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COVID-19 and Exclusion of Children with Disabilities in Education

| Insights from four states

**This report is
an independent,
non-commissioned
piece of work by the
Vidhi Centre
for Legal Policy,
an independent
think-tank doing
legal research to help
make better laws and
improve governance
for the public good.**

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Executive Summary

Introduction

The COVID-19 pandemic has worsened systems of education for all children. One of the worst affected among these are children with disabilities (CWDs). Despite a legislative framework protecting the right to education for all children, one-fourth of CWDs between 5-19 years, and three-fourth of 5 year olds, are not enrolled in any formal schooling (UNESCO, 2019). Further, CWDs in India are more likely to belong to socio-economically worse-off households (Kalyanpur, 2008), than other children, with 72% of the disabled population in India residing in rural areas (UNESCO, 2019). Inaccessibility of education for many CWDs is thus also a function of poverty.

With this study, we contribute to a limited body of work documenting the unique challenges of students with different disabilities in accessing education during the COVID-19 pandemic in India. We further document other disruptions in lives of CWDs, their families and teachers during the pandemic – economic and health shocks, access to food, medical care and rehabilitation – and implications of this on educational access. Additionally, through consultations with civil society organisations (CSOs) and government officials in the disability space – we provide actionable recommendations for Ministries of Education (both centre and state) and Ministries of Social Justice and Empowerment (MSJE) (both centre and state). These include responses to the COVID-19 pandemic, and to addressing socio-economic vulnerabilities and inclusion in education in the long-term.

A combination of in-depth and semi-structured interviews were conducted via telephone with a sample of 164 students and their parents/caregivers, 50 teachers, 10 Civil Society Organisations (CSO) and 5 government officials across four states of Andhra Pradesh, Karnataka, Kerala and Tamil Nadu. Interviews were conducted between September and October 2020.

Key Findings

Students and caregivers

Households faced losses of jobs/income and housing, increased debts, inadequate nutrition, and inability to access medical care.

- Households reported being reliant on government support schemes for access to basic services, and some instance of disruptions in delivery of entitlements under schemes, which in the most dire circumstances impacted allocation of resources between children in the home.
- Caregivers reported increased household responsibilities and stress levels, taking a toll on their mental health.
- Access to determinants of child well-being- health, rehabilitation and routine- were disrupted, with some children being forced to discontinue medical treatments for illnesses such as epilepsy, or forego regular medical checks up and rehabilitation therapy.
- Disrupted routines affected mental health of children, especially those with intellectual disabilities.

Modes of education instruction used during the pandemic were inaccessible for many reasons:

- Non-availability of appropriate teaching learning materials (TLM)
- Unaffordability of digital devices and high-speed internet, and lack of technological know-how amongst parents and students.
- Most were unable to understand lessons and complete assignments, even among those who could access classes regularly
- Students having visual and hearing impairments reported unique issues of accessibility of TLM.
- Children with intellectual disabilities reported greater need for individual attention, social interaction, and routine. Experiences primarily varied based on categories of disability and socio-economic background of households.



Executive Summary

Teachers

Teachers reported increased non-teaching activities, job insecurity, and issues of using digital modes of instruction for teaching CWDs

- Government teachers and teachers employed in inclusive schools with CSOs, reported an increase in non-teaching activities, specifically assisting in COVID-19 relief work. Teachers in private mainstream schools did not report similar increase in non-teaching work.
- Teachers faced economic insecurity, such as delays in salary payments, and suspension of contracts with uncertainty about contract renewals
- Teachers faced similar difficulties in navigating online modes of instruction as students; access to devices and internet, technological know-how; effort and time taken to navigate new modes.
- Teachers were reliant on parental engagement, and echoed issues of CWDs and their caregivers on issues of accessibility to digital modes of instruction.

- Digital modes offer limited opportunities for two-way interaction. While some tried to conduct home visits, many were not allowed into communities or homes as people feared contracting the virus.
- Guidelines or training for education of CWDs were not issued to teachers (with the exception of Kerala).

CSOs reported a reduction and diversion of efforts and funds away from education of CWDs since the start of the pandemic. Similarly, government officials suggested education could not be a priority ahead of provision of food and health care. Across states, stakeholders expressed similar concerns regarding accessibility and efficacy of digital modes of education for students and teachers, and the need to support vulnerable households.

Recommendations

In consultation with key stakeholders - students, parents, teachers, CSOs and government officials - and based on the findings of this study, we provide actionable recommendations on the delivery of education, social security, coordination within government departments and coordination between government and CSOs in the disability space.

While findings in this study are limited to experiences of a sample from four states, recommendations might provide direction for other states in addressing issues of educational access for children with disabilities. Recommendations include responses to the COVID-19 pandemic, but also address socio-economic vulnerabilities and inclusion in education in the long-term.

Recommendations are addressed primarily to the Ministries of Education (both centre and state) and Ministries of Social Justice and Empowerment (MSJE) (both centre and state), including disability commissioners, health, and social welfare departments.



Executive Summary

1. Education provisioning and greater inclusion for CWDs

1.1 Identify needs of CWDs that require face-to-face interaction, and what can continue remotely, without compromising quality

Legislation: In accordance with

- Section 16(iii) of the RPWD Act, 2016 (on the duty of education institutions to provide 'reasonable accommodation' for CWDs), and
- Section 17(a) of the RPWD Act, 2016 (on conducting regular surveys to identify CWDs, their needs and the extent to which they are being met)

Recommendation

- Consult with parents and CWDs to assess modes of instruction used during the pandemic for accessibility, quality, and engagement of children

Children with intellectual disabilities might need access to special schools and rehabilitation centres. Children with chronic illness, low immunity, (possibly at higher risk of contracting the virus, and suffering more severely from it) and children below 5 years should not return to schools yet

1.2 Bring CWDs back to schools to ensure continued education and rehabilitation (where required)

Legislation: In accordance with

- Section 8(f) of the RTE Act, 2009 (on duties of appropriate governments to ensure and monitor admission, attendance and completion of elementary education by every child)

Recommendation

- Identify and track children at high risk of dropping-out, or who have discontinued education during the pandemic: *children with disabilities; girl children having younger siblings; children in most economically vulnerable households; children of migrants; tribal communities*
- Reopen hostels/ residential schools for older CWDs, following COVID-19 protocol

- Section 16(viii) of the RPWD Act, 2016 (on providing transportation facilities to CWDs and their 'attendants/caregivers')

- Prioritize transportation needs of children with restricted mobility due to disability

- Sections 16(ii) of the RPWD Act, 2016 (on making buildings, campus and various facilities accessible)
- Section 17 of the RPWD Act, 2016 (on specific measures to promote and facilitate inclusive education)
- Section 8(d) of the RTE Act, 2009 (on providing infrastructure)

Remove barriers to physical access of schools and anganwadis through implementation of both Acts.

- Ensure schools have appropriate TLM that is accessible to children with visual, hearing impairments
- Install appropriate infrastructure: *ramps for children with locomotor disabilities, physical ailments affecting mobility; assistive devices/aids; accessible toilets with handrails, space for assistive equipment such as wheelchairs*



Executive Summary

1.3 Making digital modes of education inclusive and accessible

Legislation: In accordance with

- Section 4.6 of National Policy for ICT in School Education, 2012 (on ICT for Children with Special Needs)

Recommendation

Ensure up-to-date revision and application of the National Policy for ICT in School Education, 2012

- Use multiple modes of communication to be more inclusive, interactive and efficient
- Enable two-way interaction between students and teachers, through home visits, follow-ups on calls or messaging applications
- Minimize reliance on personal devices and high-speed internet, by using blended modes of instruction such as physical delivery of TLM, and home visits where possible

- Section 17 of the RPWD Act, 2016 (on measures to promote and facilitate inclusive education)
- Section 40 of the RPWD Act, 2016 (on formulation of standards for access to information communication and technology for persons with disability)
- Section 42 of the RPWD Act, 2016 (on access to information and communication technology)

Address issues of access for students and teachers

- Assess accessibility of TLM used so far and adapt, through consultation with experts and other states. For example, sign language interpreters for television lessons. Consultations can feed into updating existing standards for access, where necessary
- Provide pre-recorded videos or television lessons, rather than live classes to minimize issues of accessibility due to power cuts, poor internet, sound quality, etc
- Assess the possibility of providing devices/ internet to vulnerable households where possible

- Section 17 of the RPWD Act, 2016 (on measures to promote and facilitate inclusive education)
- "Norms and Standard for Schools" in the Schedule to the RTE Act, 2009

Address issues of access for students and teachers

- Provide aids and assistive devices as per RTE Act, regardless of mode of instruction
- Train teachers on use of education technologies, and teaching children with specific disability types



Executive Summary

1.4 Address needs of CWDs more holistically, regardless of modes of instruction

Legislation: In accordance with

- Section 17 (c) of the RPWD Act, 2016 (on employing teachers qualified to teach children across disability categories in appropriate languages)
- Section 29 of the RTE Act, 2009 (on ensuring curriculum designed for schools contributed to all-round development of children)

Recommendation

- Open vacancies for special educators in mainstream schools and as resource persons in underserved regions
- Reorient pedagogical practices towards teaching children at their level rather than syllabus completion; different syllabus could be provided to reduce stress on CWDs with intellectual disability
- Encourage holistic approach to child's education, including mental, socio-emotional, psychosocial well-being. Classes must go beyond formal teaching, to include co-curricular and extra-curricular activities

2. Minimize disruptions in access to health, nutrition, other support schemes, and early intervention

In accordance with section 24 of the RPWD Act, 2016 (on social security) states are directed to ensure social security provisioning to vulnerable households, accounting for intersectionalities of disability, gender, age and socio-economic background.

2.1 Strengthen the following systems to support low-income households.

Legislation: In accordance with

- Section 16 (viii) of the RPWD Act, 2016 (on duty of educational institutes towards inclusive education)
- Section 25 of the RPWD Act, 2016 (on healthcare)
- Section 24(3)(f) of the RPWD Act, 2016 (on provision of aids and appliances, medicine and diagnostic services and corrective surgeries free of cost to persons with disabilities under certain income ceilings)
- Section 25(2)(i) of the RPWD Act, 2016 (on healthcare during the time of natural disasters and other situations of risk)
- Section 25(j) of the RPWD Act, 2016 (on essential medical facilities on life-saving emergency treatments and procedures)

Recommendation

- Ensure access to medical care for CWDs, especially transport facilities for those with restricted mobility due to disability and their caregivers, and for those in remote areas, such as public transport, special allowances (like E-passes)
- Create a repository of commonly used, and essential medicines by children with chronic illnesses, and ensure local stock availability. For example, medication for children with Epilepsy should be given priority



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- Section 27(3) of the RPWD Act, 2016 (appropriate Government and local authorities should consult non-Governmental Organisations working for PWDs, while formulating policies)

Improve service delivery by

- Systematizing the coordination between government and CSOs to improve implementation of schemes

- Section 17 of the RPWD Act, 2016 (on measures to promote and facilitate inclusive education)

Improve service delivery by

- Minimizing (direct and indirect) costs of acquiring benefits of support schemes through a common application process for schemes with similar eligibility criteria

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Introduction

The fundamental right to education is guaranteed by Article 21-A of the Constitution of India, and operationalised through the Right of Children to Free and Compulsory Education Act, 2009 (RTE Act). The RTE Act promotes a rights-based approach towards education for all children between the ages of 6 to 14, including for children with disabilities. India ratified the UN Convention on Rights of the Child (UNCRC), and the Rights of Persons with Disabilities Act, 2016 (RPWD Act), which protects the rights of children with disabilities to “inclusive education”. The RPWD Act defines inclusive education as “a system of education wherein students with and without disabilities learn together and the system of teaching and learning is suitably adapted to meet the learning needs of different types of students with disabilities”.

Despite a strong legislative framework, India is far from delivering access to quality education and learning for children with disabilities. Of the population of children with disabilities, one fourth between 5-19 years, and three fourth of 5 year olds, are not enrolled in any formal schooling (UNESCO, 2019). Even for those opting to study in mainstream schools (as opposed to special schools), inaccessibility of modes of instruction and teaching-learning materials hinders their ability to participate, and retention of CWDs beyond primary education is also low (Gupta, 2016).

The COVID-19 pandemic has worsened systems of education for all children, however students belonging to historically marginalised or underrepresented groups in mainstream education, which includes children with disabilities (CWDs), continue to be worst affected.

Few studies have documented CWDs' experiences of accessing education during the COVID-19 pandemic. NCPEDP (2020) surveyed 1,067 persons with disabilities across

India and found CWDs struggled with online modes of instruction, educational support from less educated parents and closure of residential schools. A study conducted by Odisha-based NGO with 3627 students, reported less than 60% were able to attend online classes albeit irregularly, and 43% students were unable to participate at all (Swabhimani, 2020).

Some of the larger studies on status of education of children during the pandemic make no mention of CWDs altogether (Pratham, 2020; Oxfam, 2020). Those that do, fail to capture nuances of challenges faced by children across disability categories. For example, interviews with head teachers in 183 schools in Andhra Pradesh and Telangana found a lack of targeted teaching efforts towards CWDs (Young Lives, 2020). A more recent report surveying 1522 teachers (of which 110 teachers had children with disabilities in their classrooms), reported that 90% CWDs compared to 60% of all children (APU, 2020), were unable to participate in online classes.

