

# HELLO, CAN YOU HEAR ME?

The Situation of Deaf Children in Meghalaya, India



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by  
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for VAANI, Deaf Children's Foundation



Disability is defined in the UN Convention on the Rights of Persons with Disabilities (2007) as including persons "who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

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## [A note from the VAANI Director](#)

VAANI Deaf Children's Foundation has been working in partnership with reputed organisations to provide services for deaf children in the Northeast. As there is very little documented data available about the status of deaf children, and the services provided to them by NGOs, individuals and Government agencies, we felt the need for a detailed needs analysis about the status of deaf children and their families, in each of the States where VAANI was running projects.

This is VAANI's attempt to fill this huge lacune for accurate documented data which we hope will remain an ongoing process.

The study in Meghalaya was conducted by Ms Veena Lakhmalani, a reputed personality in the Development Sector in India and abroad. We hope that this document will be a comprehensive reference point for all individuals and organisations that require information about services for deaf children in Meghalaya.

We would like to thank Sir Dorabji Tata Trust for providing us with the necessary financial support to make this study possible.



## [About VAANI](#)

VAANI, Deaf Children's Foundation is a registered Trust and works towards bringing language and communication into the lives of deaf children and their families across India. VAANI is one of the very few organisations in India that focuses its work on issues of childhood deafness. All VAANI's training and awareness-generation programmes stress on the role families play in bringing up healthy secure children.

VAANI's head office is in Kolkata and there is a State Resource Centre in Guwahati. Currently VAANI is working with projects in West Bengal, Assam, Meghalaya, Mizoram and Jharkhand.

## [VAANI's Vision](#)

VAANI's vision is to advocate for the right of every deaf child to a full and complete life with respect and dignity.

## [VAANI's Mission](#)

VAANI's mission is to promote the entitlement of every deaf child to total and complete access to communication, education, protection and personal safety, equity and equality in all spheres and information and knowledge to reach his or her full potential as an individual and as a member of society.

## CHAPTER 1 : NATIONAL BACKGROUND

Estimates vary on the number of people with disabilities in India. According to the Census of 2001, it is about 2% of the total population or 22 million. The Planning Commission estimates the figure to be 40 million, while the professionals working in the disability sector feel that the figure is 70 million. This is closer to the World Bank Report<sup>1</sup> which states that people with disabilities comprise 4 to 8 percent of the total population, approx 40 – 90 million persons.



Of these, 8.36% are hearing impaired, while 5.06% have speech disabilities. The pattern of disabilities indicates that there are high levels of children with disabilities who are identified at birth or in their early years, and the graph grows again within the population aged 60+.

The issue of disability falls within the responsibility of different Government Departments. The Ministry of Health is responsible for early identification, and treatment where appropriate, of children. The Ministry of Human Resources Department is entrusted with the education policies in the country while the Ministry of Social Justice and Empowerment is responsible for most special education facilities.

The Government has a clear policy of promoting inclusive education in regular schools and the **Sarva Shiksha Abhiyan (SSA)** takes the lead in implementing this at the ground level. The Sarva Shiksha Abhiyan was created to ensure inclusive education for all children – those who have dropped out of school, those who have never been to schools and children with different abilities.

However, the education outcomes for children with disabilities are not very encouraging. The spending share on **Inclusive Education** is very low, and the challenge for educationists has been to develop good models for inclusive education.

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1. World Bank Report : *People with Disabilities in India : From Commitments to Outcomes*, May 2007



An additional issue has been the (lack of) coordination between the teacher training under the Rehabilitation Council of India and the general teacher training in the country under the MHRD.

Children with disabilities living in urban areas are somewhat better off than their peers in rural areas which suffer from a lack of adequate diagnosis, identification and treatment services, education, vocational training and employment opportunities for children and young people with disabilities. To address this need, the Government of India has been advocating for and promoting **Community Based Rehabilitation Services** in disadvantaged communities both among the urban poor populations as well as in the rural areas. Community based multi-purpose workers are trained to identify children with special needs, refer them to SSA schools or IE schools and to work with their families. NGOs have been recognised by the government as key partners in implementing this programme.

