
Chairperson Prof. Simon Haskell, Emeritus Professor, Switzerland
Keynote Speaker Dr. M N G Mani, India
(Inclusive Education – Policy Issues And Challenges)
Paper I Ms. Judith Hollenweger, Switzerland
(Quality Indicators for Inclusive Education)
Paper II Mr. T D T L Dhanapala, Sri Lanka
Paper III  Ms. Frieda Mangunsong & Ms. Farida Kurniawati, Indonesia

(Effectiveness of In-service Teacher’s Training in Inclusive Primary Schools in Jakarta, Indonesia)

Session II: Making Inclusion A Reality through Holistic Approach

Chairperson  Ms. Anshu Vaish, Secretary, Govt. of India, Ministry of Human Resource Development

Keynote Speaker  Dr. Uma Tuli, India

(Inclusion : Difficult but Possible)

Paper I  Mr. K R Rajendra – India

(Making Inclusion A Reality through Holistic Approach)

Paper II  Dr. Umesh Sharma – Australia

(Inclusive Education : What can we Learn from Developing Countries)

Paper III  Mr. Ram Prasad Dhungana, Nepal

(Skills Development Initiatives in Nepal – Trends, Challenges & Hopes)

Paper IV  Dr. Barbara Le Roy & Ms. Elizabeth Janks, USA

(Paper Presented by : Dr. P Samuel)

(Promoting Community Inclusive thru Family Support Navigation)

Session III: Healthcare Initiatives & Support Services

Chairperson  Dr. A K Mukherjee, Director General, Indian Spinal Injuries Centre, India

Keynote Speaker  Dr. R K Srivastava, India

(Health Care Initiatives and Support Services in India)

Paper I  Prof. Naila Khan, Bangladesh

(Multidisciplinary Child Development Centres within Government, Hospitals providing vulnerable children access to diagnostic services, early intervention an improved quality of survival in Bangladesh)

Paper II  Dr. Jitendra Jamdar, India

(Comprehensive Rehabilitation Scenario in Central India)

Paper III  Dr. Udita Jahagirdar, USA

(Antenatal Care And Prevention of Disability)
Paper IV
Dr. Anita Mathur, USA
(Prevention of Post-Natal Disabilities)

Paper V
Ms. Aishath Looba, Maldives
(Rehabilitation Services for People with Disabilities – The current context – Maldives)

Session IV: Transition from Education to Employment

Chairperson
Mr. Vinod Khanna, Principal Consultant, Tech Mahindra Foundation, India

Keynote Speaker
Prof. Madan M Kundu, USA
(Transition From Education To Employment: Challenges For Students with Disabilities And Professionals)

Paper I
Ms. Anne Hawker – New Zealand
(From Education to Employment)

Paper II
Mr. Samir Ghosh, India
(Promoting Accessibility and Employment)

Paper III
Mr. Niranjan Khatri, India
(Creating Employment Opportunities – A Bold Initiative)

Open Forum – Inclusion: Issues & Challenges

Dr. H C Goyal, Mr. S Kuntia, Mr. Sam Carlson, Ms. Sonya Philip,
Mr. Johan Lindeberg

March 5, 2010

Session V: Promoting Infrastructure & Accessibility

Chairperson
Ms. Asha Das, Former Secretary, Government of India

Keynote Speaker
Mr. Joseph Kwan, Hong Kong
(The Universal Accessibility Approach towards an Inclusive and Accessible Environment and Infrastructure)

Paper I
Mr. Sanjeev Sachdeva, India
(Infrastructure & Accessibility)

Paper II
Mr. Aktar Uddin, Bangladesh
(Emergence of inclusiveness towards mainstreaming the PWDs in Bangladesh)
Session VI: Networking to Promote Inclusivity

Chairperson: Ms. Jayati Chandra, Secretary to Government of India

Keynote Speaker: Dr. Jacqueline Van Swet, The Netherlands

Paper I: Ms. Indumathi Rao, India

Paper II: Ms. Venus Ilagan – Philippines

Paper III: Prof. S. Mukhopadhyay, India

Paper IV: Prof. Arlene S Kanter, USA

Address by Dr. Kiran Walia, Hon’ble Minister of Health, Government of NCT, Delhi, followed by interaction

