

GEF -BSS-AADI

PROJECT ON INCLUSIVE EDUCATION

Project report: August 2011 to January 2012

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BSS-AADI-GEF PROJECT ON INCLUSIVE EDUCATION (BAG:IE)
Project report: August 2011 to January 2012

1. INTRODUCTION

This project is a collaborative initiative of three organizations, Bodh Shiksha Samiti (BSS), Action for Ability Development and Inclusion (AADI) and Goodearth Education Foundation (GEF). It aims to ensure that all children have access to quality education, including children with disabilities, within the catchment area of the thirty nine BSS schools.

The objectives of the project are:

- To increase access to educational opportunities for all children, including children with disabilities in the catchment area
- To equip teachers with information and skills that address diversity in their schools, with a focus on children with disabilities
- To equip teachers, parents and community volunteers to access community resources, to address the needs of people with disabilities
- To document best practices for inclusive education, at the end of the project period

1.1 Context

Historically, persons with disabilities have been marginalized and excluded from their communities, all over the world. They continue to be excluded today as well. This exclusion occurs across all spheres of life.

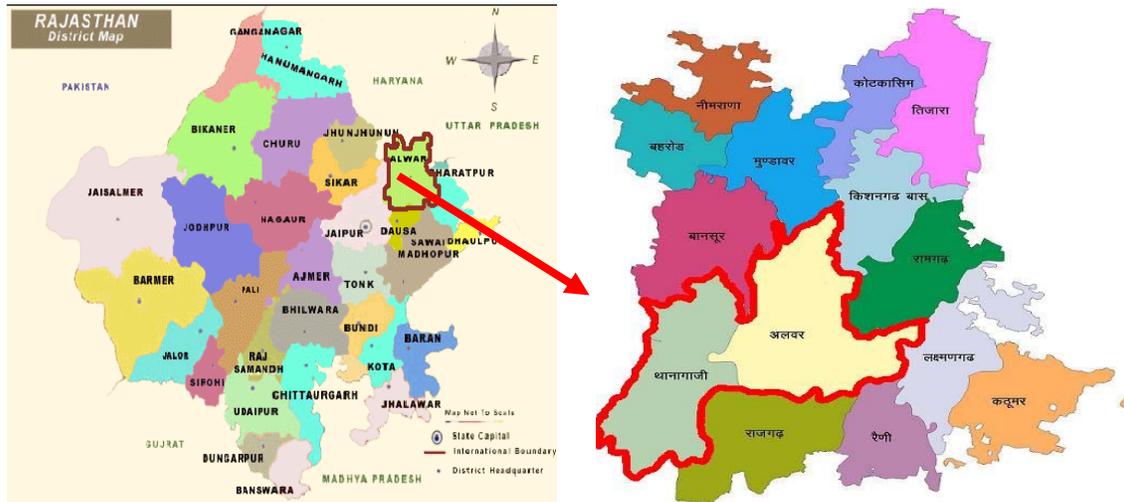
India is a country where numerous groups are marginalized based on caste, poverty, gender, disability etc. Persons with disabilities in India remain one of the most marginalized and vulnerable groups. They continue to be largely invisible and face discrimination on a daily basis in their lives. The majority live in rural areas and a vast majority belong to a lower income group.

According to the 2001 census, persons with disabilities constitute 2% of the total Indian population. Non governmental organizations working directly with persons with disabilities estimate that, persons with disabilities constitute 4 to 6% of the total population. The low figures in the census 2001 are attributed to people being left out, people hiding their disabilities because of the associated stigma and the impairment focus of the definitions adopted.

Only a few have access to educational services, which have largely been segregated in nature. Irrespective of various policy initiatives, the present coverage of students with

disabilities in general education is estimated to be merely 0.74%¹. Special schools are very few in numbers and exist mainly in urban centers. Special school services are available due to the sporadic efforts of non governmental organizations (NGOs), which dominate the disability sector.

1.2 Geographical location



Alwar is a district in the state of Rajasthan, in India. The district has 12 sub-divisions or blocks. According to Census 2011, the total population of Alwar district is 3,671,999. The literacy rate is 71.68%. While 85.08% of the males in the district are literate, only 56.78% of women are literate. This reflects the low status of women in the community. There are 5,281 schools in the district, according to the 2008-2009 DISE district report. The total number of children enrolled in schools is 138,179 of which 4,735 are children with disabilities.



¹ The total number of children enrolled in schools in India is 187,867,596. The total number of children with disabilities enrolled in schools for the entire country is 1,402,817.

Thanagazi and Umrien blocks are the two most socio-economically deprived blocks in the Alwar district. When BSS initiated its work in these blocks, in 1999, the educational status was in an abysmal state. Female literacy as per the census 2001 was as low as 26% in Thanagazi.

2. PROJECT ACTIVITIES

2.1 Sequence of activities with timelines

Activity	Dates
Pre project exploratory survey	29 and 30 April 2011
Project Approval	August 2011
First teacher training at Bodhgaon in Alwar	25, 26 and 27 August 2011
Second teacher training at Bodhgaon in Alwar	20 and 21 September 2011
Understanding children with disabilities through assessments	22 to 26 September 2011
Medical follow up in Delhi : First visit	12,13 and 14 October 2011
Medical follow up in Delhi : Second visit	19 and 20 October 2011
Medical follow up in Delhi : Third visit	7 November 2011
School visits	First visit: 8 and 9 November 2011 Second visit:16 and 17 November 2011
Medical follow ups at Delhi : Fourth visit	December 2011
Project Review meeting	8 December 2011
Delhi training planning meeting-BSS and AADI team	21 December 2011
Third teacher training in Delhi	10,11,12, and13 January 2012

The following sections provide brief descriptions of the above mentioned activities which have been organized under their respective project objectives.