## LEGAL FRAMEWORK TO SUPPORT CHILDREN WITH DISABILITIES AND THEIR FAMILIES

As a signatory to the **Convention on the Rights of the Child**, the UN Convention on the **Rights of Persons with Disabilities** as well as the **Millennium Development Goals**, India is further obliged to protect the rights of children with disabilities to develop their full capacities. Each of these makes special reference to education for all children, regardless of their socio-economic or disability status.

In India, the Government has introduced various Acts in support of children and adults with disabilities. These include :

- **Persons with Disabilities (Equal Opportunities, Protection and Full Participation) Act, 1996**
- **National Trust Act of 1999**

More recently, the **Right to Free and Compulsory Education Act, 2009** aims at ensuring that every child in India in the age group of 6-14 has the right to go to school, in fact must go to school, regardless of gender, caste, religion or ability.

In addition, under the **Juvenile Justice Act, 2006**, special homes have been set up for children with disabilities in the country for those in need of care and protection. There are however not enough homes and many children who are abandoned find themselves in centers for children and young people with mental health problems or criminal backgrounds. Moreover, the budgetary provisions for these homes is inadequate and the staff are not suitably trained to provide quality care and other services to children. For deaf children, lack of sign language skills among the service providers exacerbates their situation.

The Government of India established 4 national institutes to oversee policy making for persons with disabilities in India. These are the National Institute for the Hearing Impaired (Mumbai), National Institute for Visually Impaired (Dehra Doon), National Institute for Orthopaedically Handicapped (Kolkata) and the National Institute for Mental Health in Hyderabad. Each of the centers also offers support in the other branches of disability. Facilities in these institutions include training, testing, surgery where appropriate, provision of aids and appliances and support for assessment camps where possible. The Government also introduced a system of Disability Cards for children and adults which allows free travel in public transport systems and the railways. In fact on the trains, this facility extends to one person accompanying the disabled child or adult.



## CHAPTER 2 : INTRODUCTION TO MEGHALAYA

Meghalaya became a full-fledged State in January 1972, having been carved out of Assam in North Eastern India. The State capital is Shillong and there are 7 districts. The total area of the State is 22,429 sq kms. At the last Census (2001), the population was 23.6 million. The literacy rate is 62.9%. English is the official state language though Khasi, Pnar and Garo are also spoken. In terms of gender, the social construct of the State is matrilineal as a result of which the women in the family inherit parental property and money. Interestingly, girls have greater access to education as well.



Map of Meghalaya

The state has vast mineral resources including coal, limestone, dolomite and quartz. It is also rich in forests and produce includes timber, bamboo, reed, cane, medicinal plants, lemon grass and cinnamon. Its agricultural products include rice, maize, potato, cotton, areca nut, jute, oranges, pineapples and bananas, ginger and bay leaves.

Shillong has often been referred to as the **Scotland of the East** owing to its natural beauty, and its many hills and forests attract many tourists from other parts of India and abroad.

There are a plethora of schools run by missionaries, both Catholic and Protestant, and a number of colleges, particularly in Shillong. There are two universities : North Eastern Hills University and the Martin Luther Christian University.

### THE DISABILITY SITUATION IN MEGHALAYA

This study attempts to examine the situation of deaf children and their families in the state of Meghalaya in terms of the existing services run by government and non-government agencies in education, health care and community based programmes. Also, there have been attempts to find out the levels of awareness about hearing impairment, early identification, referrals and changes in policy and above all, of empowerment of deaf families.



## Methodology:



The study was conducted through a variety of methods, all of them participatory in nature:

- review of existing literature – national and international, reports and government documents
- visits to and discussions with government officials in Education and Social Welfare to understand the government's role in this sector
- visits to schools for hearing impaired children and meetings with heads and senior teachers
- visits to vocational training centers for young deaf people
- focus discussions with parents of deaf children
- visits to the homes of some young deaf children and adolescents
- visits to geographical sites where camps have been conducted to assess the local environment and attitudes of people towards deaf children and their families
- meetings and discussions with NGOs working on Community Based Rehabilitation as well as on other disabilities





## CHAPTER 3 : FINDINGS

According to the State Directorate of Census Operations (2004), Meghalaya has 28,803 or 1.2% of the population with disabilities of which 12.7% are hearing impaired, 11.9% are verbally impaired, 46.5% are visually impaired, 17.8% are physically handicapped and 11.1% are mentally handicapped. Further, the numbers of disabled persons is much higher in the rural area (22740) compared to the urban areas (6063).