Session VII: Challenges & Way Ahead

Chairperson: Dr. S D Gokhale, President of International Longevity Centre-India, President Emeritus CASP, India

Keynote Speaker: Ms. Aloka Guha, India

Paper I: Prof. C S Pandav, India

Paper II: Mr. Michael Fox, Australia

Paper III: Mr. Young Lee, South Korea

Concluding Session: Valedictory / Recommendations

Cultural Programme by students from Akshay Pratishthan
LIST OF PARTICIPANTS

The seven sessions at the ICM were chaired by the following:

Session-I : Prof Simon Haskell, Emeritus Professor, Switzerland
Session-II: Ms Anshu Vaish, Secretary to the Govt of India (Ministry of HRD)
Session-III: Dr A.K. Mukherjee, DG, Indian Spinal Injuries Centre, India
Session – IV: Mr Vinod Khanna, Principal Consultant, Tech Mahindra Foundation, India
Session – V: Ms Asha Das, Former Secretary to the Govt of India
Session- VI: Ms Jayati Chandra, Secretary to the Govt of India
Session – VII: Dr S.D.Gokhale, President, International Longevity Centre; President Emeritus CASP, India

The following delivered keynote addresses / presented papers:

Session-I: CURRENT TRENDS IN INCLUSIVE EDUCATION

Keynote Speaker :
Dr. M.N.G. Mani Inclusive Education – Policy Issues And Challenges
Dr. Mani is currently Secretary General, International Council for Education of People with Visual Impairment, Coimbatore and Executive Director of the Global Campaign on Education for All Children with Visual Impairment. He is also the founder President of You and the Disabled Forum which is network of parents, persons with disabilities, professionals and voluntary organizations facilitating employments and empowerment of persons with disabilities. He has published 21 books including monographs and more than 100 articles.

Ms. Judith Hollenweger: Quality Indicators for Inclusive Education
Ms. Hollenweger is Head of the Department of Research and Development and Professor of Special Education, Zurich University of Applied Sciences and Arts, School of Education. She is Swiss National Representative for the European Agency for the Development of Special Needs Education. She is also a consultant to WHO.

Mr. T.D.T.L. Dhanapala : Sri Lanka’s Journey of Moving Towards Inclusive Education
Mr. Dhanapala is a Special Educator and is currently a Lecturer, Department of Special Needs Education, The Open University of Sri Lanka. He acts as a Resource Person in several Special Education seminars and workshops conducted by the Ministry of Education and the National Institute of Education, Sri Lanka. He has a number of publications.

Dr. Frieda Mangunsong & Ms. Farida Kurniawati :Effectiveness of In-Service Teacher Training on IEP in Inclusive Primary Schools in Jakarta, Indonesia
Ms. Mangunsong is an Associate Professor of Faculty of Psychology, University of Indonesia. Her expertise is in Educational Psychology with a strong orientation towards marginal communities such
as children with special needs, psychosocial training for teachers in conflict and disaster areas etc. She was formerly Chairperson of Crisis Center of Faculty of Psychology.

**SESSION II: MAKING INCLUSION A REALITY THROUGH HOLISTIC APPROACH**

**Keynote Speaker:**

**Dr. Uma Tuli: Inclusion – Difficult But Possible**

Dr. Tuli is the Founder and Managing Secretary of Amar Jyoti Charitable Trust and Chairperson of RI Education Commission. She is a pioneer in the concept of inclusive education in the country. As a former Chief Commissioner for Persons with Disabilities, she was responsible for effective implementation of the Disability Act 1995 and introduced several innovative measures. She is recipient of a number of awards and recognitions.

**Mr K R Rajendra: Making Inclusion A Reality Through Holistic Approach**

Mr. Rajendra is currently Head, Leonard Cheshire Disability South Asia, Bangaluru. He has over 33 years of experience in the areas of disability and development in Asia and Africa. Mr. Rajendra is a strong motivator and team maker and has great skills in networking.

