

Inclusive Education and Children with Special Needs: A Study of Rupantar Programme

Dr. Pradeepta Kumar Nayak

Senior Manager - Research, Sri Aurobindo Society (SAS)

Abstract

Inclusive education has been hailed as an approach and practice that could ensure effective education for all. The government of India has taken tremendous efforts towards inclusive education. Sri Aurobindo Society (SAS) has been playing its role through different programs; including the most recent Rupantar. The present paper explores Rupantar in the context of inclusive education and children with special needs (CWSN). The study focuses on how Rupantar is taking a desired shape and direction, and setting its processes, on the basis of the experiential learning. This study has been conducted on the basis of the programme documents, and data collected from the project team leaders, other key staff, and the beneficiaries with the methods of interview, questionnaires and feedback forms.

Two of Rupantar's projects- Zero Investment Innovations for Education Initiative (ZIIEI) and Comprehensive Mental Health Education Programme (CMHEP) - have been contributing to inclusive education and CWSN. While ZIIEI is an open platform for the teachers to contribute to overall impact areas in general, CMHEP works particularly on inclusive and impactful education and care of the CWSN. CMHEP has been designed on the basis of the experience and insights drawn from the pilot study, conducted in the district of Ghaziabad of Uttar Pradesh. After sharing of the new curriculum and lessons by the end of the year, Rupantar would have indirectly benefitted about 11 lakh schools, 49 lakh teachers, and 14 crore students of the entire country.

Key words: Inclusive education, mental health, children with special needs (CWSN), CMHEP

Introduction

The world over, inclusive education is hailed as an approach with full of promises to ensure effective education for all. The present paper explores Sri Aurobindo Society's Rupantar programme in the context of inclusive education and the children with special needs (CWSN). It especially focuses on the experience and lessons from, and the initial outcomes of, the pilot project of its Comprehensive Mental Health Education Programme. This research report has been prepared on the basis of the programme documents, and data collected from the project team leaders and other key staff, and the beneficiaries with the methods of interview, questionnaires and feedback forms.

Review of Literature

Inclusive education requires that all students study in and are welcomed by their neighbourhood schools in regular, age-appropriate classes, and are facilitated in learning, contribution and participation in each and every aspect of the school. It is about how classrooms, and other school activities are designed and conducted as a result of which all students are able to participate and learn together

(What is Inclusive Education? n.d.). Studies show that when children with disabilities have attended classes alongside the students without disabilities, good things have happened. Studying together has contributed to positive academic and other outcomes for all those the children who have been involved. However, only placing all categories of children together does not lead to positive outcomes. Inclusive education happens when there is continuity and combinations of advocacy, action plan, commitment and support. (Inclusive Education, n.d.). Inclusive education is an ongoing process of building the capacity of the entire education system in order to reach out to each and every learner. It denotes that all children from all categories, without any consideration of children's strengths or weaknesses are part of the mainstream education (Singh, J. 2016).

While the Jometien World Conference, in 1990, set the goals for 'Education for All', the Salamanca Statement and Framework of Action on Special Needs Education appreciated the role of regular schools with orientation for inclusive education as the most effective methods to combat discrimination, create welcoming

communities, build inclusive communities and achieve education for all (UNESCO, 1994).

The World Education Forum (UNESCO, 2000) also restated the principle of inclusive education. This solicited governments to give the maximum priority to adoption of the principle of inclusive education as a policy matter.