A sample survey on disability levels in Meghalaya was undertaken by Bethany Society, Meghalaya in 2006/2007. 252 villages and 28 urban localities were randomly selected for the study. A total of 2,123 people with disabilities was identified during the study (1111 males or 52.33% and 1012 females or 47.67%). The highest level of disabilities was in the age group 0-15. The conclusion from the study was that the percentage of the population in the state who are disabled is about 1.24%.

There is however an acknowledgement that for appropriate policy development, planning, budgeting and implementation of services for persons with disabilities, a more up to date and accurate assessment needs to be made. The recent Census conducted all over India might provide greater insight into the current situation.

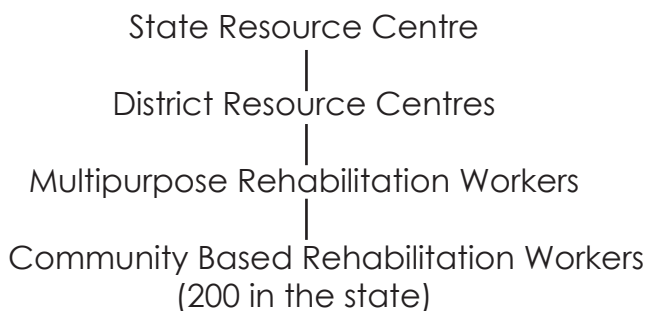
Support for children and adults with disabilities comes under three Departments of the Government:

1. The **Department of Social Welfare** which offers the following programmes for children with disabilities:

- Education: scholarship and meritorious awards to disabled students to pursue education in recognized institutions. The amount varies according to the level of education for both day students and those in hostels.
- To implement the Disability Act, the government offers grants for books, uniforms and conveyance to some students
- Prosthetic aids including hearing aids are provided to some children including during assessment camps
- Vocational training for young people and adults – monthly stipends to about 50 people annually for training in knitting, cane, bamboo, tailoring



Under the National Programme for Rehabilitation of Persons with Disability, the State Government Department Social Welfare has set up the following Structure in the State:



The Department celebrates World Disabled Day (3rd December) at the State and District level to create awareness on disability issues,

2. The **Department of Education** under which the SSA runs 3621 schools in the state of which 2101 are Primary Schools while 1521 are Upper Primary Schools. Of these, 1303 have enrolled children with special needs.

3. The **Department of Health** has responsibility for early identification of children with hearing loss and provides medical support where and when necessary.

The Government holds assessment camps in different areas of the state that are led by the SSA and supported by the departments of Health and Social Welfare, which is indicative of some degree of coordination among the departments though the follow up is largely the responsibility of the SSA.

## CHILDREN WITH DISABILITIES

According to the SSA State Coordinator, 7496 children with disabilities are enrolled in government and government aided schools. This includes 446 children with hearing impairment.

She stated that there are only 42 professionals in disability in the State.

39 Resource Centres have been established in Meghalaya as well as three Urban Resource Centres too that have 3 teachers in each. These teachers are expected to attend the Distance Education Foundation Course that includes in its teacher training programme the SSA's strategy of 'Zero Rejection Policy'.

At the Block level, each head teacher (currently about 100) has been sensitized on disability issues including classroom management.

## HEARING DISABILITY IN THE STATE

There are no accurate statistics of deaf children in the State, but it is hoped that the Government of India's Census is being conducted from 1st April 2010 over a one year period, will provide clearer information on this. Of course, the Census data will be dependent on a number of factors: the skills of those conducting the survey and their understanding all the different forms of disability, the parents' cooperation in providing information, the parents' own awareness of their children's disability especially given that deafness is a hidden disability and is often diagnosed only when the child is 2 years and above. It is likely that many deaf children will still be left out of the system of information.