**Dr Umesh Sharma: Inclusive Education: What can we Learn from Developing Countries?**

Dr. Sharma is a Senior Lecturer in Special Education, Monash University, Australia. He is involved in a number of inclusive education in countries like Singapore, Hong Kong, China, India, Canada and the USA. He is on the editorial board of a number of journals and has a large number of publications to his credit.

**Mr Ram Prasad Dhungana: Skills Development Initiatives in Nepal – Trends, Challenges & Hopes**

Mr. Dhungana is President, National Rehabilitation Centre of the Disabled, Nepal and National Secretary, RI Nepal. He has been working in the field of disability in Nepal for over two decades focusing specially on improving opportunities for employment creation to persons with disabilities through skills training, income generation and personal development. He is a recipient of several national and international awards.

**Dr Preetht Samuel (on behalf of Dr Barbara LeRoy & Ms Elizabeth Janks):**

Promoting Community Inclusion through Family Support Navigation

**SESSION – III: HEALTHCARE INITIATIVES & SUPPORT SERVICES**

**Keynote Speaker:**

**Dr R K Srivastava: Health Care Initiatives and Support Services in India**

Dr. Srivastava is Director General Health Services, Ministry of Health & Family Welfare, Government of India since November 2005. He has been coordinating several pilot projects for disability prevention and rehabilitation under National Programmes. As a specialist in Physical Medicine & Rehabilitation he has been produced many manuals for several organisations including WHO. He has contributed chapters in books on disability related subjects.
Prof. Naila Khan: Multidisciplinary Child Development Centers within government medical college hospitals providing vulnerable children access to diagnostic services, early intervention and improved quality of survival in Bangladesh

Professor Khan is Head, Child Development and Neurology Unit, Dhaka Shishu Hospital, Bangladesh Institute of Child Health, Dhaka, Bangladesh and National Co-ordinator, “Establishment of Shishu Bikash Kendros in Medical College Hospitals”, under the HNPSP primary health care programme of the Ministry of Health and Family Welfare, Bangladesh.

Dr Jitendra Jamdar: Comprehensive Rehabilitation Scenario In Central India

Dr. Jamdar is Managing Director and Chief Orthopaedic Surgeon of Jamdar Hospital, Jabalpur. He is a well-known social worker and his main interest is in rehabilitation of physically handicapped persons.

Dr Udita Jahagirdar: Antenatal Care and Prevention of Disability

Dr. Jahagirdar obtained her degree in Medicine and Post Graduate Degree in Obstetrics and Gynaecology from Mumbai. She is a board certified Obstetrician & Gynaecologist in active practice in Orlando, Florida for over 25 years. She has an active community-based practice.

Dr Anita Mathur: Prevention of Post-Natal Disabilities

Dr. Mathur obtained Medical degree and Diploma in Obstetrics & Gynaecology from Medical College, Gwalior. She received further training in General Paediatrics at Michigan State University and University of South Florida. Her interest includes adolescent medicine and preventive paediatrics.

Dr Aishath Looba: Rehabilitation Services for people with disabilities- The current context (Maldives)

Ms. Looba is Assistant Director with Care Society, Maafannu, Maldives. Her experience includes Child Development, Social Integration and Inclusion of persons with disabilities. She is involved in helping people especially psychology well being and personal growth.

SESSION- IV: TRANSITION FROM EDUCATION TO EMPLOYMENT

Keynote Speaker:

Dr Madan M Kundu: Transition From Education To Employment: Challenges For Consumers And Professionals

Dr. Kundu is Chairperson, Work and Employment Commission, Rehabilitation International. He is Professor and Chair, Department of Rehabilitation and Disabilities Studies at Southern University, Louisiana. He has published 5 book chapters, 25 journal articles and a monograph. He has made over 175 presentations at various conferences. He is a recipient of several awards.