2.2 OBJECTIVE: To increase access to educational opportunities for children with disabilities

In fulfillment of this objective specific activities related to children were carried out, which included assessments and medical interventions.

2.2.1 Understanding children with disabilities through assessments

Assessments of children from BSS Schools were conducted at Bodhgaon, from the 22nd to the 26th of September. All the sixty eight children with disabilities, identified during the survey of 10 schools (at the exploratory stage of the project) were invited to Bodhgaon. In all sixty one children turned up to meet the team, during these days. They came to Bodhgaon, accompanied by their teachers and family members.

The objective of the assessments was to gather baseline information, about the children and provide suggestions for issues which needed immediate intervention. These issues were related to different life domains like learning, mobility, and self care. Questions related to medical needs and disability certificates were also asked. Furthermore the team attempted to challenge any instances of extreme isolation or stigma, being faced by a child.

Six multidisciplinary teams used the care plan forms (translated in Hindi) to collect information about the children and their families. Equipments required for impairment specific assessments, had to be taken from Delhi, due to its lack of availability at Bodhgaon.



Group activity for families and children in Bodhgaon

Each day began at 9 a.m. with a group activity for rapport building and informal observations of children's abilities, skills, interactions, confidence etc. by the teams. After the group activity the team interacted with children individually. Each team had to observe 4-5 children a day and give suggestions to the BSS staff to follow. The AADI team had to ensure that no information or crucial recommendation was left out. In the evening the entire team had a debrief meeting, to identify learnings and challenges. The team also visited the homes of some children, to acquire a better understanding of their functional abilities, in familiar environments.



An AADI team member with the mother of a child with disability named Kali, during a home visit

After this activity, plans for medical interventions for children, were made in Delhi and Alwar.

2.2.2 Intervention for addressing medical needs

The team gave suggestions for medical interventions to forty six children, out of the sixty children they met in September. While eight children were referred to medical resources in Alwar, thirty eight children were referred to medical resources in Delhi. This became a necessity as the children needed urgent medical attention but the hospitals in Alwar were found to be inadequate. They lacked the requisite experience and skills to address the needs of children with disabilities. To facilitate their stay in Delhi AADI provided accommodations for all the children and families in its premises. In all, out of the forty eight identified children, twenty six children reached Delhi. The reasons for some children and families not being able to reach will be explored by the team, in its future work.

First Visit for ENT Check-up & Hearing assessments

The first visit was made from the 12th to the 14th of October, for ENT and hearing check-ups. Families of 12 children with hearing difficulties and other ear problems were requested to come to Delhi accompanied by the BSS Coordinator. Finally 6 children with their family members came to Delhi. They met doctors at an ENT Hospital. On the same

day, the measurement of the ears of children, for ear molds was taken by Star Key, an NGO.

S.No	Name	Guardian	Village	DOB/Age	Suggestions from medical professionals
1	Pushpa	Rameshwar Swami	Hari Singh Ki Johad	13/07/95	Hearing Aid
2	Mashesh	Prabhu Dayal	Kalameda	10/11/02	Ear Operation
3	Poonam	Laxman Singh	Ambedkar Nagar	08/11/04	Ear Operation
4	Jhabbu Gujjar	Sisram Gujjar	Ambedkar Nagar	20 years	Hearing Aid
5	Krishan	Ganga Ram Regar	Ambedkar Nagar	02/07/98	Ear Operation
6	Sunil	Bhughar Gujjar	Meena Cooperative	13/07/07	Speech impairment only

Table 1: List of children who visited Delhi for medical consultation for hearing

Second Visit for Vision, Hearing, Physical & Neurological Assessments

A second group visited Delhi on the 19th and 20th of October. Out of the 24 children listed for the second visit 18 children with their guardians came to Delhi. They met the doctors at Venu Eye Hospital, St. Stephens Hospital and Kiwanis Aid. Doctors examined the children and shared the next steps with the families and BSS staff. At the eye hospital, 5 children out of the 11 shown were suggested eye surgeries.

S.No	Name	Guardian	Village Name	Age	Suggestions from medical professionals
1	Ritik	Rajesh Swami	Hari Singh ki Johad	18/06/08	Eye Surgery
2	Sumitra	Ram Karan Gujjar	Hari Singh ki Johad	18/02/04	Eye Surgery
3	Rakesh	Ram Karan Gujjar	Hari Singh ki Johad	05/05/07	Eye Surgery
4	Hemraj	Hari Ram	Kalameda	15/07/03	Glasses
5	Giraj	Mool Chand Regar	Ambedkar Nagar	25/12/97	Eye Surgery
6	Jitesh	Madanlal	Bhal ki Dhani	01/06/02	Glasses
7	Dinesh		Bhal ki Dhani	15/01/00	Eye Surgery
8	Aarti	Banwari Lal	Ambedkar Nagar	11/02/02	Glasses
9	Deepak	Basanti Lal	Ambedkar Nagar	01/01/04	Glasses
10	Pawan	Jagdish Raigar	Ambedkar Nagar	03/07/00	Medication and Glasses
11	Changa Ram	Prabhudayal	Bhal Ki Dhani	12 years	Referred to a Physician

Table 2: List of Children in the second visit for medical consultation for vision

Five children with physical difficulties visited St. Stephens Hospital. Two children were examined by an orthopedic specialist, two children by a neurologist and one child by a urologist.