However, the information available at the moment comes from the following sources:

1. The SSA holds nearly 40 assessment camps each year, often jointly with the Social Welfare Department, for children aged 0 - 14. During a recent camp held in Jowai District, nearly **500 out of 1004 children with disabilities were identified were hearing impairment**. While some children will have had hearing problems due to ear infections or wax in the ears as well as poor personal hygiene, many would have been born deaf or acquired deafness at a very young age. The area has many coal mines that cause air pollution and this is compounded by the thousands of trucks that carry coal to other parts of the country. There are no sound or environment controls on these trucks that spew diesel pollution and incessantly blow air horns in the area.

The government provided 100 children with hearing aids and it will then be the responsibility of the CBR workers to follow up the children and ensure that they get admitted into local schools if they are not already in school.

2. In the village of Massar in the Ri Bhoi district, there is a community of **90 persons with hearing impairment including 42 children**. According to Sister Merly Tom, this appears to be a genetic problem and it is believed that the women in the community are the carriers of the genetic disorder. One woman from the village married a man from another community and lives in a different village. The couple has 8 children, all of whom are deaf.

**RECOMMENDATION : Research needs to be done in both these areas to identify the root causes for the high levels of hearing impairment amongst the children (and adults). This will help in treatment where possible to reduce the risk to new born babies.**

3. The Ferrando Speech and Hearing Centre has also, in the last year, screened 10,000 children in regular schools in Ri Bhoi district and **2000 children have found to be suffering from hearing impairments of mild and moderate levels**. This is a cause for great concern as 20% of the children have hearing problems. If this figure is used to extrapolate the national figure, then the state is confronted with a huge challenge with hearing impairment levels amongst its children.

There are currently 3 schools for deaf children in the State. These are:

1. **School and Centre for the Hearing Impaired Children, Shillong** offers education from nursery to Class XII. This school does not have residential facilities, but there is a hostel on the same campus where **60 deaf children stay**. The other students are day scholars. The Centre also has vocational training facilities that includes training on candle making, production of cards, embroidery and tailoring.

2. **Ferrando Speech and Hearing Centre, Umniuh Khwan, Ri Bhoi District** (Director Sister Merly Tom): Nursery to Class XII, vocational training facilities. The school is primarily residential though a few students come from Shillong each day. The school has transport facilities for these students and for the teachers. There are 140 children enrolled in the school of which **90 are profoundly deaf and 35 are moderately deaf**. The other children have cerebral palsy with hearing and speech disabilities, 2 children have no hands and one has no legs. Although deaf children are provided with hearing aids, they are also taught sign language and parents are offered courses in sign language as well so that they can communicate with their children more effectively. Experience in India shows that for deaf children, any form of communication is a priority, so both sign language and oral communications are key to the socialisation process of the children.



In addition to educational and vocational training facilities, the Ferrando Centre has well equipped testing and diagnostic facilities, an ear mould laboratory and kits for repair and maintenance of hearing aids. It is probably the only non-government centre with such facilities in the country and credit is due to the foresight of the Centre for establishing such critical facilities for the children.

Due to its facilities, the Centre has been able to identify that some of the children have temporary hearing loss caused by infections and wax, and once treated, the children are sent back to their families to attend mainstream schools. In the last 10 years, 90 children have benefited from this kind of diagnosis and treatment and they have been rehabilitated into regular schools.

**3. Montford Centre of Education, Danakgre, Garo Hills** (Director : Brother Michael)  
The Montford Centre which was established in 1995 runs a regular school for over 1000 children which includes 192 children with special needs of whom 79 are hearing impaired – 44 girls and 35 boys. Most of the others are visually disabled though there are a few with mental disability. While the children with special needs have separate classes for their education, they socialise with the other children during all other activities – lunch break, sports, assembly – and also in the hostel. Most of the deaf children and those who are visually impaired live in hostels that operate on the same premises. Children come not only from Meghalaya but also from the neighbouring states of Assam, Manipur, and the north regions of West Bengal.

Children are prepared for the NIOS school-leaving examinations. Those that are not sufficiently confident or feel ill- equipped to do the exams, are provided with vocational training skills in tailoring, book binding, knitting, printing and weaving and all children are offered computer classes.