This study contributes to this limited body of work, by providing a holistic look at disruptions in lives of children with different disabilities, and their families during the pandemic, and short and long-term implications of this on inclusion of CWDs in mainstream education. We situate our findings within the status of ‘inclusive education’ for CWDs in India prior to the pandemic, and to studies on educational status of all children during COVID-19. Based on our findings from the field, and consultations with key stakeholders - children, parents, teachers, civil society organizations, and government officials, we provide actionable recommendations for various stakeholders, and specifically state government departments implementing support schemes.

In order to understand implications of this pandemic for CWDs and their education, we view the child among the systems that determine their well-being. At the centre of this is the household. The socio-economic background of a child's household determines their access to nutrition, healthcare, education and care, all of which act together to determine their well-being. The intersection of any or all disadvantages of poverty, rurality, caste and religion, gender, and disability prevent children from reaping benefits of regular education and learning (Singal, 2009), with or without a global health pandemic. CWDs in India are more likely to belong to socio-economically worse-off households (Kalyanpur, 2008) than non-disabled children, as underlying causes of disability - such as poor neonatal and early childhood care and nutrition, and infection from diseases- are a function of poverty (Shah R Das A, 2016). 72% of the disabled population in India reside in rural areas (UNESCO, 2019). Understanding how intersectional disadvantages determine access to education for CWDs is thus crucial.

Methodology

A sample of households, teachers, civil society organisations (CSOs), and government officials in four states of Southern India- Andhra Pradesh, Karnataka, Kerala, and Tamil Nadu were interviewed, between September and October 2020. The sample consisted of 164 children and parents; 50 teachers; 10 CSOs, and 5 government officials across the four states. The sample of households and teachers were selected from within beneficiaries of CSOs partners to this study. A mix of rural and urban districts were selected to capture varied experiences. Through semi-structured interviews with students with disabilities and their caregivers, we document their first-hand experiences of accessing education and allied needs of nutrition, health, and rehabilitation, during the COVID-19 pandemic. We further

Outside of the household, the child is surrounded by support systems - the schooling system including teachers, civil society and finally the State. These support systems play a crucial role in delivery of services to children with disabilities and their families, with many requiring government and voluntary support for healthcare, housing, transportation, and education and rehabilitation services.

Insights from this study remind us of gaps within the education system that existed far before the pandemic, and have only been exacerbated since. It reaffirms the need for viewing 'inclusion' in mainstream education through a broader lens that accounts for intersectional disadvantages, and does not leave behind CWDs.

conducted in-depth interviews with key support systems of CWDs and their households- teachers, CSOs and state machinery.

Educational status of students in our sample were assessed along two themes: experiences of accessing education provided by the schooling system they subscribe to; and experiences of accessing other services that determine their well-being and hence, ability to pursue education- adequate nutrition, rehabilitation and medical care (where required), and opportunities for social interaction.

Documenting Stakeholder Experiences

PART 1: HOUSEHOLDS (CHILDREN AND PARENTS)

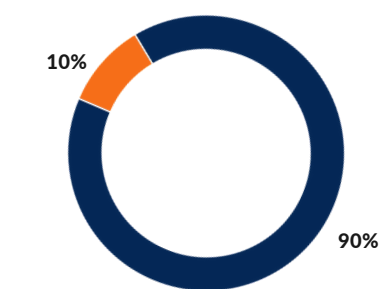
Key Findings

The pandemic adversely affected economic and health status of households with most facing losses of jobs/income and housing, increased debts, inadequate nutrition, and inability to access medical care. As a result, households reported being reliant on government support schemes for access to basic services, such as disability pensions and ration provisioning. Households also reported

some instance of disruption in delivery of entitlements under schemes, which in the most dire circumstances impacted allocation of resources between children in the home. Caregivers reported increased household responsibilities and stress levels, taking a toll on their mental health.



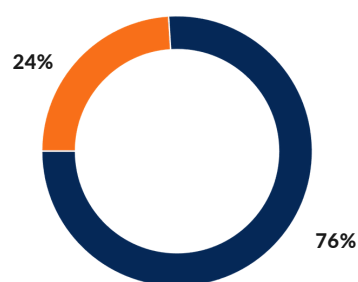
Dependency on support from Government and CSOs



90% dependence

N=164

Caregiving responsibilities



76% increased

N=164

Access to determinants of child well-being - health, rehabilitation and routine - were disrupted, with some children being forced to discontinue medical treatments for illnesses such as epilepsy, or forego regular medical

checks up and rehabilitation therapy. Disrupted routines have affected mental health of children, especially those with intellectual disabilities.

21%

Difficulty accessing health care

13%

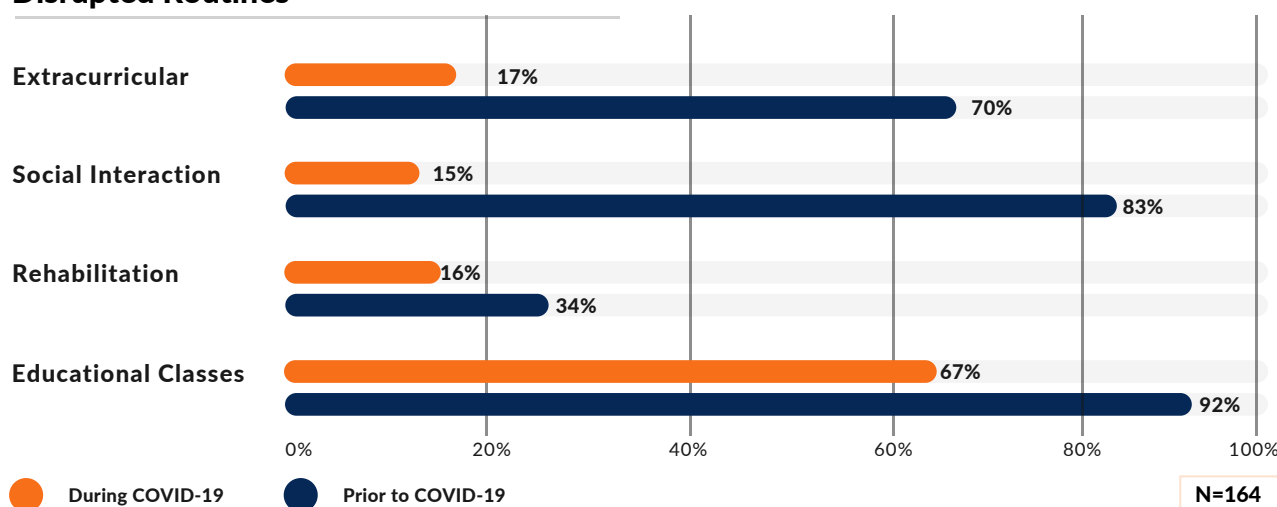
Reduced no of meals

Inaccessibility of modes of instruction have made continuing education challenging.

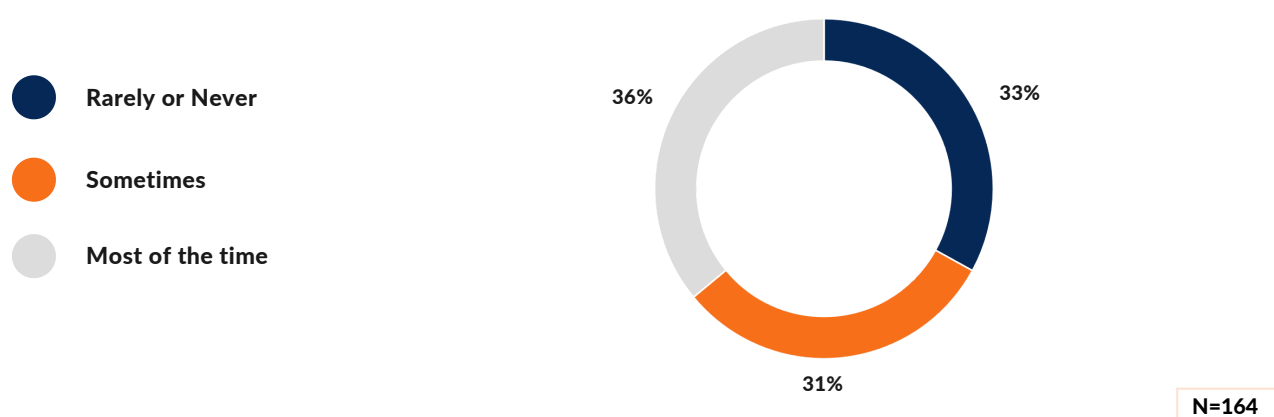
Reasons include: non-availability of appropriate teaching learning materials (TLM); unaffordability of digital devices, high-speed internet; lack of technological know-how amongst parents and students. This is consistent with studies (Pratham, 2020; Oxfam, 2020; APU, 2020) conducted on educational status for children without disabilities. Students having visual and hearing impairments reported unique issues of accessibility of TLM, such as sign language interpreters for television classes. Children with intellectual disabilities reported

greater need for individual attention, social interaction, and routine. Even among those who could access classes regularly, students were unable to understand **lessons and complete assignments “most of the time”**. **Two students in private schools reported they weren’t able to access classes due to non-payment of fees.** Experiences varied based on categories of disability and socio-economic background of households.

Disrupted Routines



Complete work and assignments

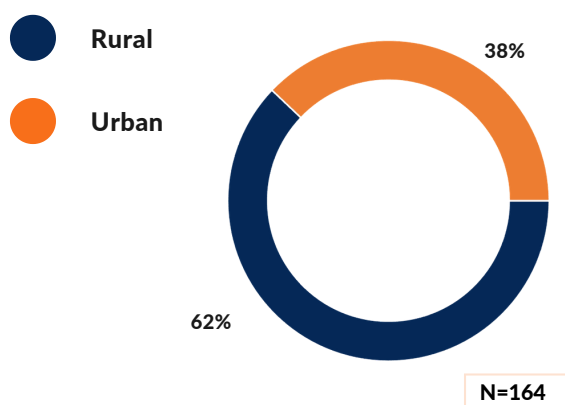


Sample Description

From each household, a student with disability and/or family members acted as respondent. 72% of these respondents were mothers, and respondents primarily belonged to rural and low-income households. In addition, reflections from surveyors who collected data are incorporated. Interviews captured the influence of COVID-19 pandemic on child's daily routines, access to education, health and medical care. Specific to education, respondents were asked about modes of instruction delivered and their

experiences of accessing the same. Interviews with parents discussed livelihood and income status of households, caregiver burdens, and access to government support schemes prior to and during the pandemic. The complete questionnaire for children and parents/caregivers is provided in Appendix 1. The sample consisted of 164 households; Andhra Pradesh (46), Karnataka (48), Kerala (37) and Tamil Nadu (33)

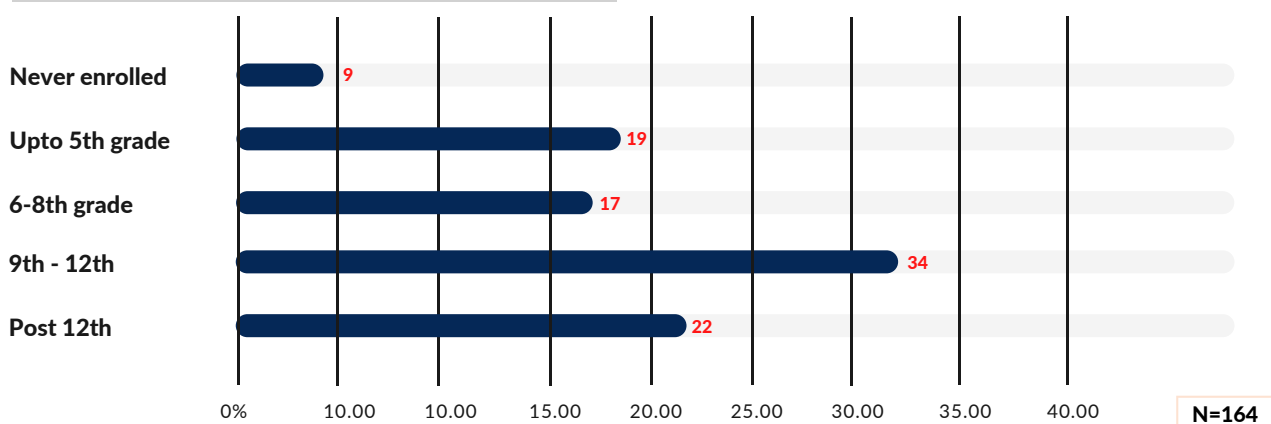
Description of the household



62% of sample households resided in rural areas. Samples from Andhra Pradesh and Kerala were predominantly rural, from Tamil Nadu were predominantly urban, and from Karnataka were from a mix of urban and rural areas.

Monthly income ranged from Rs.200 to Rs.2,50,000, with a median of Rs. 10,000. Only 22% reported monthly incomes over the median, who were also predominantly from urban areas. 71% households were Hindu, with the remaining being either Christian or Muslim. Information on caste-groups was not provided by most respondents and is therefore not reported.

Caregiver education: Highest grade completed



9% and 19% of family members were never enrolled in school, and had completed only up to 5th grade, respectively. 17% had completed upper primary (6-8th grade), 34% had completed secondary and higher secondary grades (9-12th), and 22% (primarily from urban areas) had education post 12th grade. 80% had

access to television and cable, and 76% had access to a smartphone. 17% had access to a laptop, tablet or desktop, of whom 65% were from urban areas. 33% reported not having access to internet, and 3% reported not having access to regular electricity.