S.No	Name	Guardian's Name	Village	DOB/Age	Suggestions from medical professionals
1	Vishwas	Pannalal Balai	Radi	11years	MRI (Neurologist)
2	Sonu	Rotishad	Hari Singh ki Johad	16/05/01	AFO (Kiwanis) & again consult orthopedic specialist
3	Mukesh	Mool Chand Gujjar	Hari Singh ki Johad	11/02/	No surgery (orthopedic specialist)
4	Shampoo	Vanshidhar Gurjar	Tavrala	02/04/04	Surgery related to Urine problem (Urologist)
5	Roshan Lal	Jagdish Dhanka	Ambedkar Nagar	04/05/05	Prosthetics (Kiwanis)
6	Mukesh	Jagannath Meena	Bhal ki Dhani	12 years	Prosthetics (Kiwanis)
7	Dheeraj	Shriram Gurjar	Hari Singh ki Johad	12/03/07	CT scan & medication for epilepsy (Neurologist)

Table 3: List of children in the second visit to Delhi for medical consultation for physical & neurological assessments

Three children went to Kiwanis Aids for consultation and measurement of prosthetics and orthotics. Measurements were taken for all three children and they were promised a delivery of the aids within 15 days. Two other children were examined in Alps, a hearing aid clinic and one of them was diagnosed with hearing loss and was suggested the use of a hearing aid. The other child did not respond in the clinical settings and requires further examination.

Third visit to Delhi

The third visit was made on the 7th of November. Three children along with their family members came to collect hearing aids from Star Key.

S.No.	Name	Guardian's name	Village	Type of aid
1	Girraj	Mool Chand Regar	Ambedkar Nagar	Hearing aids with ear molds
2	Pushpa	Rameshwar Swami	Hari singh Ki Johad	Hearing aids with ear molds
3	Jhabbu	Sisram Gujjar	Ambedkar Nagar	Hearing aids with ear molds

Table 4: List of children who received hearing aids

Fourth Visit to Delhi in December 2011

In the fourth visit three children Jyoti, Sunita and Sonu came to Delhi. Sonu came to collect AFO's from Kiwanis and to consult the orthopedic specialist. The orthopedic specialist advised Sonu to use the AFO on a regular basis. Jyoti was given medicines for ear discharge.

The child named Sunita had been referred for a visual check-up in Alwar. The Alwar hospital identified a hearing problem as well and referred her to an ENT specialist. The

ENT specialist in Delhi advised immediate surgery, to prevent further damage to her ear. She underwent the surgery and the operation was successful. The family took the initiative to visit the hospital on their own, after 10 days for a follow-up.

2.2.4 Children's profiles

The AADI team documented their observations into individual children's profile forms. All the available information, about a child, was collated and documented in these profiles. It included the team's recommendations. Profiles were handed over to the respective teachers during the teacher training in January 2012, with further explanations.

2.3 OBJECTIVE: To equip teachers with information and skills to address diversity

Three group teacher trainings were held during this project period. The first two teacher training sessions were held at Bodhgaon, for the teachers of the ten schools. The first training was held from the 25th to the 27th of August and 22 teachers participated in this training. The second teacher training was held on the 20th and 21st of September and was attended by 30 teachers. The third training was held in Delhi from the 10th to the 13th of January 2012 for 52 teachers. The methodology adopted in all the trainings was mainly activity based, group and individual work.

2.3.1 First two trainings

The first two trainings presented the same modules for different sets of teachers. The objective of the first two trainings was that the teachers would:

- Understand diversity and the social model of disability
- Understand impairments
- Understand community mapping
- Become familiar with assessment and care planning

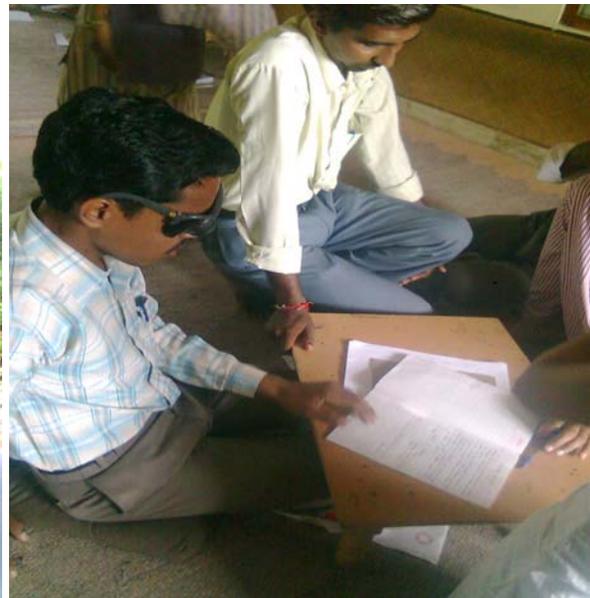
Thus, the first module, on the first day was titled 'Diversity and Social Model of Disability'. It was a crucial module for perspective development and thus an entire day was devoted to it. It aimed to build the teachers understanding about the similarities within children, their needs and rights. It highlighted the fact that every child was unique in their own way. They therefore, fulfilled their needs, in their own unique ways. Children with impairments added to the already existing diversity in the classroom, school and society. The module emphasized, that all children have the capacity to learn, in their own style and at their own pace. It is external barriers which create difficulties in children's learning. A truly child centered approach to education would allow every child to learn, including children with disabilities.

The next session focused on mapping community resources. It was followed by a day long session on 'Understanding Impairments' on the second day. Efforts were made through presentations and simulation activities to understand different impairments and their impact on learning.

The last session was on assessment and care planning, on the third day. The teachers were expected to become familiar with the care plan tool and the process of using it to gather comprehensive information about a child, family and the community. The training ended with a discussion of the learnings and on the way forward. A trainer reports *'It was heartening that all participants agreed to work with children with disabilities in their schools, within the understanding of the social model of disability'*.