Montford Centre also runs teacher-training programmes as follows:

- Diploma in Hearing and Visual Impairment – 2 years – under the Manipal University
- B.Ed in Special Education – 2 years – under the North Eastern Hill University
- Postgraduate Diploma(Hearing Impairment and MR) which is open to B.Ed students

There are also many schools that have an integrated programme of services for children and some deaf children are admitted into these schools. Experience elsewhere shows that it is easier to integrate children with physical disability into regular schools. While at the primary level, deaf children do not face too many difficulties in coping with the curriculum, they do need separate classrooms or remedial classes from Class VI onwards, with teachers who are qualified in deaf education, who are trained in sign language and who also understand the psychological needs of the children. The children do have a right to quality education, and not to just be in the classrooms for the sake of '**integrated education**' in name only otherwise the risk of drop out will always remain high.

**4. Bethany Society** Executive Director : Mr Carmo Noronha. The first deaf school was initiated by Bethany Society in 1984/85 in Tura. When the Montford Centre started its services, Bethany Society moved all their programmes to the Centre and withdrew its services.

The focus of the Society is on Community Based Rehabilitation (CBR) programmes which it runs in 400 villages of West Garo Hills as well as some in West Khasi hills. While running the CBR programmes, the Society informs the SSA when children with special needs are identified. They train field workers and SSA teachers. They are due to start a centre in Jaintia Hills that will cover 20-25 villages to look at all children aged 0-14. They will work in partnership with ICDS for children aged 0-6 and for the rest, they will link with the SSA.



## CHAPTER 4 : AREAS OF CONCERN

**1. Staff Turnover :** While schools work closely with relevant government departments, a major concern for them is the turnover of trained staff. After completion of training and a year or little more of work experience, staff move to the SSA programme which pays higher salaries. The Ministry of Social Justice and Empowerment, which provides some support to schools for children with special needs, pays a much lower salary component than the Department of Education for the SSA programme. Young professionals are therefore on a constant look out for better prospects for themselves, and the result is that the very children, for whom they have been trained, suffer from the changes in staff.

The Government departments need to work together to ensure that staff, whether they work in private schools or in SSA centers, is provided with similar salaries by the government as this is in the best interest of the child with disability.

**2. Quality of Services :** Children with hearing impairment need very skilled teachers who understand their psychology, have the patience to work with them, and have a genuine interest in communicating with them through sign language. They also need to be fully conversant with sign language themselves, an issue that needs to be incorporated into all levels of training for teachers and should be included in the testing and exam system, otherwise it will impact the quality of their interactions with deaf students.

The question needs to be asked whether teachers who have qualified after doing a post-school diploma in special education have adequate skills to teach senior school students, for instance, those preparing for their NIOS examinations. Without experience, sufficient qualifications, and often a full understanding of the needs of children with hearing impairment, these young teachers are given the responsibility of helping the children prepare for their future. There is a risk of poor quality service for children with special needs and this needs to be addressed.

Teacher education should also have a focus on hearing aid maintenance. Some of the schools provide aids to all the children, but if the children do not wear the hearing aids regularly, apart from being a waste of investment and a resource for the child, the child will not be able to benefit from it. Teachers need to ensure that the children wear hearing aids every day, which are as important as spectacles for them (the teachers) and that the batteries are charged. Where schools have facilities for basic repairs, the hearing aids can be sent for appropriate services but if it is only a question of batteries, all the schools provide this free of cost. Therefore it is a matter of proper care and management where teachers need to look at the holistic development of the child.

**3. Training :** Various diploma and degree courses for teachers are offered but it seems that there is a lack of sufficient numbers of trainers in the state. There is therefore a dependency on neighbouring states (Assam for example) but to have quality training, local capacity needs to be increased that will also follow up the training. Perhaps the Rehabilitation Council of India needs to examine this and offer an appropriate solution.

**4. Monitoring :** It was reported that some SSA teachers including those who are supposed to provide support services to children with special needs, and who receive salaries of ` 6000 approx per month, sometimes do not want to go to the rural areas to work with the children. They sub-contract local teachers to whom they pay ` 1500 per month. No proof of this was provided to the consultant, but if there is any truth in this, the government needs to monitor the system stringently and have a mechanism to hold them accountable and



penalise them if it is proved. Also, the quality of service provided to the children needs to be monitored so that the system of teaching does not degenerate to poor quality services for disadvantaged or underprivileged children. Nearly 500 deaf children are enrolled in SSA schools, and it is of vital importance that the system gives them adequate support so that their right to education is a reality, and not a distant dream.