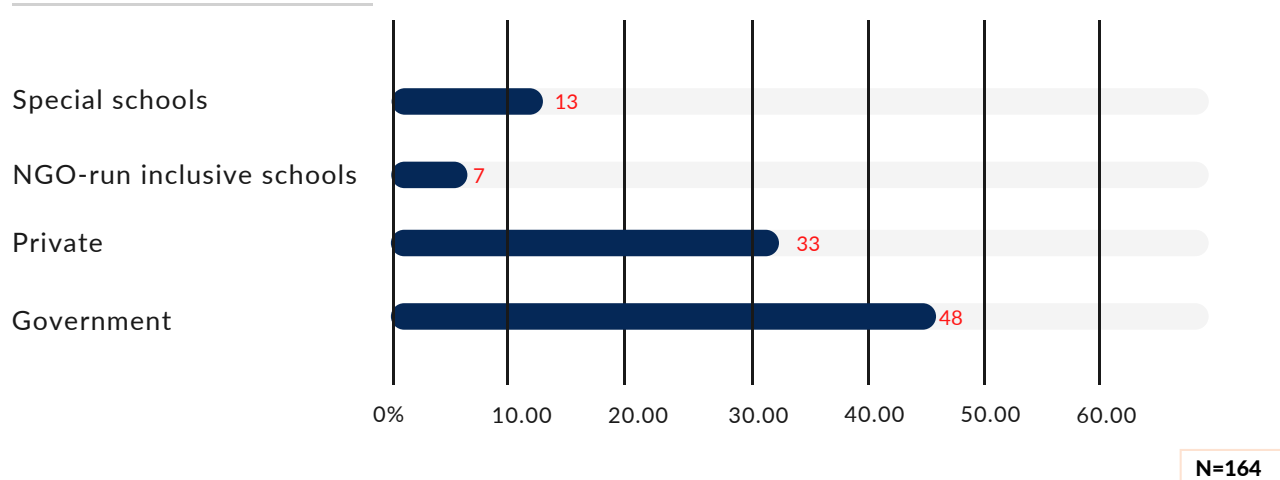
Description of child

54% of the sample were female. Age of children in the sample ranged from 5-36 years old. While 6% were above 20 years of age, they were all still undergoing education or vocation and were therefore included in the sample.

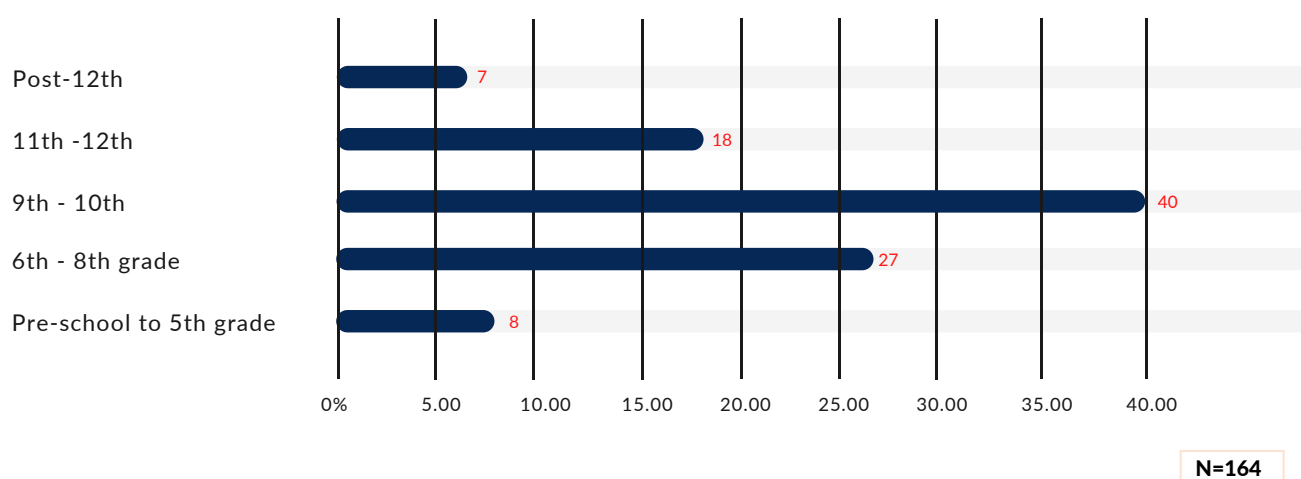
For children at the school level, 13% students were enrolled in special schools, and 7% were enrolled in inclusive schools run by NGOs. 48% and 33% students were enrolled in government and private mainstream (non-special) schools,

respectively. 8% were enrolled in pre-primary to 5th grade, 27% were enrolled in 6th-8th grades, 40% were enrolled in 9th-10th grades, 18% were enrolled in 11th-12th grades, and 7% were pursuing education post 12th grade. 2 had dropped out of schooling (prior to the pandemic).

Schools enrolled in (%)



Grade enrolled in prior to the pandemic (%)



Disability classification of children in our sample are provided in the table below. Definition of disability categories as per the RPWD Act (2016) are provided in Appendix 2.

Disability classification	Number in sample	% of total
Locomotor disabilities	57	34.76
Visual Impairments	22	13.41
Hearing impairments	13	7.93
Multiple disabilities	35	21.34
Learning disabilities	9	5.49
Intellectual disability	9	5.49
Cerebral Palsy	6	3.66
Autism Spectrum Disorder	6	3.66
Mental illness	4	2.44
Epilepsy	1	0.61
ADHD	2	1.22
Total:	164	

Findings

1. Status of the Household

1.1 Economic and health shocks

The pandemic has exacerbated inequalities globally (World Bank Group, 2020), so too in India. According to a study conducted by Centre for Monitoring Indian Economy (CMIE) 84% of households reported loss of jobs and incomes during the lockdown (National Herald, 2020). Households that were socially and economically disadvantaged prior to the pandemic have been disproportionately affected on all aspects of livelihoods, access to medical care, nutrition (Wharton, 2020).

77% households in our sample reported having lost their jobs/incomes during the pandemic, with median incomes shifting from Rs.10000 to Rs.5,000. Households in rural districts of Kerala, Andhra Pradesh and some parts of Karnataka reported instances of reverse migration. In response to loss of jobs, a number of the primary breadwinners of households had moved to farm work or daily-wage labour at the time of the survey. Similarly, respondents from urban areas of Karnataka and Tamil Nadu had taken to small odd jobs, such as waitering, cab driving, house help etc. in response to loss of jobs. 38% of households reported taking debts to cover household expenses or pay rent. Four households reported the death of the primary breadwinner.

"The important problem is survival for the family. The family was left without any job for 2 months and there was no income during that period. The government should have supported families during that time but they did not do anything."

- respondent from Tamil Nadu

13% of the households have reported reducing the amount of meals eaten during the pandemic, and 6% reported loss of housing/change of housing during the pandemic.

Almost 8% households reported deteriorating health of a family member, which required medical attention. Of these, 21% reported facing difficulties in accessing medical care.

"My husband is suffering with mental illness and kidney problems. During lockdown period there is no transportation to go to town. I went by walking to government hospital and took the medicine to my husband."

- respondent from Andhra Pradesh

1.2 Responsibilities of caregivers towards CWDs

While the role of parental engagement in education has always been crucial, it is now necessary. The pandemic saw a shift of caregiving burdens from the state to the household, with caregiver burdens disproportionately falling on women in the household (Sharma N, 2016; Young Lives, 2020). In some cases, this has meant greater engagement of other family members with children. However, many women might be forced to take on the double burden of paid and unpaid-work as a function of poverty, leading to greater scarcities of attention and effort given to children, and potentially less care for CWDs.

The pandemic disproportionately increased caregiver burdens. For parents with younger children, more than one child, and specifically CWDs, this is expected to be greater. 20% of our sample had at least one family member (apart from the respondent student) having a disability or chronic illness. Further 47% of households had at least one child (apart from respondent student) under the age of 18.

76% of caregivers in our sample reported their responsibilities had increased or increased significantly during the pandemic. In households in Andhra Pradesh, for example, many students were enrolled and living in resi-

dential residential hostels full-time prior to the pandemic. On closure of these facilities students were forced to stay home, which led to increased responsibilities and changed schedules for their caregivers. Caregivers were also assisting their children with education since schools had not been physically reopened at the time of survey.

"It is tough to manage both the children within the same home as one needs special care and the other kid is also in schooling age and is in 8th standard."

- parent in Tamil Nadu

Caregivers reported that their inability to fully understand the educational needs of their child and logistical specifications of online devices restricted their contribution to the child's continued learning. Some parents were unable to go to work on account of taking care of their children with disabilities.

"His children are facing many difficulties, because they only have one phone for attending the class. They are facing many difficulties and cannot go to the job because of his child with disability"

- surveyor in Kerala

When asked who had been helping students with their education since the start of the pandemic, only 43% students reported "teachers", while 48% stated they were studying themselves, and 72% reported some family member was helping them. Many parents, however, and especially those who were less educated, felt they were unable to support their children's studies.

"We are not educated, so we don't have any idea about his education."

- parent from Karnataka

"I am not able to support her, because my education is lower than hers"

- parent from Andhra Pradesh

1.3 Reliance on social welfare and relief efforts

Due to extreme vulnerability to shocks created by the pandemic, families are inadvertently relying on external support in the form of relief work (by the government and the CSOs) and government support schemes. Households are thus vulnerable to disruptions in service delivery that we've seen during the pandemic.

Even prior to the pandemic several households reported receiving rations or cooked food provisioning, cash transfers for CWDs, and disability pensions through government support schemes. During the pandemic and as a result of the above, more than 90% households reported being greatly dependent on government welfare schemes and support from non-government organisations during the pandemic. Households in all four states mentioned that disability pensions were crucial and helpful for their families during this period. Respondents from Andhra Pradesh specifically mentioned cash transfers and provisioning of dry rations have helped the families during the pandemic.

"Due to lock down we have no work. Our family depended only on disability pension. Government has to support us economically"

- respondent from Andhra Pradesh

Further, some households across all four states reported either disruptions in delivery or not receiving rations, cash transfers for medications and education of CWDs, and disability pensions that they were enrolled for at some time since the start of the lockdown.

Health and nutrition emerged as major issues. The situation was especially dire in pockets of North Karnataka (afforded special status under 371J of the constitution as it is lagging behind in terms of development indicators (Deccan Herald, 2018). Parents and children depended heavily on assistance from NGOs/civil society to meet their health and nutrition needs through distribution of food and health kits (including masks, and sanitizers). In an unfortunate case relayed by a CSO working in Kalyan Karnataka, a child with disability died from malnutrition and neglected health.

"... they (parents) were not able to provide medical services to the child because of the loss of jobs and immediate medical help was not being given even though he was a healthy child. And over a few months his condition deteriorated. And they were not even able to provide basic food for him. Very minimal was given to him."

- CSO working in North Karnataka

1.4 Mental health of caregivers

The COVID-19 pandemic has had a significant impact on mental health of caregivers (Dhiman, 2020). Respondents in our sample reported increased stress during the pandemic, resulting from both, economic and health concerns, and increased caregiver burdens. The well-being of parents/caregivers have a direct impact on their ability to care for children.

"The stress for the family members has increased. There is exhaustion among parents too. Maybe counselling services would be helpful"

- volunteer in Tamil Nadu

Despite the issues, some respondents suggested that they and their children were happy to be spending more time with each other. Some children were assisting their parents in daily chores and field work, and they had their siblings to play and study with.

"He can't go to school and outside. Now he plays and studies together with his brothers at home."

- parent from Kerala

2. Determinants of child well-being – health, rehabilitation, and disrupted routines

The prolonged isolation of children, lack of communication and interaction between social circles and within families, loss of routine, health risks/stigmas created by the COVID-19 pandemic and the non-conducive and sometimes violent and unsafe environment within households (Kurian, Sethi and Das, 2020), is bound to adversely impact socio-emotional development (Unni, 2020), psycho-social well-being and mental health (Patel, 2020) of children.

2.1 Disrupted access to health and medical care

25% children in our sample were taking medications regularly, and reported facing difficulty in procuring them. In circumstances where appropriate medications were not available in local stores, or inaccessible by any other means, children were forced to discontinue the treatment.

"My daughter is taking medicine for epilepsy. During the lockdown period we didn't have transportation so I went 5 kilometres by walk to the town and purchased medicine for my daughter"

- mother of a child having epilepsy

Some children in our sample were regularly accessing rehabilitation therapy prior to the pandemic - including recreational therapy, occupational therapy, speech therapy, and physiotherapy - that became inaccessible during the lockdown due to school and centre closures.

The online classes are not able to grasped by children. Disabled children are not able to get proper physical therapy, because our children used to get physical therapy at schools."

- surveyor in Karnataka

Similarly, children with multiple ailments and chronic illness are dependent on regular health check-ups, which have been drastically impacted. This creates long-term impacts on development and functional ability of the child. This is particularly striking for children with regular medical needs.

2.2 Disrupted routines

In some instances, children have adapted to the new routine posed by the pandemic very well. They have become more independent, are able to perform their basic everyday activities like bathing, changing clothes etc. and are even helping their parents with household chores and farm duties. They were also using this time to play, study, and bond with their siblings.