As per the official estimates of the Government of India the number of people with disabilities in the country is 26 million, or roughly 2.1% of the total population, which is 22.4% decadal increase (Census of India, 2011). Children in India constitute 35.29% of all people with some disability or other. 1.67% of the children of the country belonging to 0-19 age group have a disability. According to other estimates, there are about 12 million children in India with disabilities. Only about 1% of these children have access to school. (Children With Disabilities, n.d.). A UN report on India reflects a shockingly huge number of children with disabilities. Out of 2.9 million of these children, 990,000 children of the age group of 6 to 14 years, which is 34%, were out of school. (In India, high percentage of kids, Jan 21, 2015)

For practicing inclusive education, India has taken remarkable efforts including the Right to Education Act, 2009 which enables children to exercise the right to school. The Government of India is implementing the Sarva Shiksha Abhiyan (SSA) as the main programme for universalising elementary education for all children from 6-14 years of age and this covers children with special needs (CWSN). (Inclusion of Students with Learning Disability, n.d.). While the key objective of RTE- SSA is Universalization of Elementary Education (UEE), the goal of UEE, has further been facilitated by the Constitutional (86th Amendment) Act, making free and compulsory elementary education a Fundamental Right. This Amendment has given a new thrust to the education of Children With Special Needs (CWSN), as without their inclusion, the objective of UEE cannot be achieved.....The major push of SSA is on inclusive education or mainstreaming of CWSN into the formal schools, in the neighbourhood. (Inclusive Education in RTE- n.d.)

Despite the central government's emphasis on improvement in education delivery through legislative changes, the quality of teaching-learning in the classrooms remains a challenge. Even if the minority of children with some disability or other gets admission in regular schools, they are often not found in the same

classroom where normal boys and girls sit and study. This is because of thinking that the children with disabilities should be separated and differently treated. If the environment is made accessible and the institution is accommodative, a huge number of children would be able to attend regular schools. (Examples of Inclusive Education India. n.d.). Another challenge to inclusive education in India is larger size of classes. Das, Kuyini and Desai (2013) examined the level of skills of school teachers in Delhi, especially on how they teach their students with disabilities with an environment of inclusive education. They found out that about 70% of the teachers were without any required training or experience. Moreover, 87% of the teachers had no access to support services.

While a low level of awareness among teachers in India on inclusive education, educational institutions are reluctant to have both special and normal children studying together in the same classroom. Because of the fact that CWSN are segregated from regular schools and social activities of non-CWSN, a majority of CWSN in India are not receiving any formal education. (Balasubramanian, A. October 24, 2016).

Every child has needs while some children have special needs requiring special efforts for their care and welfare. Only empathetic and appropriate action can identify the different abilities of children with special needs (CWSN) and integrate them into the mainstream. This would help in translating the potential of the CWSN into visible benefits, progress, and achievements including the advantage for other children and society.

Rupantar Programme and Inclusive Education

As a pioneer in inclusive education, Sri Aurobindo Society (SAS) launched an ambitious education transformation programme in 2015. Called Rupantar, this programme envisions a change in the education scenario of all the government schools of the country and the world. By harnessing the power of the people and existing resources, Rupantar aims to create an ecosystem of education stakeholders, working in synergy to meet the objectives of state and national strategic programs. Rupantar ultimately strives to establish an education system that is based on deeper human values and empower children to be life-long learners and fulfilled happy beings. Its approach is to utilize the potential of entrepreneurship and intrapreneurship in order to develop scalable, sustainable solutions for refining the existing processes rather than creating new systems.

The goal of Rupantar is to create and strengthen a teacher-centred transformative ecosystem of the education sector stakeholders, working in synergy to achieve the objectives of the state and centre run education programs in overall India. Moving towards the goal, Rupantar has been establishing a cohesive, effective and inclusive education ecosystem of stakeholders, to contribute to the expected impact areas of government programs, including Sarva Shiksha Abhiyaan, Beti Bachao Beti Padhao, Swachhh Bharat Swasth Bharat, and Digital India.

While Rupantar strives to improve the quality of education, each of its projects strategically targets the highest impact areas within a state education system— i.e. teacher empowerment, vision and insight development among decision makers, leadership skills for education administrators, management skills for principals, students' empowerment, and participation of parents and communities. Presently, there are more than ten projects under Rupantar including Zero Investment Innovations for Education Initiatives (ZIIIEI) and Comprehensive Mental Health Education Project (CMHEP).