## PARENTS AND FAMILIES WITH DEAF CHILDREN



*Meeting with the Parents*

A meeting with 20 parents in the School and Centre for Speech and Hearing Impaired Children in Shillong provided an opportunity to assess how deaf children are identified in the family and what services they access both in terms of education as well as medical services.

Most parents recognised that their children had a hearing or speech problem when their children were around 2 years of age. In one case, the mother realised that her child did not respond to sound at 6 months, but she did not take any immediate steps to seek medical advice. Several parents were advised cochlear implant surgery for the children by the specialist in Shillong and some took their children to Guwahati, Delhi or Mumbai as this medical facility is not available in Meghalaya. The cost for such surgery (including travel) varied between ` 6-9 lakhs and only one child out of 4 benefited from such an intervention. One parent in Shillong was told by the doctor that his child could not speak as he had a throat problem and the child underwent surgery for this purpose. Thereafter the doctor informed the parent that there was nothing wrong with the child's throat and that the child was deaf.

Brother Michael from Montford Centre did report one very encouraging change he had witnessed over the last few years. Initially parents brought teenaged children to the school for admission but now children who are as young as 5 and 6 years come, which is a vast improvement.

Parents, after the initial shock of discovering that their children are deaf, are very accepting of their children and wish to do the best for their children's future through education and appropriate training. There is a concern for their children's employability in a very competitive market and many of them are not sure as to what sort of skilled jobs, that give good salaries for independent living, their children might have in the coming years.

In Shillong and Tura, very few parents had received training in sign language, and had instead developed individual forms of gestures to communicate with their children. It was very encouraging to see that the Ferrando Centre trains the parents in sign language,



which can go a long way in strengthening bonds between children and parents. It cannot be stressed enough that deaf children live in a very isolated world and every effort must be made to teach parents, teachers and extended family members sign language so that deaf children are more fully socialised in the community.

There is very little understanding amongst not just parents but in society in general, of the link between loss of hearing and lack of speech among children. When children do not start to speak the usual 'baby talk' from 12-16 months, some parents of male children believe that 'boys generally start talking late' so they wait and watch. Or they think that the child has a speech problem.

**RECOMMENDATION : There is a need to create awareness on how to conduct simple tests at home to check the infant's hearing to increase early identification of deaf children and at the same time early intervention.**

None of the parents who the consultant met, both in the school and in the villages, were aware of the rights and entitlements of children and adults with any form of disability including deafness. They were also unaware of the recent developments in India and internationally to provide a framework for children who are deaf to have access to education.

**RECOMMENDATION : Leaflets and brochures to be distributed to families on the rights of children (UN CRC), the Disability Act, the UN Convention on the Rights of People with Disabilities, the Right to Free and Compulsory Elementary Education Act 2009.**

Protection of children who are deaf from abuse and exploitation was not something for which parents expressed any concern. The risk that deaf children are at is the lack of knowledge and therefore terminology to express their fears or to report abuse as and when it might occur.

***One of the main recent priorities for UNICEF has been to improve protection of children from violence, abuse, exploitation and discrimination. Children with disabilities are particularly prone to discrimination from the very individuals and institutions that have an obligation to protect them, including families, health and education services, and the State.***

***This discrimination often leads to reduced access to basic social services, especially education, as well as a lack of recognition of their equal humanity by their families, peers and communities. They are also especially vulnerable to abuse, exploitation and neglect, due to the same misperceptions that result in other forms of discrimination, and due to their increased vulnerability because of their specific physical or intellectual difference.***

**RECOMMENDATION : Parents and adolescents should be made aware of different forms of abuse, signs and symptoms, and facilities to access, particularly counseling, should children face or experience any abuse. Also, they should know about the laws in India – for instance, the Juvenile Justice Act and the recently formulated Integrated Child Protection Scheme – that provide children with justice and support.**

Siblings of deaf children seem to work out their own communication mechanism between them but, like in the rest of the country, there is very little awareness about sign language amongst families and most use some gestures only. This restricts communication between deaf children and the outside world, which in turn leads to young deaf people living in isolation in the larger community.