Simulation activity for experiencing physical impairments



Simulation activity for experiencing visual impairment

2.3.2 Training in Delhi

After the second training, there was a project review meeting held in Alwar. In this meeting, a decision was taken to organize a training at Delhi for all the 52 teachers. AADI and BSS team members met on the 21st of December, to plan the four day training. The aim of the four day workshop was to increase the skills of teachers in lesson planning, teaching subjects and evaluating achievement and progress in an inclusive classroom. It was conducted from the 10th to the 13th of January 2012, by AADI in partnership with a team from BSS.

The first session, on the **first day** began with a sharing by BSS teachers, about the usefulness of the teaching strategies, shared by the AADI team on earlier occasions. It was followed by a session on lesson planning, as practiced by BSS teachers. Thereafter, the AADI team provided inputs for making inclusive lesson plans, which would help teachers in addressing the needs of children with disabilities, within the same class.

The **second day** began with a session on teaching languages to children with disabilities. It emphasized the adoption of multi sensory and creative methods for teaching. This was followed by a discussion, on accommodations and modifications of classroom practices and teaching learning material, to include all children. In the next session, the BSS participants shared their methods of teaching Math. This was followed by a session focusing on including children with disabilities while teaching math. It stressed on creating more opportunities and adaptations for specific impairments.

The **third day** started with the participants giving their feedback on the teacher trainings. The next session focused on building an understanding on mental impairment. It underlined the fact that, learning depends on the opportunities provided to a person, to learn a particular skill. There was a discussion on the importance of using various senses, in teaching any concept, to any child. The impact of a child's disability on the family was also discussed. Thereafter the participants went on a community visit, to the AADI Rural Community Based Rehabilitation Program (RCBR) in Balabgarh, Faridabad in the nearby state of Haryana. There they attended a community meeting, a session on working with families and met a parents group.

The **fourth day** began with a sharing of the participants' experiences, of the community visit, with the AADI facilitators answering their questions. This session identified the need for intensive work within the communities, in order to impact a child's life in a more holistic manner. This was followed by a session on expectations, achievements and progress of children's learning. Through discussions it attempted to broaden the groups understanding of success. Discussions emphasized the need to disengage the definition of success, in education, from its current interpretation of being equated with academic success.



Training in Delhi at AADI

2.2.3 School visits

School visits were planned with the objective of understanding the school environment, teaching practices in the classroom and child related planning. The teams also discussed with the teachers, their initial suggestions about children. They also attempted to elicit training needs as identified by BSS teachers.

School visits were planned according to the convenience of both the organizations, after the completion of the first two teacher trainings. Visits were made by the AADI team in two batches. The first visit was on the 8th and 9th of November and the second visit was made on the 16th and 17th of November.

School sites were visited by each team comprising of 2-3 members. The division was such that each member was responsible for 10-12 children and 3-4 schools for observation. For more uniformity in observation a format² was prepared to document observations. The schools at the following locations were divided between the two teams, for visiting.

TEAM 1	TEAM 2
Radi indok	Ramali
Kala Meda	Ambedkar Nagar
Meena co-operative	Tavrala
Indok	Bhal ki Dhani
Khairati ki Dhani	Har Singh Ki Johad



Children of class 1 &2 of Bodh shala(school) at Khairati ki Dhani

² See Annexure No. 2



Class 1 children standing in front of their class under the tree with the blackboard at Meena Cooperative. Children sit outside for seasonal reasons (to catch the sun in winter) and sometime because there may not be enough classrooms in the school building



Class 6 children doing practical in the school at Meena Cooperative



Children studying outside in the school at Bhal ki Dhani

The observation process included meeting the teacher, looking into the planning register, observing the child in class, looking at his books and doing specific worksheets to ascertain the difficulties. Thereafter school level group meetings were organized during each visit. In this group meeting, the team gave specific suggestions for each child and general suggestions related to school practices. Discussions were held with the BSS staff about their perceived needs for support and training requirements. In many school visits children were absent on the day of the visit, thus they could not be met.

2.4 OBJECTIVE: To equip teachers, parents and community volunteers to access community resources, to address the needs of people with disabilities

The Alwar district resource mapping began in September. To identify various resources the team visited the offices of the Sarva Shiksha Abhiyan, Social Justice and Empowerment Division, Rajiv Gandhi Hospital and Dr Shroff charity Hospital³. These visits helped in the identification of the provisions available to children and people with disabilities, as well in identification of the relevant authorities for various tasks. One of the results of these efforts was that twenty children⁴ received disability certificates.

2.5 OBJECTIVE: Document best practices for inclusive education

To facilitate the reflection and planning process five⁵ review meetings were organized. Out of these five, two meetings (8th and 21st December) were with the BSS team

³ See Annexure no. 3

⁴ See Annexure number 4

⁵ Meetings were held on the 17/10/11,7/12/2011, 8/12/2011,21/12/2011 &28/1/2012

members. The reflections helped in identifying issues, lessons learnt and challenges while planning the future steps in the project.

2.5.1 Challenges

Medical interventions

- There were a large number of children requiring medical intervention. The team had to prioritize medical interventions, as without this the educational aspects could not be addressed. As there were no resources in the community children had to be referred to Delhi. To ensure sustainability and continued monitoring, capacity building of local medical and rehabilitation resources would be required, which will take a long time.
- It was a challenge to convince families to come to Delhi for medical intervention. This becomes a greater challenge when the organizations in Delhi do not deliver on time as in the case of the Kwanois Aid. Regular meetings and assessments of the support required by families is needed to ensure regular medical follow-ups.
- The expenditure incurred for follow-up of surgeries also remains a concern for some families. Due to this they may avoid surgery. Thus there may be a need for sponsorships to be arranged for surgeries
- Girls in adolescent age with hearing and physical difficulties are finding it difficult to come for medical consultation. There is a need to explore the reasons for this absence, for it to be addressed.