Ms Anne Hawker: Education to Employment
Ms. Hawker is President, Rehabilitation International. She has been active in the field of disability for over 36 years. She has been a provider and developer of rehabilitation services; purchaser of rehabilitation services; strategic manager a number of government departments and most recently as Principal Disability Advisor within the Ministry of Social Development.

Mr. Samir Ghosh: Promoting Accessibility and Employment

Mr. Ghosh is Director of Shodhana Consultancy, Pune. He is a consultant to a large number of National & International organizations, Government of India and various State Governments in the country. He is a recipient of a National Award for outstanding contribution in the field of Disability Rehabilitation.

Mr. Niranjan Khatri: Creating Employment Opportunities – A Bold Initiative

Mr. Khatri has a hotel management background and is currently General Manager- Welcomenviorn Initiatives of ITC. He is on the faculty of various academic and other institutions on Eco Designing. He is recipient of a number of awards.

SESSION – V: PROMOTING INFRASTRUCTURE & ACCESSIBILITY

Keynote Speaker:

Mr. Joseph Kwan: The Universal Accessibility Approach towards an Inclusive and Accessible Environment and Infrastructure

Mr. Kwan is Chair - Rehabilitation International - International Commission on Technology and Accessibility. He is an experienced architect and access consultant with involvement in access to the built environment, transportation and inclusive tourism. He has practised architecture in Australia, UK, France and Hong Kong.

Mr. Sanjeev Sachdeva: Infrastructure and Accessibility

Mr. Sachdeva is currently working as Deputy Director, Lok Sabha Secretariat, Parliament of India. He is Founder & Honorary Project Director of Sanjeevani: addressing issues relating "Accessibility for All". He has been providing consultancy and help to conduct access audit and create barrier-free environment in the country.

Mr. Aktar Uddin: Emergence of Inclusiveness towards mainstreaming the PWDs in Bangladesh

Mr. Aktar Uddin holds Masters degree in Mass Communication and Journalism, and Public Health. He is working with human rights issues in UNDP Bangladesh as Communication Officer. He played an instrumental role to sensitize the Government of Bangladesh in signing and ratifying the UNCRPD.

Mr. Bal Krishna Gaire: Infrastructure & Accessibility: Status & Plans in Nepal

Mr. Gaire has been working in the field of disability in Nepal since 1990. He is at present the President of Nepal National Disabled Association and Creative Disabled Development Centre. He is working actively for the protection and promotion of the rights and dignity of persons with disabilities.
Ms Mimi Lusli: Infra Structure and Accessibility
Ms. Lusli is at present Director of Mimi Institute. She was earlier the first Chairperson and later Executive Director of Mitra Netra Foundation, Jakarta an NGO providing services to persons with visual impairment and focusing on development of education and skills. She has written three books on topics related to persons with visual impairment.

SESSION – VI: NETWORKING TO PROMOTE INCLUSIVITY

Keynote Speaker:

Dr Jacqueline van Swet: Networking to Promote Inclusivity
Dr. Jacqueline is a Senior Lecturer in Fontys University of Applied Sciences, Netherlands. Her interests are in the filed of internationalisation, inclusive education and practice oriented research.

Ms Indumathi Rao: Networking to Promote Inclusivity
Ms. Rao is Regional Advisor for the CBR Network in South East Asia and is the current Chairperson of Global partnership for disability development. She also chairs the Southern Zonal Coordination committee of Rehabilitation Council of India. She is Editor of several publications in CBR and Inclusive Education and has authored several manuals.

Ms Venus M Ilagan: Networking for Disability
Ms. Ilagan is Secretary General, Rehabilitation International and CEO of the RI Foundation since October 2008, Immediate Past Chairperson Disabled People’s International from October 2002 to September 2007. She is a recipient of several awards in the field of disability and has many publications to her credit.

Prof Sudesh Mukhopadhyay: Networking to Promote Inclusivity
Prof. Mukhopadhyay is presently Head of Department of Inclusive Education in National University of Educational Planning & Administration, Delhi. She specializes in Education of persons with disabilities and teacher education. She has contributed more than 100 national and international publications to her credit.