## CONCLUSION

Meghalaya can boast of many successes in the services that are provided to children with hearing impairment – temporary and permanent – in the State. Special schools, integrated educational facilities, high quality audiological services, coordinated camps in the districts for identification of children with special needs including hearing impairment, provision of hearing aids and financial support to deaf children for their education are just a few of the State's successes.



*The Ferrando Speech and Hearing Centre, Barapani, Meghalaya*

The schools visited have large premises, school bus facilities for day students and they have or link their children with hostel facilities thereby creating educational opportunities for deaf children from distant towns and villages, even neighbouring States. Vocational training is offered to those students who wish to pursue a trade instead of, or in addition to, formal education.

The District CBR programme structures are in place, staff is trained and receives refreshing training too. There is a strong partnership between government and non-government agencies in this effort.

There is always however room for improvement, and many children are still not covered by the necessary services. Outreach services need to be considerably strengthened so that many more deaf children are brought into the fold. In addition, one of the critical issues is that of monitoring and evaluating the **quality** of services. Service provision for children needs to be more than just the 'ticking of the boxes'. The services need to bring about a qualitative change in the lives of the children so that, as adults, they can be productive members of society and contribute to the development of the State. They should be able to hold their heads high and take pride in their achievements.

It is certainly possible to achieve this in Meghalaya with its committed professionals in both the government and non-government sector. However, it needs greater effort from both within the State and from perhaps national level organisations such as the Rehabilitation Council of India.





## CHAPTER 5: ACKNOWLEDGEMENTS

This study would not have been possible without the help and assistance provided a vast number of officials, directors, teachers, students, parents and siblings of children in Meghalaya. Also, the Director of VAANI and her colleagues in Kolkata and Assam were of immense help in providing information and logistic support.

In particular, I would like to thank the following:

- Ms Marylang, *SSA Coordinator in Meghalaya*
- Mr Carmo Noronha, *Bethany Society*
- Mr Woreingam Angkang, *School and Centre for the Hearing Impaired Children, Shillong*
- Sister Merly Tom, *Ferrando Speech and Hearing Centre, Barapani*
- Brother Michael, *Montford Centre, Tura*
- Mrs Zeenat Ali, *Shillong*
- Ms Inky Sen and her colleagues in VAANI, *Guwahati*
- Mrs Brinda Crishna and her colleagues in VAANI, *Kolkata*



## Annex 1

### LIST OF PEOPLE MET AND ORGANISATIONS VISITED

#### Government

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## Annex 2

### PWD ACT, 1995

#### THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT, 1995

#### **EDUCATION**

26. The appropriate Governments and the local authorities shall -

- Ensure that every child with a disability has access to free education in an appropriate environment till he attains the age of eighteen years;
- Endeavor to promote the integration of students with disabilities in the normal schools;
- Promote setting up of special schools in Government and private sector for those in need of special education, in such a manner that children with disabilities living in any part of the country have access to such schools;
- Endeavor to equip the special schools for children with disabilities with vocational training facilities.

27. The appropriate Governments and the local authorities shall by notification make schemes for -

- Conducting part-time classes in respect of children with disabilities who having completed education up to class fifth and could not continue their studies on a whole-time basis;
- Conducting special part-time classes for providing functional literacy for children in the age group of sixteen and above;
- Imparting non-formal education by utilizing the available manpower in rural areas after giving them appropriate orientation;
- Imparting education through open schools or open universities;
- Conducting class and discussions through interactive electronic or other media;
- Providing every child with disability free of cost special books and equipments needed for his education.

28. The appropriate Governments shall initiate or cause to be initiated research by official and non-governmental agencies for the purpose of designing and developing new assistive devices, teaching aids, special teaching materials or such other items as are necessary to give a child with disability equal opportunities in education.

29. The appropriate Governments shall set up adequate number of teachers' training institutions and assist the national institutes and other voluntary organizations to develop teachers' training programmes specializing in disabilities so that requisite trained manpower is available for special schools and integrated schools for children with disabilities.