Children

- Many children did not come for assessments and many were absent in the schools, when the team visited. The team may need to work out a strategy to meet them to ensure they are reached, for instance visit them at their homes.
- High support children are being left out and can't reach schools in the community. This is sometimes due to a lack of mobility aids or because of the difficult terrain or because of lack of connectivity to towns. The team was only able to meet one child with high support needs. It will need to make more efforts to reach all children being left out.
- A strategy is required to address the needs of children with disabilities who were dropping out of Government schools.
- Many older children are also being left out. There is a need to think of strategies for including them as well. For instance BSS can try to include children in adolescent age through bringing flexibility in its curriculum.
- There is a need to work on the present behavior amongst peers and among children and adults. This is required to build an understanding amongst them about the impact of their behavior on a child with disability
- There was a need identified for small group and individual work after school hours. It was considered important that these hours would cater to all children, whenever required. This would prevent this hour from becoming associated with any difficulties in learning.

Working with families

- Families do not have very high expectations for children with disabilities. They felt they would be looked after or do domestic chores and be useful. The team has to find ways of addressing this issue, in its community work.
- Addressing socio cultural aspects and how to intervene to prevent abusive situations was also a challenge for the team. Changing mindsets in the community will take time and AADI's suggestions in this domain need to be integrated in BSS's overall community work.

Teachers

- Many of the given suggestions were not followed up by teachers. A strategy to maintain continuity of support to teachers, to follow up suggestions, is needed. Otherwise they may lose motivation when faced with difficulties in implementation. This is also desirable to make the process of skill transference more effective.
- Children with intellectual impairments remained a concern for BSS teachers.
- Availability of teaching learning material in the classrooms also needs to be addressed.
- The BSS teachers need training for promoting and facilitating the use of aids among children with disabilities.
- During training teachers need to reflect on their own attitudes towards disability as well.
- To address the above concerns some identified areas for further training are:
 - Methodology of teaching children with different impairments: hearing, visual, and intellectual
 - General methods for including children with various impairments in the classroom by identification and removal of barriers
 - While teaching the use of the cycle of concrete material-semi concrete-abstract-and back to concrete material needs to be emphasized. This is required to ensure generalization and consolidation of concepts in various settings
 - Inclusion of individual needs in lesson plans and preparation for multi group teaching for all children
 - Methodology for working with older children whose academic work is 3-4 years behind
 - Work with families and communities in areas other than education, for example-self care, communication, participation, establishing relationships and routine, etc.
 - Working with communities and families to explore attitudes, information, understanding about disability as well as identifying physical barriers
 - Assessment of children who do not seem to have apparent impairments but are still under achieving.
 - Creating relevant teaching material for working with children including children with disabilities.

AADI team

- During school visits it was a challenge for the team to observe, without being intrusive. It was also a challenge to support teachers, to include the child with disability, without being directive.

- The team had to juggle between keeping the BSS staff motivated, be appreciative about what they were already doing and bringing about the required changes by providing suggestions.
- Sometimes family members would belittle themselves for not knowing enough. To prevent this from happening, the team shared its belief that families are equal partners in finding solutions. It continuously stressed, that the family's knowledge of the child was of equal importance and value, as their knowledge of children with disabilities.

2.5.2 Learnings

- All children in the schools would help the adults to clean up their classrooms everyday. In rural environments children tend to have more responsibilities for household tasks than in urban environments.
- Many of the out of school children identified did not have any impairment. They were out of school due to other factors which the teachers needed to address.
- BSS will have to integrate awareness raising about disability in their community awareness raising activities. This would include different issues about health awareness in a rural community. The results of the current medical interventions, could provide evidence to promote health awareness and advocate for developing health resources in the local community in the near future.

3. KEY ACCOMPLISHMENTS

- In principle, BSS has believed in inclusion for a long time. However in practice, it was not able to include children with disabilities. This project has strengthened BSS belief in inclusive education and the process of including issues faced by children with disabilities in its work, has begun. Thus the AADI team has succeeded in creating a sense of ownership, about the issues faced by children with disabilities, amongst BSS staff.
- BSS teachers have begun to understand that teaching children with disabilities is not a separate issue, in teaching practice. All the teachers in 10 schools of BSS have begun to believe that children with disabilities will learn, with the help of some changes in teaching strategies and teaching material.
- BSS is committed to work towards all teachers, acquiring an understanding of disability at an equal level.
- In the future BSS is committed to include issues related to disability, in all its regular work with teachers including meetings, trainings and workshops.
- BSS is willing to start work in the other 30 schools as well.
- Efforts are being made to include all children with disabilities in schools, irrespective of the extent of impairments.
- A total of sixty eight out of school children with disabilities have been identified in the catchment area, by the AADI team. More children with disabilities were identified by teachers after the trainings as well.

- The team has been able to deliver three comprehensive trainings, which will provide the base for further skill development. Fifty two teachers have attended these trainings.
- The AADI team has been able to form relationships with the BSS team and families irrespective of the difference in the language.
- AADI was able to deliver customized holistic intervention plans for each child identified. It has been able to continue to pursue the implementation of the plans and the progress made up by the children, with the teachers
- Twenty six children's lives have changed significantly by accessing basic medical services

4. FUTURE STEPS

At a project design level some future steps identified are:

- An increased effort in developing health services is required. This will lead to prevention of children acquiring impairments of a permanent nature. Children with disabilities can be identified and work can start as early as possible to prevent further impairments.

At an organization level

- Disability will be included in all of BSS community development efforts
- BSS can facilitate Panchayats (local level governance organizations) and other organizations to work on the issues faced by persons with disabilities
- BSS will conduct a census in 40 villages to identify persons with disabilities
- Sensitization of the community regarding disability through schools. BSS can directly work with 40 village communities through discussion on one to one basis.
- Disability can be included in pre- school programs of BSS and no extra resources are required for this.
- AADI will begin initial work with teachers and at the community level in the other 30 BSS schools.
- AADI needs to plan for further training. These trainings should include skill development in 'working with families and communities' as requested by BSS.
- A plan needs to be prepared, for continuation of support to teachers and reaching the remaining children with disabilities who need support.