Zero Investment Innovations for Education Initiatives (ZIIIEI)

With encouragement and support of the Ministry of Human Resource Development (MHRD), Government of India, and funding support by the HDFC Bank, ZIIIEI is intended to inspire grassroots educational innovations in high impact areas as recognized by the government. One of the efforts is to enable the teachers to think and act on innovative ways for bringing about inclusive schools, teachers and teaching. To facilitate this, SAS has been conducting training of teacher trainers, and teacher training programmes with modules such as inclusive education, integral education and empathy; with an expectation that teachers show their learning through their values, behavior and good practices.

ZIIIEI was first launched in Uttar Pradesh in October 2015, covering all the 75 districts in the state through the following activities:

- Motivational professional development training to 24,000 teachers of Rashtriya Madhyamik Shiksha Abhiyaan (RMSA);
- Grassroots innovation training to 5.5 lakh basic and secondary education teachers and 1 lakh head-teachers;
- Leadership by Consciousness Training to 10,000 education officers;

- More than 3 lakh ideas were collected out of which 30 top innovations were selected for adoption
- Wide-scale implementation of grassroots innovations is in progress in 75,000 schools.
- 150 schools have been identified for development into Rupantar Role Model Schools (RRMS) on innovation, empathy, inclusive education and school leadership. These schools will then be enabled to facilitate emergence of their local schools to adopt the best practices of RRMSs.

From April 2017, the program is being scaled up in 10 other states and the Union Territory of Puducherry with a plan to extend it to all over India by end of the year 2022. ZIIIEI intends to train about 24, 00,000 teachers during the project year. Today, ZIIIEI is one of the world's largest drives to implement grassroots innovations in education.

While this is an exciting journey, with huge appreciation and invitations from the government and corporate for partnership; SAS plans to conduct a study on this initiative in October, 2017. SAS is hopeful of finding out good progress, among other indicators, on inclusive education, especially in terms of enrolment and retention of the CWSN, besides suggesting better ways to scale up impact.

Comprehensive Mental Health Education Project (CMHEP)

Comprehensive Mental Health Education (CMHE) is one other project under Rupantar. It has been especially designed to comprehensively enhance the wellbeing of the children with special needs (CWSN) with the help of sensitized teachers. The main objective of CMHEP is to contribute to training of teachers, inclusive education, care and mainstreaming of children with special needs (CWSN), and development of data and capturing of grassroots evidence to influence policy decisions in favour of social justice and equity, especially in the context of the CWSN.

CMHE helps in attainment of the United Nations Sustainable Development Goals (SDGs), especially the SDG 4 to 'ensure inclusive and equitable quality education and promote lifelong learning opportunities for all'. It is an innovative project designed to address mental health challenges among the students of primary and secondary schools through training and handholding support to teachers and education officers. In particular, the project works to reduce the capacity gaps in the teachers and

education officers by identifying the children with mental health issues and needs, facilitate adoption of inclusive approach, besides enhancing regular attendance, effective learning and continued education of such children.

The CMHEP has four components which are: sensitization, screening, diagnosis and remedial classes. In order to make the project practical, and field-based, a pilot project was conducted.

Pilot Project in Ghaziabad District

Initially CMHEP was launched in five blocks of the district of Ghaziabad in the state of Uttar Pradesh, in August 2016. Being a pilot project, it was especially intended to gather experience, evidence lessons and insights to deepen and expand the initiative. The project was implemented in three phases which are sensitization, assessment and remedial measures.

Implementation of the Project

The beginning of the project needed some time taking efforts to contact and convince the officials about the project and the necessary support for space and other infrastructural facilities. However, at Kavi Nagar, it took about 3 months for the officials to make the training hall ready which was full of text books for distribution to schools. Some teachers could not be trained because of their additional responsibilities.