Prof. Kanter is distinguished Meredith Professor of Law, Director, Disability Law & Policy Programme. She is also the Co-Director, Centre on Human Policy, Law and Disabilities Studies Syracuse University College of Law, Syracuse, NY, USA. She holds Editorial positions in several journals and has published a number of books, chapters, reports & papers.

SESSION VII: CHALLENGES & WAY AHEAD

Keynote Speaker

Ms Aloka Guha: Do we have the will?
Ms. Guha is a rehabilitation professional with over 40 years experience at the grassroots as well as at the policy level. She pioneered early intervention services in India in the 1980’s in Mumbai, introduced hospital-based neonatal screening programs in Mumbai and in Tamil Nadu, implemented the first DPEP-Inclusive Education for children with disabilities, and was the Founder Chairperson of the National Trust, Government of India. She has just completed a situation analysis of disability in the South East Asia Region for WHO.

Mr. Michael Fox from Australia is the Immediate Past President of Rehabilitation International. He is an experienced architect, planner and access consultant who’s been involved in architecture, access and equity since 1972, and is the director of the Sydney company Access Australia and the related architectural company Michael Fox Architects. Mr. Fox has been involved with RI since 1979 and has served as Global Chair of ICTA since 1996. Mr. Fox has actively promoted access and equity in Australia and the Asia Pacific Region since the mid 1970s. His access and equity projects included strategies and programs for the Sydney 2000 Olympic & Paralympic Games.

Prof Chandrakant S Pandav (together with Stalin P, Kapil Yadav, Sanjeev Kumar Gupta): Disability: Health Care Challenges and Way Ahead

Prof. Pandav is Head of Centre for Community Medicine at All India Institute of Medical Sciences, New Delhi. He is active in the areas of Iodine Deficiency Disorders, Micronutrients, Health Systems Research and Human Rights Issues. He has published more than 275 papers and is recipient of several awards and honours.

Dr Il Yung Lee, M.D. (South Korea), is the current Vice President (Asia Pacific Region), Rehabilitation International. Devoted to rehabilitation campaigns for over two decades, Dr Lee is also President of the Board of Governors, Korean Academy of Rehabilitation. In addition to bringing to bear his medical expertise in the rehabilitation process, Dr Lee passionately advocates the cause and is a prominent participant at various international for a concerning disability, rehabilitation and inclusivity.
POSTERS

In addition to the deliberations of ICM, it was considered appropriate that literature on disability and inclusivity as well as posters aiding efforts in the same direction may also be made available for participants and observers. As many as eight posters were presented/displayed by India (3), Bangladesh (3), Sri Lanka (1) and Indonesia (1).

**Poster-1**  – “An Aid for Including Intellectually Challenged – Curriculum Guide for Individualised Programming of Intellectually Challenged” by Dr Rita Malhotra and Ms Rakhi Gill (Amar Jyoti Charitable Trust, Delhi, INDIA).

The Poster was based on a study with the objectives: Assessment of functional abilities; Development of IEPs; Facility to keep cumulative records; Adaptation of curriculum content of training; and Planning for interventional strategies for special educational needs. Based on further studies on the same lines, a Curricular Action Plan was developed. This Guide facilitates planning of IEPs at elementary, secondary and vocational levels. The profiles developed for each individual give a visual presentation of every client’s functional achievements and desired goals to work towards in future. These profiles facilitate communication with the interdisciplinary team of workers, parents, teachers and caregivers.

The developed tool provides support to families, teachers and caregivers of intellectually challenged children, adolescents and adults is a systematic manner.

**Poster -2** “Steps towards Inclusion” by Ms Monira Yasmeen and Ms Anuja Begum (Bangladesh Protibondhi Foundation, BANGLADESH).

The objective was to show that Inclusive Education makes good social sense, need-baised education and good practice of human rights. The process included caser studies, interviews, slide shows, follow-up and progress reports.

There are proven instances of empowerment which enables society to change attitudes; develop and disseminate child-friendly curricula and adapt school environment, and view
every child as a potential human resource and optimize their capabilities and [potential through training and participation.