At a micro level the next steps planned are:

- Hospital visits in Delhi for more children are planned in February 2012
- Next meeting with GEF will be in March 2012.
- To talk to Kiwanis for the delay in the delivery of prosthetics

In conclusion it can be said that BSS teachers are very open to learning, they want to develop the requisite skills to work with children with disabilities and they work hard to include every child in the education system. BSS's values and philosophy are visible in their schools. Their teachers demonstrate these in their hard work and behavior. AADI has demonstrated a commitment to its vision and principles for facilitating inclusion of persons with disabilities, within their communities. Through its trainings, it has brought about an initial confidence amongst teachers, that they will be able to teach children with

disabilities within their classrooms. GEF sustained support has laid the foundation for this joint effort.

Thus even though marginalization, diversity and power disparities continue to impact the lives of persons with disabilities negatively; all the three organizations remain committed to bring about a change, by working together to address these issues.

5. LIST OF ANNEXURES

ANNEXURE NUMBER 1: List of children who came in Bodh Goan for assessments

ANNEXURE NUMBER 2: Class Observation Format

ANNEXURE NUMBER 3: Resource mapping scanned documents

ANNEXURE NUMBER 4: List of children/persons who recently got the certificates and concessions

ANNEXURE NUMBER 1: List of children who came in Bodhgaon for assessments

S. No	Name	Gender	Age/DOB	Guardian's name	Village	Medical Intervention Required
1	Sumitra	F	18-02-2004	Ramkaran Swami	Hari Singh Ki Johad	For Vision
2	Rakesh	M	05-05-2007	Ramkaran Swami	Hari Singh Ki Johad	For Vision
3	Ritik	M	18-06-2007	Rajesh Swami	Hari Singh Ki Johad	Vision
4	Dheeraj	M	12-03-2007	Shriram Gurjar	Hari Singh Ki Johad	For epilepsy &Hearing
5	Sonu	M	16-05-2001	Rohtash	Hari Singh Ki Johad	Physical
6	Pushpa	F	13-07-1995	Rameshwar Swami	Hari Singh Ki Johad	Hearing
7	Mukesh bay	F	21yrs	Moolaram	Hari Singh Ki Johad	Physical
8	Girraj	M	25-12-1997	Moolchand raigar	Ambedkar Nagar	Hearing & Vision
9	Seema	F	9yrs	Amirchand	Ambedkar Nagar	No Need
10	Deepak	M	01-01-2004	Basanti Lal	Ambedkar Nagar	Vision
11	Poonam	F	08-11-2004	Lakman Singh	Ambedkar Nagar	Hearing
12	Kishan lal raigar	M	10/1003	Deshraj	Ambedkar Nagar	No Need
13	Krishan Raigar	M	02-07-1998	Gangaram Raigar	Ambedkar Nagar	Hearing
14	Pawan	M	03-07-2000	Jagdish Raigar	Ambedkar Nagar	Vision
15	Arti	F	11-02-2002	Banwari lal	Ambedkar Nagar	Vision

16	Roshan Dhanka	M	04-05-2005	Jagdish Dhanka	Ambedkar Nagar	Physical
17	Jhabbo	M	10-09-1992	Choti Devi	Ambedkar Nagar	Hearing
18	Umeesh	M	15-07-2000	Kishanlal	Ramali	Physical
19	Priyanka	F	02-02-2003	Babolal Jat	Ramali	Hearing
20	Mangali	F	14-11-2002	Omprakash	Ramali	No Need
21	Rahul	M	01-07-1998	Dhoori Devi	Tavrara	Epilepsy, follow-up(Jaipur)
22	Rohtash	M	9yrs		Tavrara	No Need
23	Shampoo	F	20-04-2004	Vanshidhar Gurjar	Tavrara	Physical
24	Manni	F	09-05-2000	Chitarmal Gurjar	Tavrara	No Need
25	Jairam	M	25yrs	BadriPrasad Meena	Bhal Ki Dhani	No Need
26	Changaram	M	13yrs	Prabhu Dayal	Bhal Ki Dhani	Vision
27	Jitesh	M	01-06-2002	Madanlal	Bhal Ki Dhani	Vision
28	Dinesh	M	15-01-2000		Bhal Ki Dhani	Vision
29	Roshan	M	8yrs	Suresh Dhanka	Bhal Ki Dhani	Physical(adaptation in Sole)
30	Mukesh	M	12yrs	Jagannath Meena	Bhal Ki Dhani	Physical
31	Kripa	F	8yrs	Ram Karan Gurjar	Meena Cooperative	Hearing
32	Kalli	F	10yrs	Mayaram Gurjar	Meena Cooperative	No Need
33	Hariom Meena	M	8yrs	Amar Singh Meena	Meena Cooperative	Hearing