The activities conducted under the project are as follow:

- Training program conducted for BEOs, ABRCs and District Coordinators.
- Workshops for teachers for training and sensitization on integral education, inclusive schools, mainstreaming of CWSN, and new teaching strategies
- Preliminary identification and diagnosis of CWSN.
- Sensitisation of parents and siblings of identified students by Psychologists.
- Regular visits and remedial classes by Special Educators' to handhold teachers for management and teaching of CWSN (started in January, 2017, till June 2017).

The SAS team had in-depth discussions with the state and district government officials in Uttar Pradesh. It was shared that Sarva Shiksha Abhiyan program provides up to Rs. 3,000 per child per year for the inclusion of the children with disability. However, practically no amount is spent for support of the CWSN with neurodevelopmental disorders, as the entire fund

is used to arrange for school uniform, resource teachers, stationary, and aids and appliances for the children with physical disability. The officials expressed that the lack of support for children with neurodevelopmental disorders in the state exists at three levels:

- Lack of adequate training of in-service teachers on inclusive education
- Overall insensitivity towards inclusive education for neurodevelopment disorders
- Lack of comprehensiveness in central government schemes and implementation

During the sensitization exercise, support to teachers was provided in terms of teaching learning materials, special educators, and psychologists wherever required. More than 90 per cent participants rated the CMHE project as Excellent, and many expressed their indebtedness to SAS, describing it as eye opener and an opportunity that helped in rediscovering their corners of kindness.

One of the factors contributing to the success of this important exercise was the role of the government officials. Dr. Simmi Mahajan, Head of CMHEP, felt "The government was fully supportive of the project. The role of the senior officers of the education department deserves to be highly appreciated as this ensured communication with and cooperation from the officials at the lower level. Both the project participants and implementers were happy as it catered to the need of the hour".

Outcomes of the Project

The pilot project could successfully lead to early identification of children with neurodevelopmental disorders. The sensitization and training events contributed to handling of children with such disorders in sensitive ways and to setting up an inclusive environment.

The immediate effect of the project, along with the knowledge, skills and confidence, the project has earned, would clearly contribute to the expect impact envisioned by SAS.

The pilot stage of the project covered the government schools in four blocks of Ghaziabad, registering 1446 teachers and bringing in case studies of 306 students suffering from neurodevelopmental disorders. The total NDDs were found to be 314 as some students were reported having multiple issues.

There were 270 teachers who submitted the case studies; this shows that 19% of the teachers trained submitted the case studies as an outcome of the training reflecting their learning. While

these cases were submitted at the end of the training, they also brought new cases during assessment. This shows their continuing interest and action, and the fact that they have actually submitted more than 306 cases which the succeeding paragraphs would reveal. This also reflects the possibility that there could be many more students who might be CWSN, but not yet identified.

Continuous and intensive efforts and a sustainable partnership with schools and teachers could tap these untapped students.

As mentioned above, the teachers who had submitted 306 cases during the training brought in 51 new cases during assessment, totaling 357 cases to their credit. These 51 cases constitute the exclusive outcomes of assessment sessions.

Table 1 Outcome of Training in terms of submission of case studies			
Block	No of teachers registered	No of teachers who submitted cases	No of cases submitted during training
Loni	554	59	62
Razapur	378	57	59
Bhojpur	304	64	84
Kavinagar	210	90	101
Total	1446	270	306

Table 2 New cases as an outcome of assessment			
Block	No of new cases submitted during assessment	No of old cases previously submitted during training	Total children
Loni	15	62	77
Razapur	9	59	68
Bhojpur	27	84	111
Kavinagar	NA	101	101
Total	51	306	357

The key outcomes of the pilot project have been enlisted as below:

- Training program conducted for 30 BEOs, ABRCs and District Coordinators.
- Workshops for 1446 teachers from 397 schools for training and sensitization on inclusive schools, mainstreaming of CWSN, and new teaching strategies
- 253 cases submitted out of whom 227 cases confirmed as CWSN, found to be correct on assessment by clinical psychologists
- 80% cases are of borderline or mild to moderate intellectual disability, requiring urgent action
- 80% children with neurodevelopment disorders have a family history of cannabis, alcohol, and other substance abuse/addictions.
- A database of the CWSN developed
- Teacher training success rate at 90% on the parameter of the ability to identify the CWSNs
- Initiated and improved connect between the school and teachers on the one hand, and parents and community on the other hand.
- 95% teachers said that the training was worth doing, and should be done on a regular basis.
- It is estimated that at least 1 per cent of child population in Uttar Pradesh (i.e. nearly 3 lakh) is suffering from some kind of neurodevelopment disorder.
- While the project executives worked to inspire the teachers, they in turn got inspiration from the positive remarks of the teachers some of who described the events as 'life changing'. They felt that the program appealed to their heart and humanity, and sensitized them to rediscover their corners of kindness.
- SAS in a position to develop and implement a highly replicable, sustainable, and sustainable program with clear and detailed operational guidelines on planning and management, as well as tracking and monitoring.

Lessons from the Pilot:

The key lessons derived from the pilot are as follows:

1. It is important to bring an overall mindset change in the society towards CWSN, especially those with mental health issues, by providing specific directions to the community and other stakeholders for practicing ‘empathy’ and ‘sensitivity’ towards these children.
2. Teachers and schools are willing to be a part of the effort, and willing to make the vision of inclusive classrooms a reality.
3. Cooperation from higher level ensured support and participation from the lower levels.
4. BEOs were involved from the beginning; this helped in getting the logistic support to create a minimum learning environment.
5. The strength of the project implementation was the quality of training, clear communication, discipline, compliance with the rule of punctuality and engaging with project participants helped in solving the challenges of attendance and attention.
6. Besides teachers’ participation, and support from the senior officials of the education department, the other factors that helped in doing the activities included audio-visual tools, dedicated team, follow-up, monitoring, and trust in the team.
7. There is a strong felt-need to sensitize and actively engage with the education officers and teachers at a larger scale.
8. in future implementation ; it is necessary to (1) incorporate more energizers and ice-breakers in the training to help the participants open up; (2) conduct training project for senior officials ;(3) share the findings, achievements and project learnings.
9. Teachers are bricks of educational eco-system. It is important to include them in effort that changes life, especially in the interventions at formative years. Teachers have been working in adverse situations. We should make them feel easy, listen to them, understand and appreciate their issues and challenges.
10. It is imperative to follow up and ensure that the internal communication of the education department reaches all the teachers, well in advance, to attend the trainings.
11. Need to develop a comprehensive database in order to help the government in developing an inclusive policy in the best interest of the CWSN.

12. At the same time it is equally important to work with and support the policymakers and government, and seek cooperation while updating them with the ground truth, changing grassroots scenario, and silent emergencies.

13. For donors and foundations, it is an opportunity for investment. The right investment on the quality of equality would lead to reduction of regressive tendencies and contribute to reconstruction of society for peace, progress, and inclusion. A visible change would give visibility to change makers.

Prospects for Future:

The above experience, insights and accomplishments emboldened SAS for a grand mission by expanding its activities. SAS envisioned the following for the future:

Expand the present project to the state level in UP ; with six (6) districts in 2017, adding 30 more districts in 2018, and covering the remaining 39 districts in 2019

The national level expansion plan could take up (phase I) the capital cities of 10 Hindi speaking states of north India in 2017, and gradually cover the entire states ; (phase II) adopt additional 10 state capitals in 2018 , and gradually cover the entire states; , and (III) adopt remaining state capitals and , and gradually cover the entire states;

Plan to maintain and increase the quality of project implementation: (1) The project to grow gradually and organically as an integral part of bigger programmes and vision, (2). Digitize the project by putting all documents in the web portal so that anyone can access it for transparency, check and balance. (3) There would be regular review and monitoring, learning and development, knowledge management, and other quality assurance mechanisms.