"He has started writing more. He uses his left hand to write. Due to physiotherapy, a considerable change is observed. Now he watches his sister and reads or writes more. He is more interested in studying now."

- parent in Karnataka

Unfortunately, for a larger number, the most disruptive impact of the pandemic has been the change in their daily routines. 18% students in our sample had been enrolled in residential schools prior to the pandemic, where they were

used to a daily regime and regular support in academics, but also with health, nutrition and therapy needs. Similarly, students who were regularly attending schools complained of being locked in their homes, and missing opportunities for interaction with teachers and friends. Prior to the pandemic 92% students were attending classes regularly and 34% were attending therapy sessions. In contrast, only 67% children reported attending classes regularly, and 16% reported they were able to attend therapy sessions during the pandemic. Outside the home, 83% were meeting with friends/peers regularly and 70% were participating in extracurricular activities prior to the pandemic, compared to only 15%, and 17%, during the pandemic.

Schools and centres offer a space for social interaction and communication, which is conducive to the child's socio-emotional development. With the pandemic, this came to an abrupt halt. Children reported feeling bored and gloomy in the absence of play outside the home, and opportunity for social interaction. Adapting to new modes of online learning has also meant longer sitting hours and increased fatigue.

"Staying at home, I feel stressed. I have not been able to meet friends. There was no college and I was daily attending online classes for 12 hours"

- student from Andhra Pradesh

"The student feels lazy as the student does not have to go to school. He feels as if he is staying only at home, he feels like he is being chained. He felt like arrested within home"

- parent in Tamil Nadu

For children with Autism Spectrum Disorder (ASD), it is challenging to adapt to new and unstructured routines.

"As the student is someone who is always sticking to the schedule that is prepared for a day and as the schedule is getting disturbed because of the pandemic, the student is not able to start his day on time which makes it difficult for the student to go to toilet on time. So, this makes student to go to toilet once in 10-15 minutes, even if there is no sense to use the toilet. The student is not feeling comfortable with changes happening in the schedule."

- parent of a child on the autism spectrum

A surveyor from Kerala also relayed specific instances of ill-treatment towards the child with disability in a few households.

In another case, a child faced discrimination in her immediate community after contracting COVID-19.

"The daily life of the student has changed in a lot of ways. One, her mother has lost the job. Second, since the school is not there and the student herself was admitted for COVID-19 and later discharged from the hospital, the people in the surrounding are mocking her. The student is really hurt by those experiences."

- surveyor in Tamil Nadu

3. Educational status of CWDs

3.1 Status and experience of education during COVID-19

In most cases, and especially for students in higher grades, schools resorted to online modes of teaching and learning. 46% students reported TLM were sent on Whatsapp, 29% said teachers delivered TLM home, and 37% reported teachers contacting them over phone calls. 42% reported classes were being taken on television, 35% on live video classes on platforms like Zoom, and 21% on phone-based applications. 17.4% were receiving pre-recorded video lessons, and only 9% reported teachers were able to conduct home visits to ensure hand-holding and greater support to children. The latter was cited as important for CWDs who did not find online modes of learning useful.

Many students in the sample reported not having access to their regular books and teaching materials such as braille books or stylus, etc., which poses challenges for children who use these aids.

"I don't have a smartphone of my own. So I could not attend online classes completely. My vision is decreasing and I need to change my spectacles."

- student with visual impairment from Andhra Pradesh

When asked about the frequency of online classes, more than 30% respondents reported that online classes were being conducted daily, 25% reported classes being conducted 2-4 times a week, and 5% students responded classes being conducted once a week.

18% students reported there were no online classes conducted or attended by them from the start of the lockdown to time of survey (7 months from March end to October), and no examinations were conducted in over 70% of households.

"My son is studying in a private school. They have online classes and my daughter is studying in a government school. She doesn't have classes. Teachers did not take responsibility for conducting online classes."

- parent from Andhra Pradesh

3 parents (2 from Karnataka and 1 from Andhra Pradesh), indicated that their children had not been allowed to continue education because they could not pay the school fees in time.

"The school did not let them attend the class because they did not pay the school fees. They used the DD Chandana news for the class and teachers instructed few peers of their children to share the notes."

- surveyor from Karnataka

Of those who were attending classes regularly, only 36% of students reported being able to complete their class work and assignments most of the time, with 33% reported they were rarely or never able to complete them.

While some children said they were happy with the experience of watching classes on television and learning how to attend classes through Zoom, in many cases parents reported that children with disabilities were not able to follow the content and pace of classes, or participate actively in them. Children were thrust into an unstructured learning environment leading to disinterest, and in some cases, irregular attendance or non-attendance of classes.

"She has a learning disability but she likes to go to school but now she is not interested in listening to the classes and teachers are also not able to pay attention to her studies."

- parent in Kerala

Parents also complained that long hours spent on these electronic devices were leading to exertion of the child's eyes. One mother complained of her child's eyes burning, watering and itching from using a smartphone.

"Using the phone for a long time affected my vision like watering my eyes."

- student from Andhra Pradesh

Despite the challenges, some children reported being happy to have tried out online education, learning how to use a smartphone and download and access videos on it.

"She is very happy now ,because she is able to attend online class regularly. Before the pandemic, on some days she could not attend the school due to her illness , so she missed a lot of class but now she is very happy with her studies."

- student with visual impairment from Andhra Pradesh

3.2 (In) accessibility of modes of instruction

Education of those already marginalized and underrepresented in mainstream education have borne the brunt of inaccessibility of education during the pandemic. APU (2020) reported, "most of these online options have proved to be sub-optimal, pedagogically unsound and inadequate substitutes of face-to-face interactions." For CWDs, as with any other child, inaccessibility of education has been determined by poverty, or the digital divide (Modi and Postaria, 2020). According to Swabhimani (2020) 77% CWDs surveyed reported feeling they would fall behind in learning due to inaccessibility of online modes of instruction.

As a result, we can expect learning losses. Learning losses (across age groups) can impact ability for human capital accumulation over a lifetime (Andrabi, 2020). Where the pandemic

has disrupted opportunities for early intervention we might expect irreversible developmental delays and a generation of children who will fall behind (Tanner, 2015). Finally, the closure of schools and hurried transitions to online modes of instruction has possibly compromised quality of education delivered over the course of this year, leading to possible learning losses even for those who were able to access online classes.

3.2.1 Online classes and issues of access to devices and internet

Consistent to previous studies, there were pervasive issues of internet coverage and connection in rural areas, and many households did not own, and could not purchase smartphones, tablets, or laptops for their child's education. Specifically, households reported that devices with bigger screens, that are more accessible, are expensive and unaffordable for them. Frequent data recharges for internet connection increased financial burdens for households. Some described not being able to access any classes.

"I don't have a smartphone, cable network and internet facility. So I cannot attend the online class".

- student from Andhra Pradesh

Even where devices were accessible, both children and parents said they were not fully aware of how to efficiently use these devices to access daily classes. In households with more than one sibling, buying new devices or sharing existing devices became a difficult task to manage.

"I have 4 children studying, all 4 of them have online classes, I don't have the capacity to buy 4 smartphones."

- parent from Andhra Pradesh

"I have 3 children. We have a small television. We don't have the capacity to buy big screen TVs or Smart phones."

- parent from Karnataka

Where resources are short, families have been forced to choose which children access lessons. In cases where a child with disability has a sibling without disability, the latter might be preferred.

"I have four children, the eldest daughter is continuing her education online. In the beginning days, we faced some difficulties due to not having a phone, then we borrowed money from money lenders and bought a phone. My disabled child is not able to continue his education."

- parent from Kerala

For children with visual impairment, accessing online live classes becomes difficult. While children can rely on audio instruction provided, any documents, visuals or demonstrations shown during the lesson are inaccessible. For example, during live zoom classes, if teachers write on a black board with chalk, or share a presentation through 'screen-sharing', this is not accessible to the child.

"My son is facing low vision. This makes it very difficult to attend online live classes. He is not able to view the readings. Since he is too young, it is very difficult to maintain that concentration as well."

- parent from Kerala

For children with intellectual disabilities, it is very difficult to concentrate during online classes.

"It is boring, difficult to learn mathematics, network issues are also there. For a MR child, we can't say that this online education is beneficial for her".

- parent from Kerala

Parents of **children with specific learning disabilities (SLD)** suggested that they are more comfortable when they can interact with friends while studying. The inability to do this was impacting their studies.

"She has a learning disability so she is not able to attend or concentrate in this mode of education."

- parent from Kerala

Finally, many students and parents stressed that quality of education must be maintained as opposed to merely continuing classes through online modes.

3.2.2 Television classes

While many states have provided content through television channels to improve access for those without internet and personal devices, content through this medium is also not accessible to all. Some parents complained that the nature of TV lessons was tiresome and did not keep the child's attention. Families with irregular electricity complained that this mode of instruction was unreliable.

For children with hearing impairments classes made available by state governments on TV channels were not made accessible. There were no interpreters or teachers to sign the content, or instructions in sign language. Further, parents reported that subtitles were also not available. This is exacerbated by the fact that many parents of children with hearing impairment do not know sign language, and were thus unable to teach their children.

"We are unable to teach our children because my child is a hearing impaired child. So I need training in Sign Language."

- parent in Kerala

Children with visual impairments depend on high quality audio of the television classes. A child explained how he could not access TV lessons as the volume was too low, and sometimes stopped working.

"He has Visual impairment and TV's Volume is a problem."

- parent in Andhra Pradesh

Conclusion

Due to increasing scarcity, families might be forced to make decisions about resource allocation between children. For the poorest families, the economic shocks of the pandemic might deprioritize household investments in education, with early evidence of lower enrolments (Young Lives, 2020). Specifically for CWDs where parents perceive little benefit from formal education (Limaye, 2016); (Venkatakrishnashastry, 2012), and where parents have many children, it is likely that investments will be directed toward children performing better academically, non-disabled children and male children (Gupta and Alvi, 2020). Fundamental issues of accessibility that prevent CWDs from meaningfully participating in education might further reaffirm such resource allocations. Children with visual and hearing impairments, for whom digital modes of instruction were largely inaccessible, make up 19% and 21% of children with disabilities under the age of 14 (Census, 2011).

Finally, while online modes of instruction have largely been ineffective, it is pertinent to address issues of accessibility for children that might rely on them. For example, children with certain types of disabilities - chronic illnesses,

low immunity, visual impairment (Senjam, 2020), and intellectual disabilities (Courtenay, 2020) might be more susceptible to contracting, and/or suffering severe health consequences of the COVID-19 virus, making it harder for them to return to schools. For these children, improving online modes of instruction might prevent them from dropping out.

PART 2: TEACHERS

Key Findings

- **Teachers on contractual jobs faced economic insecurity, and increased work responsibilities.** Government teachers reported increase in non-teaching activities, specifically assisting in COVID-19 relief work.
- **Teachers faced similar difficulties in navigating online modes of instruction as students.** Many did not have access to devices of internet, lacked technological know-how, and complained new modes take more effort and time to navigate. Especially for younger children and CWDs, teachers were reliant on parental engagement, and echoed issues of CWDs and their caregivers on issues of accessibility to digital modes of instruction. Teachers also complained that digital modes offer limited opportunities for two-way interaction. Finally, while some tried to conduct home visits, many were not allowed into communities or homes as people feared contracting the virus.
- **No guidelines or training for education CWDs were issued to teachers during the pandemic, except in Kerala**

Sample Description

50 teachers were interviewed across the four states. In Andhra Pradesh, 17 teachers (4 Anganwadi teachers, 5 general teachers, 5 resource teachers,¹ 3 teachers in special schools) were interviewed. In Kerala, 15 teachers (in special schools and resource teachers) were interviewed. In Tamil Nadu, 6 special teachers from private special schools

There appears to be a lack of targeted efforts to redesign the education system for inclusivity (Pandey, 2020). In an education system like India's that paradoxically excludes more than it includes (Kalyanpur, 2008), the need for universal design learning principles (Capp, 2017) is apparent. The pandemic has only highlighted its urgency.

were interviewed. In Karnataka, a total of 10 teachers (in special schools and mainstream schools) were interviewed. Semi-structured qualitative interviews were conducted around themes of the impact of the pandemic on teachers' households, nature of their work, and modes of teaching and engaging with CWDs.

Findings

1. Impact on teachers' households

1.1 Economic shocks

A number of teachers in the sample faced socio-economic difficulties due to the pandemic. In Kerala, a majority of special and resource teachers had contractual jobs, which became insecure when the pandemic hit. Some of them experienced salary cuts, others did not have their contracts renewed, and were still uncertain they would be renewed at the time of survey. Some teachers in Karnataka reported not receiving salaries in a timely manner, resulting in financial struggles in the household and increased stress. In a few cases, both working members in a household had lost their jobs.

"The persons who work in these special education fields come from a middle class or low class family. So their economic condition is very low. Actually they face a lot of difficulties. I am also one among them. We didn't get enough salary. Nevertheless we do all the activities in a proper manner as I have commitment to children. Without food we can't live so we eat food at the correct time. Nowadays the government also provides free rice. Therefore, I didn't feel as much difficulty in taking food."

- special teacher in Kerala

¹ Resource teachers are hired as itinerant teachers under Samagra Shiksha Abhiyaan scheme. They visit multiple schools within assigned blocks to provide support to mainstream schools where children with disabilities are enrolled, including teaching these students during visits.