34	Sunil	M	13-07-2007	Bhudhar Gurjar	Meena Cooperative	Hearing
35	Sunita	F	05-07-2000	Murarilal Gurjar	Meena Cooperative	Vision (Alwar)
36	Dhouli	F	20-08-1999	Kanaram	Meena Cooperative	Vision (Alwar)
37	Khema	F	9yrs	Shivlal Gurjar	Meena Cooperative	Vision (Alwar)
38	Jyoti	F	10 yrs	Motilal	Meena Cooperative	Hearing
39	Santara	F	05-08-2005	Kaluram	Kalameda	Hearing
40	Mahesh	M	10-11-2002	Prabhu	Kalameda	Hearing
41	Hemraj	M	15-07-2003	Hariram	Kalameda	Vision & Hearing
42	Roshan	M	09-09-2005	hanuman	Kalameda	No Need
43	Vishwas	M	11yrs	Pannalal	Radi	Vision & Neurology
44	Mamraj	M	05-08-2003	Kishor Balai	Radi	Hearing
45	Jitendra Balai	M	16yrs	Kishor Balai	Radi	Physical
46	Devendra	M	10yrs		Radi	No Need
47	Rahul	M	02-04-2002	Jairam	Indhok	Vision
48	Yogesh	M	28-02-2000	Kailash	Indhok	No Need
49	Rajesh	M	08-08-2004	Sohanlal	Indhok	No Need
50	Vijendra	M	03-04-2002	Yadram	Indhok	No Need
51	Ajay	M	14yrs	Kaluram	Indhok	No Need
52	Reshma Bai	F	15-03-2001	Pappuram Gurjar	Kharati Ki Dhandi	Physical

53	Mamli	F	13-05-2000	Pappuram Gurjar	Kharati Ki Dhandi	Hearing
54	Saroj	F	07-05-2005	Lilaram Gurjar	Kharati Ki Dhandi	Hearing
55	Khamoshi	F	12-11-1994	Pappuram Raigar	Kharati Ki Dhandi	Physical
56	Payal	F	11-10-2008	Rajendra Sain	Kharati Ki Dhandi	Physical-Shunt (Jaipur)
57	Manoj	M	15-07-2005	Pappuram Balai	Kharati Ki Dhandi	No Need
58	Rajendra	M	15-07-2008	Nanagram Balai	Kharati Ki Dhandi	No Need
59	Dhouli	F	Around 10yrs		Kharati Ki Dhandi	ENT
60	Hansram	M	11-02-2003	Sukhram Gurjar	Kharati Ki Dhandi	No Need
61	Jagdish	M	08-07-2003	Natthi	Kharati Ki Dhandi	No Need
	Total-61					44 for Medical follow-up

ANNEXURE NUMBER 2: Class Observation Format

- 1. Classroom based**– space for moving, lighting, nearness to the blackboard, nearness to the teacher, seating space, firm table top/something to keep the book/notebook on, distance between eye level and book/copy, writing material suitability (Anything else please add on !!)
 - Type of groups formed – static groups, changing groups according to need
 - Material space – accessible, convenient to handle, children /level appropriate
 - Plan- preparation for class plus child focus?

- 2. Child based** – Is the child included in all activities? Is the child left out at any point in time in any of the processes? Class work, lunch time, play time, other curricular/extra curricular activities (singing dance, drawing/painting, theatre etc)
 - Specific focus on level of functioning vis-avis other children? Is it drastically different from other children in class?
 - See the work of the child – both current work and previous work. See worksheets/notebooks/oral work/class participation in Maths and Reading.
 - Observe against the difficulties marked out in the care plan /teachers report.

- 3. Teacher Specific** - get to know the planning process for class/individual groups/individual child/child with impairment or specific need
 - Instructions – clarity, specificity, focus and relevant to the child/group
 - Style/method of teaching – how far is it geared towards all children and specifically for the child in observation. Material used and experiential learning, building on previous information/skill, contextual, building from simple to complex, kind of reinforcement given – is it similar to all children or the disabled gets more of it/less of it? Expectation from the disabled child? – More or less than the other children? Any adaptations?
 - Style/method of communicating – with all children and specifically with the child being observed – any difference in level of language, kind of instruction, reciprocity in communication? Anything specific observable in the kind of information given to other children about the child with disability

- 4. Any other**
 - Child based
 - Teacher based – all children and specific to the child with disability

ANNEXURE NUMBER 3: Resource mapping reports

Sarva Shiksha Abhiyan

संसाधनों की जानकारी (Resource List)

सर्व शिक्षा अभियान				
क्र. सं.	व्यक्ति/संस्था का नाम	पता	गतिविधि/संसाधन	टिप्पणी
1.	सर्व शिक्षा अभियान	एयरोड्रम रोड अलवर	<p>उद्देश्य- 6 से 14 वर्ष की उम्र के सभी बच्चों के लिए शिक्षा का प्रबन्ध इसमें विकलांग बच्चों के लिए निम्न कार्यक्रम उपलब्ध है।</p> <ol style="list-style-type: none"> 1. फंक्शनल असैसमेन्ट कैम्प में वर्ष में एक बार विशेषज्ञों द्वारा बच्चों की जाँच। 2. संदर्भ कक्ष में प्रतिमाह कम से कम दो दिन सम्बलन (stimulation कार्यक्रम)। 3. Home Based Education तथा स्कूल रैडीनेस कार्यक्रम संचालन। 4. संदर्भ कक्ष (ब्लॉक स्तर पर) में घेरापी तथा अन्य सम्बलन गतिविधि चलाना। 5. अपने क्षेत्र Home based education के लिए केयर गिवर्स का प्रयोग करना। 6. विकलांग बच्चों के अवरोध मुक्त वातावरण बनाना, जैसे रैम्प, रेलिंग तथा विकलांगों के लिए विशेष शौचालय आदि का निर्माण। 7. विशेष पाठ्यक्रम तथा रिसोर्स टीचर की सहायता लेना। 8. विशेष आवश्यकता वाले बच्चों के लिए परिवहन एस्कॉर्ट तथा लेखक भत्ता प्रदान करना। 9. डाक्टरी कैम्प लगाकर विकलांग बच्चों की जाँच, सर्टिफिकेट व सहारे दिलवाना। 10. विशेष खेल-कूद का आयोजन। 11. साथ पढ़ने वाले बच्चों (Peer sansitigation) को संवेदनशील बनाना। 12. माता-पिता को परामर्श व सहयोग देना। 13. जिला व ब्लॉक स्तर पर पुनर्वास विशेषज्ञों की व्यवस्था करना। 14. बच्चों के संरक्षकों के लिए प्रशिक्षण कार्यक्रम चलाना। 15. जिला स्तर पर पोलियो आप्रेशन व आँख के आप्रेशन के कैम्प लगाना। 16. श्रवण-बाधित बच्चों के लिए यूपीएस अंदवारी रानी में स्कल तैयारी कैम्प का आयोजन। 	<ul style="list-style-type: none"> ● अधिक जानकारी के लिए सम्पर्क करें, श्री सतीश कुमार, एपीसी, फोन-9694096197 ● रिसोर्स टीचर मांद्री - नरेन्द्र शर्मा जी फोन-9667838158 पिलखाना - देवी चरण जी फोन-9461409768