From Lesson to Action: Development of the National Level Project

In light of the lessons, knowledge, skill, confidence from the pilot project at Ghaziabad, , and the needs that continue to pose challenges in classroom learning, SAS has designed a multi-state project as a fitting answer to the challenges of children with special needs.

This is one of the greatest outcomes of the pilot project as SAS has the encouragement and readiness to implement the Comprehensive Mental Health Education (CMHE) Project in 43 districts of 5 states (Uttar Pradesh, Uttarakhand, Jharkhand, Odisha, Chhattisgarh) and 1 Union Territory of Puducherry.

Specific Objectives of the modified CMHE Project—

Within the broad goal framework of Rupantar, following are the specific objectives of the CMHE initiative for the period between July 2017 and June 2020.

1. Strengthen CWSN oriented inclusive education ecosystem that reduces their dropout rate by identifying and addressing their needs working in 43 identified districts of 6 states/ union territory of India.
2. Bring about a significant mindset change in the educators and parents towards CWSN, so that the CWSN are treated as capable, worthy and equal to the other students in the project area.
3. Position Uttar Pradesh (UP) as a model state of inclusive education, despite the huge numbers of students it manages compared to the other states. CHME project has been implemented in UP since 2016, hence it has been proposed as the model state.
4. Draw lessons through monitoring, evaluation and research, and integrate institutionalization for sustainability in all the objectives during the entire project period.
5. Manage operations of the project on defined periodical basis (e.g. monthly, quarterly, and yearly) for timely and within-cost completion of the planned activities.

Component wise activities have been listed as follows:

- A. Strengthening CWSN oriented inclusive education system
 - Step 1: Four day-workshop for teachers' sensitization, CWSN identification & classroom strategies
 - Step 2: Confirmation of diagnosis by psychiatrist/psychologists.
 - Step 3: Intervention and sensitization workshop for parents
- B. Bring about significant mindset change towards CWSN
 - Training of Education Officers.
 - Sensitization of the parents by trained teachers to make them aware about the children's mental health issues, and how to address the same.
- C. Position UP as a model state of inclusive education
 - Documentation of the success stories.

- Engaging government officials, teachers in success story documentation.
 - Engagement with and publications by media of the success stories.
 - Documentary video preparation and circulation.
- D. Monitoring, evaluation and learning
 - Quarterly monitoring and reporting
 - Baseline study
 - Mid-term evaluation
 - End-line study
 - E. Project operations management
 - Recruitment and management of the staff
 - Financial management and reporting
 - Project administration activities

Implementation strategy

CMHE is one-of-its kind of project that first sensitises education officers and teachers about hidden disabilities, mainly learning disorders, and the need to prevent such children from dropping out. Then it trains the teachers to identify such children in their classrooms. The clinical psychologists counsel the identified children and educate parents and siblings of these children, and teachers are provided handholding support by the special educators for six months with tools and techniques to support the children in inclusive classrooms. Relevant literature and teaching-learning materials are also provided to the teachers to support them in working with CWSN.

Involvement of School Management Committee (SMC) members is ensured wherever feasible for community awareness about mental health issues and lasting positive impact. Monitoring and evaluation process is set up to ensure the process documentation, measure implementation progress as well as draw lessons that may be replicated in other districts and states. Use of Information and Communication Technology (ICT) is done to record and analyse data and trends (e.g. reasons for low attendance, lessons on improvements, suggestions by parents etc.).

Disabilities would cover the Neuro-developmental disorder categories, including the ones listed in the Rights of Persons With Disabilities bill (RPWD) introduced in the Rajya Sabha in 2014— (1) Learning disability, (2) Autism spectrum disorder, (3) Intellectual impairment and delayed developmental disorder, (4) Attention Deficit/ Hyperactivity Disorder

(ADHD), (5) Slow learner, and (6) Multiple disability.