In contrast, teachers from urban districts in Tamil Nadu who were from economically better-off households compared to the rest of the sample, did not report facing major financial troubles.

1.2 Well-being of teachers and household work burdens

Across the board, teachers felt that the pandemic had impacted their physical and mental well-being adversely and increased overall responsibilities both, within the household and at work. For most parts of the lockdown, teachers were stuck in their homes and facing personal difficulties of meeting their own nutrition and health needs. For teachers who had young children, or a child with disabilities (3 in our sample), responsibilities increased multi-fold.

"My husband did not go to work and we have less income in the family. We could not take nutritious food due to low income."

- Anganwadi teacher in Andhra Pradesh

2. Education provisioning during the pandemic and increased work role (away from education)

Administrative and non-teaching burdens on government school teachers are high, and have only increased due to the pandemic. This is likely to further increase learning gaps between the most disadvantaged who attend government schools, and those in private schools. Teachers are also finding themselves "unprepared" to respond to the diversity of learners' needs (Goyal, 2020).

Work roles of teachers in our sample varied drastically by the position they were employed in. Most teachers employed in government departments reported an increase in their work responsibilities in teaching and non-teaching administrative activities. As reflected by the following statement from a general teacher in Andhra Pradesh, teaching students did not always figure into the primary responsibilities teachers performed during the pandemic.

"Our responsibilities include conducting home visits, attending schools once a week, distributing dry rations, educating children and parents about Corona on phone calls and distributing Vidyavaradhi books."

- general teacher from Andhra Pradesh

Most teachers across states moved to online teaching through live classes on smartphones, or recorded lessons on television. Teachers in Kerala were additionally using the 'Thenkoodu' application² created by the state government, and an online platform named 'clap' (in Wayanad district only, which was later discontinued).

For CWDs in their classes, teachers mentioned that a mix of both online and offline methods were being adopted, where possible. Some teachers were asked to, or chose to conduct home visits with specific students, where they found classes were not useful for the child, or if a child had more complex disabilities.

"We are addressing the issues when we are conducting home visits, in rural areas students are facing Internet and electricity problems. We are giving work through assignments with worksheets and evaluating them."

- teacher in rural Andhra Pradesh

In addition to teaching, teachers were involved in preparing educational materials and lessons.

Teachers we spoke to in Kerala were also involved in preparing educational materials and infrastructure. For example, some had been a part of video shooting and editing for the 'Whiteboard programme'.³ Special and resource teachers were given the responsibility of implementing this programme, where they were required to prepare video content for children across grades and subjects and share it with CWDs. Teachers were asked to create WhatsApp groups of approximately 7 students

² Thenkoodu is a software developed by State Council of Educational Research and Training (SCERT) to provide academic support to intellectually challenged students studying in special schools, and launched during the COVID-19 pandemic ([Source](#)).

³ The 'White Board' programme was an initiative of the Kerala government for teaching CWDs during the pandemic. In this programme, teachers recorded video lessons and shared them with parents through platforms like WhatsApp and Telegram. Six categories of classes were created based on children's disabilities. ([Source](#)).

(or their parents) at the panchayat level, and on the basis of age, class and disability category of students. These groups shared the pre-recorded videos made by teachers, and other YouTube videos, along with explanations and guidance for learning. In rural areas, panchayats, community centres and Anganwadi centres were contacted to arrange for study spaces, online resources and libraries for CWDs. In AP, teachers mentioned that part of their work was calling/messaging parents regularly and sending reminders for Vidya varadhi⁴ sessions on television. Others used their time to update school and student records, and were involved in making teaching-learning materials.

Government teachers and anganwadi workers reported undertaking relief work, conducting health surveys or medical camps, in collaboration with health departments. Relief work included distribution of rations, medical supplies and masks to different families and creating awareness about COVID-19 among communities. Some were also supporting other non-education government programs, such as Kudumbashree in Kerala, election duties and other ad-hoc assigned assignments.

"We have distributed masks for CWDs and their family members in their home. We give awareness on COVID-19 and are also required to provide medicine supply for those who are regular medicine users."

- teacher in Andhra Pradesh

Importantly, resource teachers who were responsible for ensuring government schemes and entitlements reach children with disabilities even prior to the pandemic, reported that they had been unable to continue that work since the pandemic hit. This is distinct from teachers employed in private special schools (primarily from our sample in Tamil Nadu).

3. Teaching experiences during the pandemic, and issues of online modes of instruction

Teachers shared their experiences in conducting education through two main modes of instruction- online and through home visits. Teacher's experiences with online modes of teaching were mixed. From across states, it was clear that none considered online modes of instruction as a permanent alternative to traditional teaching methods, but rather a means to continue education until schools can be physically reopened. For this reason many tried to conduct home visits or face-to-face lessons, and discuss challenges with doing so during the pandemic.

3.1 Lack of support, resources and technological know-how among teachers

Moving to online teaching methods was a new experience for most. Many said they initially faced difficulties but became familiar with the technology over time. Some mentioned need for support in manoeuvring these modes of instruction.

"Due to lack of technical knowledge, I find it difficult to conduct online classes. With the support of other teachers, I am able to manage."

- teacher in Andhra Pradesh

A teacher in AP also mentioned that content of all kinds should be provided for teaching and learning, especially for children in remote villages to access materials for lessons. In the rural district of Wayanad, Kerala, teachers complained of internet connectivity and network issues disrupting their ability to work.

"Teachers need training and devices to conduct online classes."

- teacher in Kerala

⁴ Vidyavaradhi educational programme broadcasts online classes through Doordarshan Saptagiri channel on television ([Source](#)).

3.2 New modes take more effort and time for teachers

Whether due to unfamiliarity or otherwise, teachers across states reported that new modes of instruction took up more time than traditional teaching methods. For example, for conducting 2-3 hours of online classes, teachers need many more hours to prepare for the lessons, but also to allot time slots to students based on their availability and their parents' schedules.

In Kerala, teachers described implementing the Whiteboard programme as a time consuming process.

"Before Corona it was enough to go to school daily. But during lockdown, phone based education made teaching more difficult because learning activities should be planned for each student. We have created WhatsApp groups for each student. Recording audio and video clipping takes a lot of time. After the preparation of the video it is sent to the students along with daily activities. It creates a lot of strain on the teachers. Continued use of such media leads to head pain and eye problems sometimes."

- special educator in Kerala

3.3 Importance of parental engagement and guidance

For younger children or those who require greater support to navigate lessons, online classes are challenging. For these children, enabling parents to take on a greater role in supporting the child was crucial. Special school teachers in Tamil Nadu said the pandemic had reversed much of the progress made with children in schools that provide a structured disciplined learning environment. On the other hand, some children were able to learn household chores and functional skills at home. A lot of this is dependent on parental engagement (which would further depend on the other responsibilities they had).

"Some families do not want to attend classes. And it's definitely difficult and we try to work more with parents in that case. We ask them to involve kids in daily household chores."

- teacher in Tamil Nadu

For younger children, teachers asked for active assistance and involvement from parents, and some also provided training on how to teach the child for parents. One teacher described having parents teach some classes themselves to make them feel comfortable and capable of teaching their CWD.

"It's difficult and mostly not able to work with a 4 year old child by guiding through the screen. So, in these cases we have started to work with parents. We give parents goals to be completed. So, the parents sit with their children and complete the process and later we review the process."

-teacher in Tamil Nadu

As teachers said, the positive side of online modes of instruction are that parents and siblings are able to witness a child's progress in real time and are involved actively in the learning process. However even though most parents are keen to help their children in studies, not all parents were able or willing to cooperate. Some reasons teachers provided for this are parents being uneducated themselves, lacking time from paid-work to spend teaching the child, lack of knowledge on using technology appropriately or methods of supporting CWDs. All of this has led to increased stress of parents at home, with some opting out of online lessons for their child completely.

"Most of the parents of children are not educated, therefore they are not able to support their children."

- teacher in Andhra Pradesh

"Most of the parents in Wayanad district are daily wage workers. Therefore, online class for such children is very difficult. Therefore, the activities will not reach the children. Sometimes the activities given in the morning will reach the children in the evening. So it is more difficult for such students."

- teacher in Kerala

3.4 Issues of access for households

Teachers echoed the concerns of parents and children we had surveyed in describing issues of accessibility of personal devices and high speed internet, specifically in rural areas. Where parents did not have devices, teachers would contact the child through neighbours or relatives.

3.5 Difficulty in engaging with new routines and modes of learning

Teachers said several parents complained that classes on TV were not heard and understood properly by children. Others complained some children played games on smartphones instead of attending lessons. In Kerala teachers suggested that most students do not attend online classes because they don't find them interesting and find it difficult to cope up with the content, reflected by a far lower class strength and attendance in online classes compared to physical classes.

"Problems faced by the students include eye problems, lack of concentration etc. At the same time, parents face a problem in convincing the students to attend the classes etc."

- special educator in Kerala

"Students and teachers are still developing in technology. Thus the online classes are not as effective as physical classes. It is a loss for the students and they are missing out on academic lessons and are finding it difficult to cope up with the speed and content of these classes."

- teacher in Andhra Pradesh

Across states, teachers discussed specific issues for children with disabilities.

"Children with mild disabilities are still getting benefits from online classes but definitely not children with 'severe' disabilities. Online classes are not suitable, face to face teaching is more comfortable."

- teacher from Andhra Pradesh

"I am involved in teaching children with speech and hearing impairment where facial expression and lip reading play an important role. Due to online classes, children are not able to follow expressions and lip reading. There are problems with internet facilities. Children are not able to cope with the new system of teaching."

- special teacher in Andhra Pradesh

"Some parents say that when children use a smartphone, their eyesight will be affected again, especially for children with visual impairments. Doctors have also told some children not to use their smartphones."

- parent in Kerala

A teacher from Andhra Pradesh reported that children with visual impairments are not able to cope with online classes and inaccessible smartphones are a deterrent to their learning. Teachers also pointed out that being locked at home had led to multiple behavioural issues among students, which is difficult to handle through online communication. Specifically, students with Attention Deficit Hyperactivity Disorder (ADHD) feel the urge to go outside. Teachers suggested that changed routines are making children more aggressive and there have been instances of children injuring themselves.

3.6 Online modes enable one-way teaching and limit interaction

Teachers across states also commented on the one-way transfer of information in online modes of instruction. Usually, these modes allow teachers to share information with students, but limit opportunities for interaction.

"It is an indirect teaching and very difficult to know what exactly they have learnt, it is one way teaching, it is a new way of teaching.."

- teacher from Andhra Pradesh

"I am giving information to my students through WhatsApp and phone calls. it is an indirect teaching and very difficult to know what exactly they have learnt, it is one way teaching, it is a new way of teaching. But it should be in school. So that we can do the follow up every day. In the village some children may not have the facility. If it is in school all children can participate."

- inclusive teacher in Andhra Pradesh

4. Difficulty of conducting home visits

Teachers complained that while academic activities might be happening, community inclusion and interactions had been limited since the pandemic hit, which was overwhelming for them and the students. For this reason, many teachers in our sample had considered methods of teaching face-to-face, through home visits or community-based models.

Home visits were particularly prioritized for children who either had health complications or complex needs, or for children without access to internet, smartphones and other devices. During some home visits, teachers provided study materials to children such as books and other teaching-learning materials.

Resource teachers, who conducted therapy interventions prior to the pandemic, reported discontinuation of this work citing difficulty in taking sessions remotely. Teachers said they were willing to do home visits and had called parents to set-up visits, however parents and communities were uncomfortable. In some cases communities did not allow teachers into a village, or parents into their homes, due to concerns of contracting the virus. A community-based model conducted in rural Karnataka 'Vidyagama' (Indian Express, 2020) where teachers gathered small groups of children in remote areas to teach in person, was suspended after a number of children attending the program tested positive for COVID-19.

Others suggested that some parents might just not prioritize such services over livelihood right now.

"Parents are not willing because they have to go to their agriculture field work rather than feed children. That's a way of showing no interest."

- teacher from Andhra Pradesh

5. Guidelines and training during the pandemic

As the majority of the sample of teachers surveyed were employed under the public schooling system, we asked whether they had received any guidelines and/ or training since the start of the pandemic regarding provisioning of education, and specifically for CWDs, during the pandemic.

Teachers we spoke to in Andhra Pradesh, Tamil Nadu and Karnataka reported that no guidelines or training specific to education provisioning was issued to them. The only guidelines given to them during this period were specific to the pandemic and directed towards awareness creation activities.

Teachers we spoke to in Kerala reported receiving education-specific guidelines from the government, on two key initiatives, responding to the pandemic. They also received a general training on use of the platform Google Meet for hosting online classes. The first was the Whiteboard Programme, run by Sarva Siksha Abhiyaan (SSA), through Block Resource Centres (BRC). BRCs conducted special training where teachers were asked to create groups of children by category of disability and age; and use these groups to assign tasks and monitor activities of children. Secondly; teachers were oriented on use of the 'Thenkoodu' application, which can be useful for CWDs. Apart from guidelines on these initiatives, schools were instructed to be in constant communication with children through online media, and to visit homes in case of emergency. To track this, teachers were instructed to understand case histories of children and their family, teach children about good-touch and bad-touch, and increase awareness among parents as well. Finally, teachers received guidelines on COVID-19 precautions and protocol to be followed while conducting educational activities, and some reported attending additional online training by WHO and others, on their own accord.