**Poster-3-** “Diverse Needs of Children in Inclusive Classroom” by Ms K. Anoma Chitharamgani Alwis (The Open University, SRI LANKA).

The study attempted to explore the application of instructional strategies by teachers, the learning opportunities provided in schools to cater to the diverse needs of children, and teachers’ perception of the application of inclusive education in primary classes in Sri Lanka. The data collected as a part of the study showed that teachers used fewer instructional strategies to meet the needs of children with special needs and they used varied instructional formats, including whole-class instruction, small group instruction and activities. These strategies and practices evolved from trial and error during teachers’ classroom experiences. The study found effectiveness of instructional strategies to be mixed. The teachers participating in the study demonstrated a general understanding of the concept of inclusion.

**Poster-4-** “Employment Opportunities for Young Women with Disabilities – Situational Analysis” by Ms Afroza Sultana (Bangladesh Protibondhi Foundation, BANGLADESH)

The objective of the study was to find out examplifiable necessity of the skill training and the related working experiences and opportunities of newer work-fields yet undiscovered by them. The study was conducted by means of authentic information from skilled and unskilled women with disabilities working in a variety of locations and organisations, using objective questionnaires and in-depth interviews.

The study revealed that: Skilled women found it easier to get gainful employment compared to unskilled women; Competition for jobs among highly educated persons is tougher and results in long periods of joblessness; and the choices for jobs could be available in the IT sector, call centres, front offices, fashion design establishments.
The conclusion reached was that education in life skills could open up opportunities of employment and lead young women with disabilities to become human resource.

Poster-5 “Curriculum Flexibility For Inclusion in a Mainstream Classroom – What extent could it be in Bangladesh context?” by Ms Ferdausi Moula and Ms Romela Murshed (Bangladesh Protibondhi Foundation, BANGLADESH)

The current curriculum is often not child friendly, especially for children with Special Educational Needs. Together with other reasons, this may be due to weak/rigid curriculum, poor teaching procedure or negative attitudes.

The Objective of the study was to explore curriculum flexibility in the mainstream class suitable for all Special Educational Needs children.

With reference to the Bangladesh Text Book Board Curriculum, the Bangladesh Protibandhi Foundation (BPF) has tried to modify teaching techniques, shortening syllabus, place students in classes, and develop communication methods and assessment or examination procedure, using assistive devices in the best possible manner.

Children from BPF find it difficult to cope with the rigid curriculum in mainstream schools. Case studies showed that when allowed flexibility, BPF children did well in mainstream schools but fared poorly when such flexibility was not shown.

Poster-6 “Teachers’ Burnout in Inclusive Primary School with ADHD Students: Descriptive Study of Causes and Dimensions of Burnout” by Ms Farida Kurniawati and Ms Ayu Windiyaningrum (University of Indonesia, INDONESIA).

Teaching is considered to be very stressful job, more so if it is in an Inclusive Education context and may trigger burnout. Burnout may be physical, emotional, and mental exhaustion being exposed to emotionally demanding situations, and it is marked by the presence of emotional exhaustion, depersonalization, and decreasing personal accomplishment.

A study carried out to identify causes and dimensions of four teachers’ burnout revealed that it was caused by work-environment factors as well as personal factors. Heavy workload, role conflict, feedback, relationship among colleagues, and personal control of work – these were some of the work-environment factors, while among personal factors were: high self-expectation, personal needs, self-concept, and self-emotion regulation.

Emotional exhaustion was indicated by a sense of failure and guilt of not being able to assist students in accomplishing significant improvement. On the depersonalization dimension, anger and irritation appeared in improper behaviour such as high-pitched intonation, shouts, threats, complaints of students’ ability, harsh questions, and putting a label on students’ ability. Sense of failure and guilt led teachers to question and negatively judge their own abilities, thus undergoing decreasing personal accomplishment.
Poster-7- “Inclusion in Rural India” by Ms Rebecca Isaac and Dr William Dharmaraja (Manonmaniam Sundaranar University, Tirunelveli, INDIA).