Implementation Progress

Jharkhand: SAS has already started working on CMHE delivery in the Ranchi district of Jharkhand. It was started on 19 June 2017 and all the 19 blocks of Ranchi would be covered by 31 December 2017. The project has been designed to complete the training in 120 batches, with 50 teachers per batch, so that about 6000 teachers could be capacitated. Trainings have started in two blocks of Kanke and Sadar. While trainings have been completed for three batches, the same for six batches is in progress. By 15 July 2017, when this report is being sent for publication; 33 teachers have submitted case studies of 42 children screened as CWSN.

Uttar Pradesh: SAS is also ready to implement the project in UP. The project locations in the first phase include six districts which are Bagpat, Bulandshahar, Gautambudhnagar, Ghaziabad, Hapur and Meerut. There is a vision to establish UP as a role model state for making inclusive education a reality, despite the huge numbers of students it manages compared to the other states in the country. With the support from the MHRD and the grand success of ZIEI in Uttar Pradesh, the CMHE initiative has a unique opportunity to transform learning of CWSN in their classrooms, and increase their enrolment, attendance, retention and other educational outcomes.

Expected Results after Implementation in All Six States

Outcomes and impact expected out of the project are as the following:

- More than 41,511 CWSN in 82,277 schools experiencing inclusive education.
- Improvement in the attendance of the identified CWSN.
- Increased chances of enrolment of the CWSN in higher school standards/grades.
- Energies of CWSN channeled in the right direction (e.g. from chances of suicide and crime to shining in classroom performance and increased positive behaviour).
- Positive change in the attitude of the parents and guardians towards CWSN.

Conclusion

Rupantar is a transformational program for the Indian and global education system, raising it to the relevant, effective, efficient, and impactful levels. CMHE is one of the key projects that

targets high impact area of teacher training, particularly inclusiveness of the CWSN. CMHE can significantly contribute to creating a pool of empowered teachers and school environment conducive to inclusiveness of the CWSN. At the same time, CMHE contributes positively towards enabling the education officers, special educators and communities (including parents and guardians) to address the challenges faced by the CWSN. Ultimately the project contributes positively to the lives of CWSN having different types of mental disorders, to enjoy their lives fully and realise their hidden potential to contribute to society.

The present project, therefore, is a significant step towards transformation of the ways the education sector stakeholders practice inclusiveness in general and towards CWSN in particular. The CWSN – including girls and boys from all communities including the minorities and other deprived sections – will improve their motivation to attend schools, engage effectively with other students, learn appropriately within the classrooms, and grow towards the right career prospects in future.

By the end of the project year, CMHEP aims at directly benefitting approximately 1, 38,370 teachers and about 41,511 CWSN. Indirect beneficiaries would include about 11 lakh schools, 49 lakh teachers, and 14 crore students of the entire country once the new curriculum and lessons from this project gets shared at the national level.

As Sambhrant Sharma, Director of Education and Vision Implementation, puts it, “CMHE is a call for action from the teachers. Once the CMHE project demonstrates positive impact; inclusive education within the schools will result in continued benefits for the generations to come, including for the normal children. Overall, it is set to create a legacy in education sector within India and globally”.

With a vision, passion, and dedication, and energetic action under Rupantar; it is hoped that gearing the teachers up through training and long-term handholding, the dependence on special educators will be reduced. Also, by engaging education officers, collating authentic statistical data, and revealing the social factors exacerbating mental disabilities in children, CMHE promises to be in a position to create an impact at the policy level. It is also hoped that the programme team will continue to learn to strengthen Rupantar with the goal of mindset change in society leading to inclusion of the excluded. Needless to say; this can be better

achieved through the continuity of collaboration from a platform of inclusive partnership.
of the civil society, government and business

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