In Andhra Pradesh and Karnataka, some teachers interviewed were employed in educational institutions - special schools and inclusive schools - run by partner CSOs to the study (RDT and APD, respectively). These teachers reported receiving constant support and training from these CSOs, including on online teaching methods, and means to engage with CWDs during the pandemic. Similarly, some teachers in Tamil Nadu reported receiving assistance from a local CSO.

Conclusion

While various stakeholders call for schools to be re-opened physically, how we deal with students when they re-enter classrooms will determine any long-term impacts of increased inequalities. Returning to "business as usual" on reopening of schools would fail to address effects of the pandemic on children. Returning to a system that prioritizes completion of a curriculum rather than teaching at the 'right level' might worsen the learning crisis (Banerjee, 2016) . For a number of children from vulnerable categories, "education cannot wait" (Education Cannot Wait, 2020). There is thus a need for supporting teachers in the short-term to effectively use new modes of instruction, and a need for long-term planning to bring CWDs back to schools.

PART 3: CIVIL SOCIETY

Key Findings

The Civil Society Organizations (CSOs) have faced a range of institutional impacts and challenges due to the pandemic. Their community outreach efforts and physical operations (where they were running schools, rehabilitation centres) were reduced, and access to funds dropped and/or were prioritized away from education.

Sample Description

A key stakeholder in this study are Civil Society organizations (CSOs) working with CWDs and their families. These organisations have provided a variety of services during the pandemic to assist households directly or indirectly with their education and rehabilitation needs. This section includes conversations with 10 CSOs across the four states, including the four partner CSOs; Andhra Pradesh (2), Karnataka (3), Kerala (3) and Tamil Nadu (2). Qualitative interviews were conducted with all CSOs covering areas of work/intervention and the kind of impact the pandemic has had on their engagements with CWDs. CSOs also shared challenges they faced in on-ground operations.

Findings

1. Institutional impact

COVID-19 has drastically impacted the work of organizations across the four states. A recent study found 72% of services offered by organisations catering to persons with disability had ceased completely, with community-based rehabilitation and early intervention being some of the hardest hit (Neuville, Sharma, and Raj, 2020). Organizations in our sample working in rural belts, majorly relied on community outreach (meetings and training with Self Help Groups for example) and close knit stakeholder engagement, which came to an abrupt halt due to the pandemic.

"COVID has drastically impacted our work. We had to abruptly close all the schools which halted the examinations too. Since reopening the schools is not possible, children are missing out on an entire academic year. Our community outreach work such as SHG meetings, skills and placement workshops has also come to a halt."

- CSO in rural Andhra Pradesh

"Most of the CSO staff are also PWDs from the community itself. They discuss about COVID and the precautions they should take. The staff members are working very hard to continue the work."

- CSO in rural Andhra Pradesh

Organizations which were running educational institutions of their own (in the form of residential schools, special school, rehabilitation centres) had to stop all the physical in-person interactions with the students and the staff and move to a remote or online model of engagement. They are also making it a point to be in regular contact with both the child and their parents and address their education, health and well-being needs.

"We try to regularly interact with the students and the parents. Sometimes we call the children out of schedule only to check their overall well-being. There are always chances of abuse and impact on mental status."

- CSO in Tamil Nadu

Organizations faced financial setbacks through reduced funding, changed priorities of the funders to COVID-19 relief work, pay cuts for senior staff members etc. For some of them, their core operations have come to a halt and they had to re-gear their focus to the needs of the pandemic

"So many of our senior employees have gone without a salary for the last six months, but we still continue to function. At least the core team has taken the brunt of this whole COVID situation, but we can't afford to do that for our teachers and the grassroots workers. So we ensure that they get their salaries."

- CSO in Karnataka

The organizations are investing their time in restructuring internal operations to acclimatize to the pandemic. Use of technology-driven models, digital training for staff members and making adequate provisions for working from home.

"For activity-based things, we have introduced a lot of new technologies like virtual reality and augmented reality programs. We got support from Tata Consultancy Services in computer and mobile related technology. We are also helping many parents with these technologies now and are using Google Classroom for regular classrooms."

- CSO in Kerala

"Since online classes require a limited number of teachers, we are allotting other roles to teachers such as meeting or talking to the parents and children regularly. We are also trying to provide basic training to parents and teachers, who need a great amount of hand holding for technical know-how."

- CSO in Andhra Pradesh

Adapting to technologies, finding ways to conduct home visits with children with severe disabilities (in some cases), managing their own households and finances, etc. has led to increased stress and impacted work-life balance for many. Special provisions are being made by organizations for staff members with

disabilities (for e.g. WhatsApp is being used more because it is easy to use and is generally accessible to people with visual impairments as well)

On the other hand, for some young and new organizations, COVID-19 also came as an opportunity to experiment with new ideas, network with a wider range of stakeholders and collaborate with new partners using online modes of communication.

"COVID has had both positive and negative impacts on our work. Being a new organization, we were able to benefit during COVID by getting a new collaborative project with UNICEF and other eminent organisations. This helped us in networking better with more organizations as well as government officials. We have also made good use of Social Media to run awareness campaigns around the disability sector and have had a solid outreach (25 lacs+) which wasn't possible with physical campaigns."

- CSO in Kerala

Conclusion

People with disabilities in India heavily rely on services provided by organisations such as the CSOs above. The health of these organisations thus has the ability to impact the well-being of this population (Lang, 2000).

PART 4: GOVERNMENT SCHEMES

Key Findings

- **Education was not a priority among COVID-19 responses of departments we spoke to**, rather health, nutrition and other emergency needs were catered to first. Officials stressed the importance of coordination between government departments and consultation with experts (including CSOs) in their response to the pandemic, and as a way forward.
- **Government officials echoed concerns of households and teachers** on issues of accessibility of digital modes of education, discontinuation of rehabilitation therapy, and lack of social interaction leading to mental health issues.
- **States reported various initiatives to address issues of accessibility**, including provisioning devices, finding ways to make classes interactive, fixing issues of accessibility for television lessons, and instituting mental health and online rehabilitation therapy services.

Sample Description

Through desk research and conversations with government officials (working for persons or CWDs) in Kerala, Karnataka, and Tamil Nadu we provide an overview of state responses to COVID-19 pandemic with respect to education and allied needs of children, and CWDs. In addition, we spoke to the director and senior faculty members of a national institute in Kerala. A comprehensive list of initiatives taken by the states can be found in Appendix 3. Departments referred to here were not all directly involved in provisioning of education, and were rather part of implementing schemes and programs targeted to persons with disabilities. The official from Karnataka additionally mentioned close coordination with CSO networks working in the disability space in the state.

Findings

1. Response to the COVID-19 pandemic, priorities, and coordination between departments

Government officials from Tamil Nadu, Kerala and Karnataka described a host of orders issued by their department to address challenges of persons with disability during the pandemic however, only a few were related to education provisioning.

Officials from all states reflected that the priority of their department was not on education of CWDs when the pandemic hit, as the situation required a more urgent response toward provisioning of food, and health care.

"... it was a disaster. So, it was about delivering food and essentials, the most fundamental things, I'm not saying education is not fundamental, but I'm saying (it was) all about delivering food."

- Tamil Nadu

The approach of Tamil Nadu and Kerala departments emphasized the importance of **coordination between government department and consultations with experts.**

"See, all these things (that our department has done during the pandemic) has been done with consultation with disability organizations and our teachers... we don't create things on our own. It is need-based. When a need arises, we refer, we consult, (and) we find a solution to it. All kinds of organizations and people's associations bring this (different issues) to our notice and that is how we respond."

- Tamil Nadu

The Kerala government's 'GRAND CARE'⁵ project contacted all children below the age of 13 and elderly persons to check on their welfare through the Local Self Government (LSG). Urgent needs were raised with the corporation. This initiative is carried out through coordination of Centre for Development of Imaging Technology (C-DIT), the Department of

⁵ 'GRAND CARE' is a program implemented by Kudumbshree in association with Health Department of Kerala, that was initiated to spread awareness about COVID-19 and care for the elderly, and other vulnerable populations. [\(Source\)](#)

Health, LSG Department, Social Justice Department and Women and Child Department. **Categorically, the education department was not involved in this project.** As stated by the Kerala official interviews, these activities were conducted in “parallel” to provisioning of education.

“LSG do the survey and provide these benefits. We are planning to provide support, making sure that an individualized care plan is provided, and each individual is provided what is really required for them, rather than making it general”.

-Kerala

The National Institute in Kerala was consulted and worked with various government departments in making key resources accessible for persons with hearing and speech impairments during the pandemic. For example, they worked on making DISHA⁶ helpline accessible, in collaboration with National Health Mission, Disaster Management Authority and the state government of Kerala.

The official from Karnataka stressed the importance of coordination with CSOs based in remote communities, and with expertise in the disability space.

Specific to education, in Kerala and Tamil Nadu efforts were taken to make lessons broadcasted on television accessible for children hearing impairments.

“The state education department have started broadcasting lessons on TV... (which are) not accessible to them (children with hearing impairments), because there are no sign language interpreters and no teachers signing in these videos.”

-Kerala

“We partnered with the channel called Kalvi TV, which is under the Department of Education... and there was sign language interpretation done for the classes.”

- Tamil Nadu

The official from Tamil Nadu further reported conducting multiple formal consultations with the Department of Education, and reaffirmed its importance for CWDs.

“Yeah, many (consultations are done). They coordinate with us for TV classes, in conducting exams, etc. This coordination has to happen, just to make this whole education department sensitive of the needs of differently abled children. This coordination is happening in Tamil Nadu but I don't know how much it is happening in other States.”

- Tamil Nadu

2. Status of education during the pandemic

Officials in our sample echoed concerns of parents and teachers regarding educational status of CWDs during the pandemic. The primary issues cited were high-speed internet, especially for students relying on visual media, less attention paid to CWDs in the household, discontinuation of rehabilitation therapies requiring face-to-face interaction, delays for early intervention, and need for mental health support for students, teachers and parents.

“There were a lot of issues, because it (online classes) were new and not everybody had phones or laptops. And we try to do as much as we can but because internet issues were there (the) scale definitely drastically reduced.”

- Tamil Nadu

⁶ The Direct Intervention System for Health Awareness or DISHA is a tele-medical health helpline set-up jointly by the National Health Mission and Health Department of Kerala ([Source](#)).

"... if I were to talk to you, I could just close my video, and we would probably get a better bandwidth and still be able to communicate. But that's not the case for deaf and hard of hearing students, because we would need to have the video on at all times because we are signing, and they need to access the signs."

-Kerala

"... the greatest problem is the network connection, even more than unaffordability of devices. When they are from a remote area, or from rural areas, it is really difficult."

-Kerala

Increased household responsibilities might mean less attention for the child

"... earlier when they used to relocate to a centre to attend therapy, the entire focus is on the child. There were no distractions of family, (and) they need not attend to other things, other children or grandparents."

-Kerala

Discontinuation of rehabilitation therapy and early intervention

"For speech and language therapy, it can be done remotely. But for occupational therapy or physiotherapy, you have to be there physically. Children having cerebral palsy and other physical disabilities, they have to attend therapies, face-to-face, that is really affected (by the pandemic)."

-Kerala

"Early intervention is critical; especially with language the earlier you intervene the better is the result. So if six months is passed, that is going to have a significant impact on the development of the child. The critical age of language development is zero to three years, and after two years of age, it is really difficult to develop speech and language in a child."

-Kerala

Lack of social interaction and need for psychological support for students, teachers and parents was reaffirmed by stakeholders in all states

"... that direct interaction was a big miss as far as our students were concerned, because even families were probably not signing. Most of the parents and siblings are hearing."

- Kerala

"The major concern is parents of (children with) intellectual disability. Since children are homebound and not able to connect with others, it is creating a pressure at home."

- Karnataka

"Even teachers were going undergoing immense stress because most of us were working from home and we had our home things to look after, our children to look after, they're also using all this online mode so their classes, our housework, our classes."

- Kerala

3. Addressing issues on accessing online modes of instruction

Officials relayed multiple ways in which issues of access for CWDs during the pandemic were addressed by the state.

"So far 1000 smart phones have been provided to people with visual impairment by my corporation. The problem was identified in initial stages, LSG identified requirements for each individual, (including) of mobile phones or laptops... 99 % of challenges have been addressed. We (also) provided subsidized laptops at Rs. 15,000 for people who need laptops, specifically, and it can be paid on a monthly basis."

- Kerala

"...occupational therapy is one of the challenges for physically disabled, that is being addressed through online therapy sessions".

-Kerala

"... wherever online classes are possible... maybe we can take care of their online part, but the way ahead is to strengthen the online mechanism and also make arrangements for children who need in-person attention."

-Tamil Nadu

For communication with students post classes and to enable interaction, the National Institute in Kerala reported using Whatsapp groups.

"Almost everyone is familiar with this platform-WhatsApp. They've been using it for so many years now. And the deaf, particularly, they're very comfortable with WhatsApp. So whatever discussion, was happening in class, we could carry it over on WhatsApp."

-Kerala

In response to increased stress among teachers and students, psychological counselling sessions had been instituted. The Kerala Corporation was also conducting occupational therapy sessions online. The official from Tamil Nadu also reported devising ways to shift back to face-to-face classes.