“Children who learn together, learn to live together” in the philosophy underpinning Inclusive Education. However, the real scenario in rural India is quite different. Poor economic background, illiteracy, ignorance and negative attitude in educating the disabled children all form a barrier in educating the child with special needs. Professionals and specialists are scarce, too while Early Intervention Centres are too few in numbers (one in each District) to be truly effective. Mainstream teachers without adequate training are unwilling to accept children with special needs.

There are challenges at the level of Identification and Mainstreaming, such as, lack of professionals and equipment; illiteracy; unawareness; negative attitude; no-role-model; sense of guilt; lack of counselling; inaccessibility to Early Intervention Centre; physical barriers; communication and information barriers; poverty; unaffordable assistive devices and their maintenance; inadequate training of teachers in mainstream schools; poor parental support; additional burden on already over-worked teachers; bullying; and the special child’s inability to participate in many classroom activities.

More Early Intervention Centres need to be established, conducting awareness programmes, and subsidising cost of assistive devices. Special education needs to be included in teachers’ training programmes.

Poster-8- “Amar Jyoti Model of Early Intervention Specimen Individual Progression” by Dr Rita Malhotra and Ms Rakhi Gill (Amar Jyoti Rehabilitation Research Centre, Delhi, INDIA).

The Early Intervention Programme (EIP) at Amar Jyoti Rehabilitation & Research Centre works in a systematic manner with children and parents and coordinates with various departments. The following steps are taken : (i) Developmental Assessment by a Psychologist; (ii) Functional Assessment by a special educator on five essential elements of development (infant development, socialisation, self-help, language, cognition, & motor); and (iii) Case records preparation to formulate intervention plan in consultation with Occupational Therapist, Physiotherapist and Speech therapist.

The study objectives were: (a) identifying areas where development delay occurs; (b) reviewing need-based EIP and its effectiveness in a particular case; (c) Ascertaining changes in various areas of development after implementation of EIP; and (d) Studying role of interdepartmental support services.

The study, done within the Rehabilitation Centre, was mainly qualitative and descriptive in nature, involving purposive sampling. The participants included children, their parents and a team of professionals. Data was collected through observations, documents analysis of case records and formal/informal interviews. Case study approach was used to organise the data.
The efforts of the integrated team of professionals facilitated the identification of developmental delay and the unique narratives highlight the personal growth of each child in varied facets of development.
The Inter Country Meeting was organized in the context of the United Nations Convention on Rehabilitation of Persons with Disability (UNCRPD). The UN resolution has already been ratified by most governments in the world and now there is a worldwide movement to ensure implementation of the Resolution, in letter and spirit. The ICM was one step in that direction, quickly followed up by a meeting of the Executive Committee of Rehabilitation International and a workshop, in Hyderabad, on “Stock Taking of Endeavours towards Implementation of UNCRPD in India”.

The Executive Committee met in New Delhi (at the Institute of Defence Studies and Analyses) on the 6th of March, 2010 and at the Amar Jyoti Charitable Trust premises the following day. The meeting was attended by Ms Anne Hawker (President) Ms Venus Illagan (Secretary-General), Mr Michael Fox (Immediate Past President), Ms Marca Bristo, Dr Il Yung Lee, Mr Jan Monsbakken, Mr Madan Kundu, Dr Uma Tuli, Mr Martin Grabois, Mr Joseph Kwan, Dr A.K. Mukherji, Mr Khaled-el-Mohtar, Mr Frederick Mehroff, Mr Joseph Kwok, Mr Clermont Simard, and Ms Leonor Coello. Wide ranging discussions were held with special reference to UNCRPD. It was resolved to intensify efforts on different fronts.

The Hyderabad workshop, held on the 8th and the 9th of March, 2010, again, analysed the overall implementation of UNCRPD. At the end of the two workshop, recommendations were made in respect of the following articles of CRPD: Article 7 (Child with disability); Article 8 (Awareness raising); Article 9 (Accessibility); Article 19 (Independent living); Article 24 (Education); Article 26 (habilitation and rehabilitation); and Article 31 (Statistics and data collection).