30. Without prejudice to the foregoing provisions, (be appropriate Governments shall by notification prepare a comprehensive education scheme which shall make Provision for-

- Transport facilities to the children with disabilities or in the alternative financial incentives to parents or guardians to enable their children with disabilities to attend schools.
- The removal of architectural barriers from schools. colleges or other institution, imparting vocational and professional training;
- The supply of books, uniforms and other materials to children with disabilities attending school.
- The grant of scholarship to students with disabilities.
- Setting up of appropriate fora for the redressal of grievances of parent, regarding the placement of their children with disabilities;
- Suitable modification in the examination system to eliminate purely mathematical questions for the benefit of blind students and students with low vision;
- Restructuring of curriculum for the benefit of children with disabilities;
- Restructuring the curriculum for benefit of students with hearing impairment to facilitate them to take only one language as part of their curriculum.

31. All educational institutions shall provide or cause to be provided amanuensis to blind students and students with or low vision.



## Annex 3

### REHABILITATION COUNCIL ON INDIA ACT, 1992

An Act to provide for the constitution of Rehabilitation Council of India for regulating the training of rehabilitation professionals and the maintenance of a Central Rehabilitation Register and for Matters connected therewith or incidental thereto.

A 'rehabilitation professional' means-

- audiologists and speech therapists; clinical psychologists;
- hearing aid and ear mould technicians;
- rehabilitation engineers and technicians;
- special teachers for educating and training the handicapped;
- vocational counselors, employment officers and placement officers dealing with handicapped;
- multi-purpose rehabilitation therapists, technicians; **OR**
- such other category of professionals as the Central Government may, in consultation with the Council, notify from time to time;

### ALI YAVAR JUNG NATIONAL INSTITUTE FOR HEARING HANDICAPPED

Ali Yavar Jung National Institute for the Hearing Handicapped (NIHH), Mumbai, was established on 9th August, 1983 under the Societies Registration Act, 1860, as an autonomous body and under the administrative control of the Ministry of Social Justice & Empowerment.

#### **Objectives**

- Development of manpower by undertaking or sponsoring the training of trainees and teachers, employment officers, psychologists, vocational counselors and such other personnel as may be deemed necessary by the institute for promoting the education, training or rehabilitation of the hearing handicapped.
- To conduct, sponsor, coordinate and subsidize research into all aspects of the education and rehabilitation of the hearing handicapped.
- To develop model services for rehabilitation of the hearing handicapped.
- To serve as an apex information and documentation centre in the area of hearing handicapped.

The Institute has its regional centers in Calcutta, New Delhi and Hyderabad and a State collaborated Center in Bhubaneswar. In addition to this, the Institute also runs a Training Center for the Adult Deaf in Hyderabad.

#### **Programs**

##### **Manpower Development**

- B.Ed (Deaf)
- B.Sc (Audiology and Speech Pathology and B.Sc., Hearing, Language and Speech, HLS)
- Diploma in Education of the Deaf
- Diploma in Communication Disorders
- B.Ed (Deaf) and B.Sc (Audiology and Speech Pathology) & B.Sc (HLS) are conducted in Bombay and are affiliated to The University of Bombay; B.Ed (Deaf) is also being conducted at Eastern Regional Centres, Calcutta and B.Sc (Ed) & B.Sc (HLS) at Southern Regional Centre, Hyderabad with affiliation to Calcutta and Osmania Universities respectively. The other two Diploma Courses have been recognized by the Rehabilitation Council of India.
- The Institute also conducts short term training programs to meet the demands of professionals and those in academics; unable to get admission for long-term training programs; or for those who could not get training and are already working in voluntary, non-governmental organizations and other institutions dealing with rehabilitation of the hearing and speech impaired.



## Annex 4

### UN CONVENTION ON THE RIGHTS OF PEOPLE WITH DISABILITIES RATIFIED BY INDIA

#### **Article 24 - Education**

1. States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and life long learning directed to: The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity
2. In realizing this right, States Parties shall ensure that:
  - Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;
  - Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;
  - Reasonable accommodation of the individual's requirements is provided;
  - Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;
  - Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.
3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:
  - Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;
  - Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;
  - Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.
4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.





**Ensure the full and equal enjoyment of all human rights and fundamental freedoms, including equal access to health, education and recreational services, by children with disabilities and children with special needs, ensure the recognition of their dignity, promote their self-reliance, and facilitate their active participation in the community.**



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