"We consulted with experts, and none of them have suggested online screens for education, except for visually impaired categories... we cannot do without direct in-person classes. As soon as we are allowed to start classes, we will get on making our classrooms COVID proof, following all health guidelines and provide classes in batches."

- Tamil Nadu

Finally, they noted a positive of the pandemic was increased engagement of parents and other household members in CWDs' education.

"... it (online classes) is actually a blessing in disguise for us... Earlier they (parents) never used to take the onus on themselves. They would bring the child to the class, and think the teacher will be doing the therapy... now at home, there is no teachers, and the other family members can also participate... it is much easier and the burden on the mother is also reduced."

- Kerala

Recommendations

In consultation with key stakeholders—students, parents, teachers, CSOs and government officials - and based on the findings of this study, we provide actionable recommendations on the delivery of education, social security, coordination within government departments and coordination between government and CSOs in the disability space.

While findings in this study are limited to experiences of a sample from four states, recommendations might provide direction for other states in addressing issues of educational

access for children with disabilities. Recommendations include responses to the COVID-19 pandemic, but also address socio-economic vulnerabilities and inclusion in education in the long-term.

Recommendations are addressed primarily to the Ministries of Education (both centre and state) and Ministries of Social Justice and Empowerment (MSJE) (both centre and state), including disability commissioners, health, and social welfare departments.

1. Education provisioning and greater inclusion for Children with disabilities (CWDs)

1.1 Identify needs of CWDs that require face-to-face interaction, and what can continue remotely, without compromising quality

Legislation: In accordance with

- Section 16(iii) of the RPWD Act, 2016 (on the duty of education institutions to provide 'reasonable accommodation' for CWDs), and
- Section 17(a) of the RPWD Act, 2016 (on conducting regular surveys to identify CWDs, their needs and the extent to which they are being met)

Recommendation

- Consult with parents and CWDs to assess modes of instruction used during the pandemic for accessibility, quality, and engagement of children

Children with intellectual disabilities might need access to special schools and rehabilitation centres. Children with chronic illness, low immunity, (possibly at higher risk of contracting the virus, and suffering more severely from it) and children below 5 years should not return to schools yet

1.2 Bring CWDs back to schools to ensure continued education and rehabilitation (where required)

Legislation: In accordance with

- Section 8(f) of the RTE Act, 2009 (on duties of appropriate governments to ensure and monitor admission, attendance and completion of elementary education by every child)

Recommendation

- Identify and track children at high risk of dropping-out, or who have discontinued education during the pandemic: *children with disabilities; girl children having younger siblings; children in most economically*

	<p><i>vulnerable households; children of migrants; tribal communities</i></p> <ul style="list-style-type: none"> • Reopen hostels/ residential schools for older CWDs, following COVID-19 protocol
<ul style="list-style-type: none"> • Section 16(viii) of the RPWD Act, 2016 (on providing transportation facilities to CWDs and their 'attendants/caregivers') 	<ul style="list-style-type: none"> • Prioritize transportation needs of children with restricted mobility due to disability
<ul style="list-style-type: none"> • Sections 16(ii) of the RPWD Act, 2016 (on making buildings, campus and various facilities accessible) • Section 17 of the RPWD Act, 2016 (on specific measures to promote and facilitate inclusive education) • Section 8(d) of the RTE Act, 2009 (on providing infrastructure) 	<p>Remove barriers to physical access of schools and anganwadis through implementation of both Acts.</p> <ul style="list-style-type: none"> • Ensure schools have appropriate TLM that is accessible to children with visual, hearing impairments • Install appropriate infrastructure: <i>ramps for children with locomotor disabilities, physical ailments affecting mobility; assistive devices/aids; accessible toilets with handrails, space for assistive equipment such as wheelchairs</i>

1.3 Making digital modes of education inclusive and accessible

Legislation: In accordance with

- Section 4.6 of National Policy for ICT in School Education, 2012 (on ICT for Children with Special Needs)

Recommendation

- Ensure up-to-date revision and application of the National Policy for ICT in School Education, 2012
- Use multiple modes of communication to be more inclusive, interactive and efficient
 - Enable two-way interaction between students and teachers, through home visits, follow-ups on calls or messaging applications
 - Minimize reliance on personal devices and high-speed internet, by using blended modes of instruction such as physical delivery of TLM, and home visits where possible

<ul style="list-style-type: none"> • Section 17 of the RPWD Act, 2016 (on measures to promote and facilitate inclusive education) • Section 40 of the RPWD Act, 2016 (on formulation of standards for access to information communication and technology for persons with disability) • Section 42 of the RPWD Act, 2016 (on access to information and communication technology) 	<p>Address issues of access for students and teachers</p> <ul style="list-style-type: none"> • Assess accessibility of TLM used so far and adapt, through consultation with experts and other states. For example, sign language interpreters for television lessons. Consultations can feed into updating existing standards for access, where necessary • Provide pre-recorded videos or television lessons, rather than live classes to minimize issues of accessibility due to power cuts, poor internet, sound quality, etc • Assess the possibility of providing devices/ internet to vulnerable households where possible
<ul style="list-style-type: none"> • Section 17 of the RPWD Act, 2016 (on measures to promote and facilitate inclusive education) • “Norms and Standard for Schools” in the Schedule to the RTE Act, 2009 	<p>Address issues of access for students and teachers</p> <ul style="list-style-type: none"> • Provide aids and assistive devices as per RTE Act, regardless of mode of instruction • Train teachers on use of education technologies, and teaching children with specific disability types

1.4 Address needs of CWDs more holistically, regardless of modes of instruction

Legislation: In accordance with

Recommendation

<ul style="list-style-type: none"> • Section 17 (c) of the RPWD Act, 2016 (on employing teachers qualified to teach children across disability categories in appropriate languages) 	<ul style="list-style-type: none"> • Open vacancies for special educators in mainstream schools and as resource persons in underserved regions
<ul style="list-style-type: none"> • Section 29 of the RTE Act, 2009 (on ensuring curriculum designed for schools contributed to all-round development of children) 	<ul style="list-style-type: none"> • Reorient pedagogical practices towards teaching children at their level rather than syllabus completion; different syllabus could be provided to reduce stress on CWDs with intellectual disability • Encourage holistic approach to child’s education, including mental, socio-emotional, psychosocial well-being. Classes must go beyond formal teaching, to include co-curricular and extra-curricular activities

2. Minimize disruptions in access to health, nutrition, other support schemes, and early intervention

In accordance with section 24 of the RPWD Act, 2016 (on social security) states are directed to ensure social security provisioning to vulnerable households, accounting for intersectionalities of disability, gender, age and socio-economic background.

2.1 Strengthen the following systems to support low-income households.

Legislation: In accordance with	Recommendation
<ul style="list-style-type: none"> Section 16 (viii) of the RPWD Act, 2016 (on duty of educational institutes towards inclusive education) Section 25 of the RPWD Act, 2016 (on healthcare) 	<ul style="list-style-type: none"> Ensure access to medical care for CWDs, especially transport facilities for those with restricted mobility due to disability and their caregivers, and for those in remote areas, such as public transport, special allowances (like E-passes)
<ul style="list-style-type: none"> Section 24(3)(f) of the RPWD Act, 2016 (on provision of aids and appliances, medicine and diagnostic services and corrective surgeries free of cost to persons with disabilities under certain income ceilings) Section 25(2)(i) of the RPWD Act, 2016 (on healthcare during the time of natural disasters and other situations of risk) Section 25(j) of the RPWD Act, 2016 (on essential medical facilities on life-saving emergency treatments and procedures) 	<ul style="list-style-type: none"> Create a repository of commonly used, and essential medicines by children with chronic illnesses, and ensure local stock availability. For example, medication for children with Epilepsy should be given priority
<ul style="list-style-type: none"> Section 27(3) of the RPWD Act, 2016 (appropriate Government and local authorities should consult non-Governmental Organisations working for PWDs, while formulating policies) 	<p>Improve service delivery by</p> <ul style="list-style-type: none"> Systematizing the coordination between government and CSOs to improve implementation of schemes
<ul style="list-style-type: none"> Section 17 of the RPWD Act, 2016 (on measures to promote and facilitate inclusive education) 	<p>Improve service delivery by</p> <ul style="list-style-type: none"> Minimizing (direct and indirect) costs of acquiring benefits of support schemes through a common application process for schemes with similar eligibility criteria

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Survey on Educational Status of Children		
Section/ Q No.	Question	Response options
For Interviewer		
1	Ward/block	
2	Urban/ Rural	<input type="radio"/> Urban <input type="radio"/> Rural
3	Who is the respondent?	<input type="radio"/> Child/ student <input type="radio"/> Parent <input type="radio"/> Older sibling <input type="radio"/> Other, please specify
Demographic profile of student		
4	Name of student	
5	Age	
6	Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> Prefer not to say
7	Religion	
8	Social Group	<input type="radio"/> SC <input type="radio"/> ST <input type="radio"/> OBC <input type="radio"/> Forward Caste <input type="radio"/> Others, please specify <input type="radio"/> Prefer not to say
9	Do you (/ does the student) have a disability or (chronic) illness?	<input type="radio"/> No <input type="radio"/> Yes
10	Please define your disability/illness	<input type="radio"/> Locomotor disability <input type="radio"/> Visual disability <input type="radio"/> Hearing disability <input type="radio"/> Speech and language disability <input type="radio"/> Intellectual disability <input type="radio"/> Mental illness disability <input type="radio"/> Multiple disabilities <input type="radio"/> Other, please specify

Availability and use of devices and internet		
11	Does your house get regular electricity?	<input type="radio"/> Yes <input type="radio"/> No
12	What devices are available in your house?	<input type="radio"/> Radio <input type="radio"/> Television and Cable <input type="radio"/> Telephone <input type="radio"/> Basic mobile phone <input type="radio"/> Smartphone <input type="radio"/> Desktop, laptop, tablet
13	Do you know how to use a smartphone to search for information online?	<input type="radio"/> Yes <input type="radio"/> No
14	Do you know how to use a desktop/laptop/ tablet to search for information online?	<input type="radio"/> Yes <input type="radio"/> No
15	Do you have access to the internet on your smartphone, laptop/ desktop/ tablet?	<input type="radio"/> Yes <input type="radio"/> No
16	Did you purchase (/were you given) any communication device to study, such as television, mobile phone, desktop, laptop etc. during the pandemic?	<input type="radio"/> Could not purchase a device <input type="radio"/> Already had a device <input type="radio"/> Purchased a device <input type="radio"/> Received device from government <input type="radio"/> Received device from NGO/ individual donations
Daily routine of students		
17	Have you been doing the following activities before the coronavirus pandemic?	<input type="radio"/> Attending school/ classes regularly <input type="radio"/> Participating in extracurricular activities regularly <input type="radio"/> Meeting/ playing with friends/peers <input type="radio"/> Attending any rehabilitation therapy
18	Have you been able to do the following, since the coronavirus pandemic started?	<input type="radio"/> Attending school/ classes regularly <input type="radio"/> Participating in extracurricular activities regularly <input type="radio"/> Meeting/ playing with friends/peers <input type="radio"/> Speech and language disability <input type="radio"/> Attending any rehabilitation therapy
19	What are the main ways in which your daily life/routine has changed due to the coronavirus pandemic?	

Educational status of students prior to and during the pandemic		
20	What grade are you currently studying in? OR What grade were you studying in prior to the pandemic?	<input type="radio"/> Never enrolled in a school <input type="radio"/> Pre-primary <input type="radio"/> Primary school (1st - 5th) <input type="radio"/> Upper primary/middle (6th - 8th) <input type="radio"/> Secondary (9th - 10th) <input type="radio"/> Higher secondary (11th-12th) <input type="radio"/> Above 12th grade
13	If discontinued or dropped out, what was the highest attained grade-level before dropping out?	<input type="radio"/> Never enrolled in a school <input type="radio"/> Pre-primary <input type="radio"/> Primary school (1st - 5th) <input type="radio"/> Upper primary/middle (6th - 8th) <input type="radio"/> Secondary (9th - 10th) <input type="radio"/> Higher secondary (11th-12th) <input type="radio"/> Above 12th grade
22	If discontinued or dropped out, what was the reason for dropping out?	
23	What has been your mode of education (before the coronavirus pandemic)?	<input type="radio"/> Attending a school <input type="radio"/> Distance learning <input type="radio"/> Home-based education
24	What type of school were you attending (if applicable)?	<input type="radio"/> Government <input type="radio"/> Private-aided <input type="radio"/> Private-unaided <input type="radio"/> Special school <input type="radio"/> School run by NGO
25	Were you enrolled in a student's hostel (prior to the pandemic)?	<input type="radio"/> Yes <input type="radio"/> No
26	If yes, please describe how your daily routines, education and other activities have changed since the start of the pandemic, if at all.	
27	During the coronavirus pandemic, in what way was your mode of education continued?	<input type="radio"/> Teachers provided TLM at home <input type="radio"/> Mobile-based applications <input type="radio"/> Teachers contacted through calls <input type="radio"/> Materials shared on messenger applications, such as Whatsapp <input type="radio"/> Live video classes on video applications, such as Zoom <input type="radio"/> Pre-recorded video lessons shared <input type="radio"/> Classes on television

		<input type="radio"/> Classes on radio <input type="radio"/> Home visits conducted by teachers <input type="radio"/> Other, please specify <input type="radio"/> No classes were taken
28	What mode of studying have you been comfortable using since the start of the pandemic?	<input type="radio"/> Teachers provided TLM at home <input type="radio"/> Mobile-based applications <input type="radio"/> Teachers contacted through calls <input type="radio"/> Materials shared on messenger applications, such as Whatsapp <input type="radio"/> Live video classes on video applications, such as Zoom <input type="radio"/> Pre-recorded video lessons shared <input type="radio"/> Classes on television <input type="radio"/> Classes on radio <input type="radio"/> Home visits conducted by teachers <input type="radio"/> Other, please specify <input type="radio"/> No classes were taken
29	Since the start of the pandemic, who has been helping you with your studies?	<input type="radio"/> By self <input type="radio"/> Family member <input type="radio"/> School teacher <input type="radio"/> Tuition teacher <input type="radio"/> Special teacher
30	How frequently are online classes conducted?	<input type="radio"/> No online classes <input type="radio"/> Daily <input type="radio"/> 2-4 times a week <input type="radio"/> Once a week <input type="radio"/> Other, please specify <input type="radio"/> NA
31	How frequently does the teacher give assignments and materials for studying?	<input type="radio"/> No online classes <input type="radio"/> Daily <input type="radio"/> 2-4 times a week <input type="radio"/> Once a week <input type="radio"/> Other, please specify <input type="radio"/> NA
32	Please describe your experience with these modes of education.	
33	Despite the difficulties you described, were you able to understand the classes?	<input type="radio"/> Most of the time <input type="radio"/> Some of the time <input type="radio"/> Rarely <input type="radio"/> Never

34	Despite the difficulties you described, were you able to complete the work assigned?	<input type="radio"/> Most of the time <input type="radio"/> Some of the time <input type="radio"/> Rarely <input type="radio"/> Never
35	If you could speak to your government authority/official directly, what would you tell them were your main issues/challenges to continue studies during the pandemic?	