Social Justice and Empowerment Department

राजीव गाँधी सामान्य अस्पताल, अलवर				
क्र. सं.	संस्था का नाम	पता	सेवाएँ	टिप्पणी
3.	राजीव गाँधी सामान्य अस्पताल	अलवर	<p>ओपीडी सेवाएँ – गर्मी : अप्रैल से सितम्बर प्रातः 8 से 12 बजे सायं 5 से 7 बजे, सर्दी : अक्टूबर से मार्च तक प्रातः 9 से 1 बजे सायं 4 से 6 बजे।</p> <ol style="list-style-type: none"> विकलांगता सर्टिफिकेट बनवाने के लिए प्रातः 8 से 9 बजे तक पर्ची बनवानी है, ओपीडी से उसके बाद जाँच होने पर सायं 5 बजे तक अथवा दूसरे दिन सर्टिफिकेट मिलेगा। सर्टिफिकेट के लिए विकलांग व्यक्ति को किसी के साथ जाना आवश्यक है। गुरुवार सर्टिफिकेट केवल सोमवार तथा शुक्रवार को ही बनाये जाते हैं। सर्टिफिकेट के लिए विकलांग व्यक्ति के 7 पासपोर्ट साइज के फोटो तथा राशन कार्ड की फोटोकॉपी चाहिए। सर्टिफिकेट बनाने के बाद रोडवेज व रेलवे पास सम्बन्धित कार्यालय से बनवाया जा सकता है। इसके लिए विकलांगता का प्रतिशत 40 प्रतिशत होना चाहिए। पेन्शन प्राप्त करने के लिए विकलांगता का प्रतिशत 80 प्रतिशत है। कैलीपर तथा व्हील चेयर प्राप्त करने के लिए जैन बी.एड. कालेज, निकट इन्दिरा गाँधी स्टेडियम से सम्पर्क कर सकते हैं। 	<p>● सर्टिफिकेट बनवाने के समय सहायता के लिए श्री जितेन्द्र जी, सोशल वर्कर से सम्पर्क कर सकते हैं। वे ओपीडी के पास ही बैठते हैं। उनका फोन-7737666932</p>

Dr Shroff Charity Hospital

डॉ. श्रॉफ चैरिटी आई अस्पताल				
क्र. सं.	संस्था का नाम	पता	सुविधाएँ	टिप्पणी
4.	डॉ. श्रॉफ चैरिटी आई अस्पताल	कीरों की ढाणी, प्रतापगढ़ रोड, थानागाजी अलवर में पहली मजिल प्लॉट नं. 138, अपैक्स अस्पताल के ऊपर, एनईवी रोड, सुभाष नगर, अलवर फोन-0141-5120559	<ol style="list-style-type: none"> आँख की किसी भी बीमारी के लिए यहाँ सम्पर्क करें। ओपीडी फीस मात्र 20 रु.। आप्रेशन के लिए अवर अस्पताल में भेजा जा सकता है। कैम्प में जाँच के लिए कम से कम 40 लोग होने चाहिए। गाँव में कैम्प – शुक्रवार को स्कूल में कैम्प – शनिवार को इनकी शाखाएँ – थानागाजी, उमरैण, कटूमर, रामगढ़, राजगढ़, किशनगढ़ तथा बानसूर में भी उपलब्ध हैं। 	<p>● स्कूल में कैम्प में जाँच के लिए भी इनसे सम्पर्क किया जा सकता है।</p>

ANNEXURE NUMBER 34: List of children/persons who recently got the certificates and concessions

S.No	Name	Village	Disability Certificate	Railway Concession	Bus Pass
1	Jhabbu	Ambedkar Nagar	✓	✓	✓
2	KrishanRaigar	Ambedkar Nagar	✓	✓	✓
3	Roshan	Ambedkar Nagar	✓	×	✓
4	Vishwas	Radi	✓	✓	✓
5	Jitendra	Radi	✓	✓	✓
6	Mukesh	Bhal Ki Dhani	✓	✓	✓
7	Jairam	Bhal Ki Dhani	✓	✓	✓
8	Changaram	Bhal Ki Dhani	✓	✓	✓
9	Rajender	Khairati Ki Dhani	✓	✓	✓
10	Mamli	Khairati Ki Dhani	✓	✓	✓
11	Khamoshi	Khairati Ki Dhani	✓	✓	✓
12	ReshmaBai	Khairati Ki Dhani	✓	✓	✓
13	Kripa	Meena Cooperative	✓	✓	✓
14	Kalli	Meena Cooperative	✓	✓	✓
15	Hariom	Meena Cooperative	✓	✓	✓
16	Sonu	Hari Singh Ki Johad	✓	✓	✓
17	Dhiraj	Hari Singh Ki Johad	✓	✓	✓
18	Umesh	Ramali	✓	✓	✓
19	Manni	Tavralla	✓	✓	✓
20	Rahul	Tavralla	✓	✓	✓

4 children will go in last week of January for certification.