Survey on status of the Household

Section/ Q No.	Question	Response options
1	What is your relationship to the student?	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Older sibling <input type="radio"/> Other family member, please specify
2	Are you the child's primary caregiver?	<input type="radio"/> No <input type="radio"/> Yes
3	What is your highest attained educational qualification?	<input type="radio"/> Never enrolled in school <input type="radio"/> Pre-primary <input type="radio"/> Primary school (1st - 5th) <input type="radio"/> Upper primary/middle (6th - 8th) <input type="radio"/> Secondary (9th - 10th) <input type="radio"/> Higher secondary (11th-12th) <input type="radio"/> Above 12th grade
4	What was the average monthly income of your household before the pandemic?	
5	If this has changed due to the pandemic, what is the average monthly income of your household now?	
6	Are you engaged in any paid employment right now?	<input type="radio"/> Yes <input type="radio"/> No

7	Has your family been negatively affected in the following areas due to the coronavirus pandemic?	<input type="radio"/> Loss of job/ income of primary breadwinner <input type="radio"/> Death/ illness of primary breadwinner <input type="radio"/> Debt taken to cover household expenses, rent <input type="radio"/> Inability to pay rent <input type="radio"/> Loss of housing/ need to change housing <input type="radio"/> Deteriorating health of any family member <input type="radio"/> Family member contracted coronavirus, required medical care <input type="radio"/> Inability to access medical care <input type="radio"/> Had to reduce no. of meals eaten/ quantity eaten per meal
8	Do any other family members (apart from student) living in your household have a disability/ chronic illness?	<input type="radio"/> Yes <input type="radio"/> No
9	If you have other school-going children, what has been their experience with accessing education, doing extra-curricular activities, playing since the pandemic started? Does this differ from the experiences of your child with disability?	
10	How have your responsibilities towards the child with disability changed since the pandemic, compared to before it?	<input type="radio"/> Increased significantly <input type="radio"/> Increased a little <input type="radio"/> Stayed the same <input type="radio"/> Decreased a little <input type="radio"/> Decreased significantly
11	Are you able to support your children with their studies/ assignments? If not, what do you think are the main issues?	
12	Before coronavirus: Was your child with disability enrolled in any government support program/scheme?	<input type="radio"/> Cooked meals/ rations <input type="radio"/> Cash transfers for education <input type="radio"/> Cash transfers for healthcare <input type="radio"/> Disability pension <input type="radio"/> Medication provisions <input type="radio"/> Provision of teaching-learning materials <input type="radio"/> Other cash transfers, such as maintenance allowance
13	Before coronavirus: Was your child with disability receiving any of the following services from an ngo/through donation?	<input type="radio"/> Cooked meals/ rations <input type="radio"/> Cash transfers for education <input type="radio"/> Cash transfers for healthcare <input type="radio"/> Disability pension

		<input type="radio"/> Medication provisions <input type="radio"/> Provision of teaching-learning materials <input type="radio"/> Other cash transfers, such as maintenance allowance
14	During coronavirus: has there been an interruption / disruption in receiving these services?	<input type="radio"/> Not disrupted <input type="radio"/> Yes, disrupted <input type="radio"/> Not received at all <input type="radio"/> Not applicable Note: asked for all options in Q13.
15	Does your child take any medication regularly?	<input type="radio"/> Yes <input type="radio"/> No
16	If yes, how did you access medication during the lockdown period?	
17	Did any family member require medical treatment during the lockdown period?	<input type="radio"/> Yes <input type="radio"/> No
18	If yes, how did you get the required treatment?	
19	Did you get any guidelines or training by the government/ngo/community/school during the coronavirus disease, specifically for persons with disabilities? Please provide details.	
20	If you could speak to your government authority/official directly, what would you tell them were your main issues/ challenges during this coronavirus period? And how should these issues be corrected?	

1. Physical disability

A. Locomotor disability

(a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including— (a) "leprosy cured person" means a person who has been cured of leprosy but is suffering from— (i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity; (ii) manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity; (iii) extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression "leprosy cured" shall construed accordingly; (b) "cerebral palsy" means a Group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth; (c) "dwarfism" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less; (d) "muscular dystrophy" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterised by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue; (e) "acid attack victims" means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.

B. Visual impairment—

(a) "blindness" means a condition where a person has any of the following conditions, after best correction— (i) total absence of sight; or (ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or (iii) limitation of the field of vision subtending an angle of less than 10 degree. (b) "low-vision" means a condition where a person has any of the following conditions, namely:— (i) visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections; or 34 THE GAZETTE OF INDIA EXTRAORDINARY [PART II— (ii) limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

C. Hearing impairment—

(a) "deaf" means persons having 70 DB hearing loss in speech frequencies in both ears; (b) "hard of hearing" means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears;

D. "speech and language disability" means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

2. Intellectual disability

a condition characterised by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of every day, social and practical skills, including—

(a) "specific learning disabilities" means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;

(b) "autism spectrum disorder" means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours.

3. Mental behaviour

"mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence. 4. Disability caused due to—

(a) chronic neurological conditions, such as—

- (i) "multiple sclerosis" means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other;
- (ii) "parkinson's disease" means a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

(b) Blood disorder—

- (i) "haemophilia" means an inheritable disease, usually affecting only male but transmitted by women to their male children, characterised by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding;
- (ii) "thalassemia" means a group of inherited disorders characterised by reduced or absent amounts of haemoglobin.
- (iii) "sickle cell disease" means a hemolytic disorder characterised by chronic anemia, painful events, and various complications due to associated SEC. 1] THE GAZETTE OF INDIA EXTRAORDINARY 35 tissue and organ damage; "hemolytic" refers to the destruction of the cell membrane of red blood cells resulting in the release of hemoglobin.

4. Multiple Disabilities

(more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.

5. Any other category

as may be notified by the Central Government.

Appendix 3: State responses to COVID-19 regarding educational need of CWDs

Based on desk research, a combination of cash transfers and in-kind provision of devices and school supplies have been initiated in all states, even prior to the pandemic. In response to COVID-19 all states launched classes on digital modes such as television channels, however with the exception of Kerala, none of the initiatives were specifically targeted to CWDs. (Ministry of Education, 2020). All schemes referenced here were valid up to November 1st 2020. In AP, CWDs belonging to BPL (below poverty line) households receive annual cash transfers through Ammavodi scheme (Rs.15,000). All persons with disability certificates were also receiving disability pensions to the tune of Rs. 3000 per month. During COVID-19 the government introduced a door-step delivery mechanism for distributing these pensions which ensured easy and safe access. With respect to education, teachers in our sample revealed classes were being telecast on television (on DD Saptagiri channel) through 'Vidyavaridhi' for standard 10th students, and was distributing assistive devices and aids to CWDs - laptops, DAISY players for visually impaired; and smart phones for hearing impaired. The availability and usability of these devices during the pandemic is not evident in our sample. An application was also launched by the state Education Department to monitor the situation in educational institutions by implementing necessary norms, and has created a Toll free number to clarify doubts of students during school hours. Finally, YSR Jagananna Vidya Kanuka scheme has been launched to ensure that students from poorer backgrounds have access to uniforms, school bags, notebooks and books (in the form of school kits/Vidya Kanuka kits) when they re-enter schools.

The Kerala government offers support on medical health, mental health, and a combination of cash transfers and in-kind supply of assistive devices and personal devices (phones and laptops) for continued education of CWDs and all children. The Kerala State Handicapped Persons Welfare corporation is overseeing provisioning of state government schemes for PWDs/CWDs. Disability pension to the tune of Rs.1200-1300 per month is provided and an advance payment of pension was made available during the pandemic. In addition, an ex gratia payment of Rs. 5000 was also made to children with disabilities. During COVID-19, the government ensured delivery of cooked food through common kitchens, especially to persons with disabilities and the elderly. The state government made information/news about the virus accessible for PWDs, through consultation and efforts of the National Institute for Speech and Hearing Impairment (NISH). NISH assisted in establishing 24/7 helplines in collaboration with state disaster management authorities to assist persons with hearing impairment through a panel of experts during COVID-19, and is assisting in making educational modes accessible for children with hearing impairments (such as Victor channel). A number of educational initiatives were also taken specifically for education during COVID-19. Samagra Shiksha Kerala launched the White Board initiative specifically for CWDs wherein teachers record the videos of the lessons and share it with different groups of CWDs over platforms like WhatsApp and Telegram. In addition, the State Council of Education Research and Training Department (SCERT), Kerala issued directions to make online class content friendly for CWDs. Keeping the responsibilities of caregivers in mind, the state government has also come up with a thoughtful initiative of 'work from home' for parents of children with disabilities (working in the state government sector) who can take leaves or choose to work from home till the special schools in the state re-opens.

Similarly, in Tamil Nadu, the state government through its state commission for disabilities has undertaken initiatives to address the health, mobility, economic, food and educational needs of CWDs. The state has made separate COVID-19 quarantine centres for PWDs/CWDs and their caregivers. The state disability commissioner discussed meeting urgent medical needs of PWDs/CWDs with chronic illnesses, by assessing the need on a case-to-case basis and instructing medical departments to procure drugs accordingly, by making provisions of E-passes for mobility of parents/caregivers during lockdown periods, and managing dedicated helplines to reach out to PWDs with provisions of video calling facilities for persons with speech and hearing impairment. The TN government, in partnership with UNICEF also started a toll-free number to support mental well-being of students during the pandemic, which are also being used by PWDs to receive rations from PDS ration shops. The state government

provided three (got the information for 2 months) months of maintenance allowance (provided to leprosy-cured persons, those affected with muscular dystrophy, severely disabled persons, mentally retarded persons and amounting to Rs.3000 in total) in advance to the households. An additional Rs.1000 per person was also announced for PWDs during the pandemic by the chief minister. For many CWDs enrolled in various institutional homes, the government also made provisions for providing food regularly. Lastly, with respect to education for CWDs, the guidelines have been issued by the state education department to avoid separate learning groups for children with disabilities and to treat them at par with their counterparts while teaching during the pandemic. These guidelines came after the interim direction given by the Madras High Court. The state education department has undertaken an initiative of providing classes on television through a channel called Kalvi TV. The content is interpreted for children with hearing impairment. Finally, the state Commissionerate for the differently abled has also come up with a list of coordinators across all districts for physical therapies for those with disabilities. Door-step medical service such as fixing /changing catheters has been enabled by the Tamil Nadu state Disability Commissioner. Doorstep personal physical therapy has also been enabled by the Commissionerate for Welfare of the Differently-Abled in Chennai has instructed the Tamil Nadu state Physiotherapy Council to provide e-physiotherapy sessions for disabled people in the state.

In Karnataka, no specific schemes for CWDs' education were announced during the pandemic. To enable education, the state government prepared E-content modules, broadcast on 'DD Chandana channel'. These modules however, were inaccessible for children with hearing impairment, as it had no sign-language interpretation, subtitles or captioning. A second initiative, an edutainment channel on YouTube called 'MakkalaVani' NaliyonaKaliyona', telecasts daily programs consisting of stories, songs, crafts, plays, riddles, proverbs, magic shows, science experiments etc. We were unable to find any information on its usability for CWDs in our data or through desk research. Apart from this, the state disability commission has taken steps to spread awareness amongst CWDs and their parents about the pandemic. They have been involved in developing materials (for awareness building), translating existing ones (like UNESCO booklet on COVID-19 for CWDs) into the local language and disseminating it to a wider audience.

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