



# Issues and Challenges in Implementation of Inclusive Education in Kasturba Gandhi Balika Vidyalayas in Madhya Pradesh State of India: Case Studies

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**Abstract:** *This study aims to identify the issues and challenges in implementation of inclusive education programme in Kasturba Gandhi Balika Vidyalayas (KGBVs) and to assess the training needs of wardens and teachers. The qualitative research method was adopted. Observation schedule, Information schedule and Focus group discussion was implied. The major findings revealed that Madhya Pradesh, India had adopted the part of the KGBV scheme. Lack of basic facilities, absence of barrier free infrastructure, no awareness on inclusive education among teachers and staff, cases of misdiagnosis, poor implementation of Individualized Education and unavailability of support services were some of the major findings. Training of teachers and KGBVs functionaries on implementation of inclusive education to improve quality of education has been recommended.*

**Keywords:** *Inclusion, Inclusive Education, Girls Education, Girls with Disabilities, Gender and Disability, Disadvantaged Girls, Quality Education, Residential School.*

## 1. INTRODUCTION

Inclusive education is a movement that removes all exclusionary policies and practices within the education to include all children affected by factors such as castes, tribes, gender, poverty, social stratification, neglect, disturbances due to human actions, violence and natural calamities etc. The Rights of Persons with Disabilities Act, 2016 (RPwD Act, 2016) defines “*inclusive education as a system of education wherein students with and without disability learn together and the system of teaching and learning is suitably adapted to meet the learning needs of different types of students with disabilities*”<sup>1</sup>. Since every child has a right to free education compulsorily upto elementary stage of schooling as per the Right of Children to Free and Compulsory Education Act 2009 (RTE Act, 2009)<sup>2</sup>, special efforts are being made to provide quality education to all children including girls with disabilities belonging to Scheduled Castes (SCs), Scheduled Tribes (STs) and Educationally Backward Minorities. The

National Policy for Women, 2016 under section II (ii) on Education states that every effort will have to be made to effectively implement the RTE Act, 2009 by using the education cess particularly in addressing the infrastructure gap, availability of adequately trained teachers, promoting safe and inclusive school environment etc. in remote and tribal areas<sup>2&3</sup>. Gender disparities persist even today in rural areas and among disadvantaged communities. The enrolment trends indicate that there are still significant gaps in the enrolment of girls at the secondary level as compared to boys, especially in the Educationally Backward Blocks (EBBs). The CABE Sub-Committee, 2017 constituted to look into the issues related to ‘Girls’ Education’ has also recommended ‘to encourage residential schooling facility for girls and up gradation of the existing Kasturba Gandhi Balika Vidyalayas (KGBV) up to class XII<sup>4</sup>.

KGBV is a scheme launched by the Government of India in July 2004, for setting up residential schools at upper primary level for girls belonging predominantly to the SC, ST, OBC and minority communities in difficult areas<sup>5</sup>. KGBVs are set up in Educationally Backward Blocks (EBBs), where the female rural literacy is below the national average and gender gap in literacy is more than the national average. Further, the scope of the scheme was enlarged to cover the EBBs that have rural female literacy below the national average and towns/cities having minority concentration with female literacy rate below the national average. The scheme provides for a minimum reservation of 75% of the seats for girls belonging to SC, ST, OBC or minority communities and priority for the remaining 25%, is accorded to girls from families below poverty line. There were three types of KGBV models under the earlier Scheme of SSA. Model I had school with hostels facility for 100-150 girls; Model II had school with hostel facility for 50 girls and Model III had hostels in existing schools for 50-150 girls.

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Under the *Integrated Scheme for School Education-Samagra Shiksha*<sup>4</sup>, the existing KGBVs at upper primary level and girls hostels at secondary level would be extended / converged to provide residential and schooling facilities up to Class-XII with the objective to provide access and quality education to girls from disadvantaged groups by setting up residential schools from upper primary to senior secondary level and to ensure smooth transition of girls from elementary to secondary and up to class XII. Four possible models for such schools have been identified. Type-I would be existing KGBVs for classes VI to VIII, Type-II would have KGBVs for classes VI to X; Type-III for classes VI to XII and Type-IV would be existing girls' hostels for classes IX to XII. The up gradation of upper primary schools to the secondary stage would not only include provision of infrastructure and basic physical facilities, but the States and Union Territories (UTs) are required to develop appropriate curriculum framework in collaboration with state nodal agencies/institutes in school education such as State Councils of Educational Research and Training (SCERTs)/State Institutes of Education (SIEs) etc., to strengthen the scheme which would include empowerment issues, adolescent and growing up concerns, vocational skills, self-defense, teaching-learning material, teacher education programmes, monitoring and assessment mechanisms keeping in mind the contexts, age of the learners and the residential nature of the scheme on line of the National Curriculum Framework's (NCF), 2005 recommendation as "Contextualization of pedagogic processes and creation of ethos which enable all children to succeed irrespective of their social backwardness, gender and special education needs."<sup>6</sup>

Madhya Pradesh is a state located in the central part of India. With a Population of over 82.9 million, Madhya Pradesh is the fifth-largest state by Population in India. It's the second largest state by area in India after Rajasthan. There are 51 districts, 342 Tehsils, 54, 903 villages and 509 towns in Madhya Pradesh. The population of Madhya Pradesh was 72 million in 2011 census, which indicates an increase of 24.34% and the population density was 196 people per square kilometer. More than 75% of state population resides in villages whose main occupation is agriculture, while the rest of the population lives in towns. Number of females per thousand male (sex ratio) in the state is 919 whereas the literacy rate is 70.60%. The majority of Population is Hindu (90.89%) while Muslims (6.57%) are making up the largest minority community. Other religions and persuasions have share of 0.83% population in which Jain (0.78%), Buddhist (0.3%), Christian (0.29%), Sikh (0.21%) constitute the population of minority community. There are 15.62% Scheduled Caste (SC) and 21.09% Scheduled Tribe (ST) of total population in Madhya Pradesh<sup>7</sup>. The tribes of Madhya Pradesh constitute over 20% of the state population and are mainly concentrated in southern part of the state<sup>8</sup>. Gond is the best known tribe and forms the largest group in Madhya Pradesh. They mainly in habitat areas on both sides of the

Narmada in the Mandla, Chhindwara, Betul and Seoni regions and the hilly terrains of the Vindhya and the Satpura region. Agaria, Pradan, Ojhan, Solahas are the descendent tribal groups originating from Gonds, with two sub castes - Rajgond and Datoliya. Bhils, the second largest tribe are largely concentrated in the area around Jhabua, Dhar and Ratlam. A number of tribes and sub tribes habitants are concentrated in different parts of the state. The social customs prevalent among different types & castes vary more due to variation in their habitat & surroundings geographical conditions. For earnings they depend upon agriculture & forest produce & local craft. With improved communication & growth in the economy, the tribal's way of living has changed from their original hunting & gathering existence to one near the mainstreams<sup>7&8</sup>. Hindi is the official language of Madhya Pradesh also most widely spoken language. It is the predominant language of the official work. For a fair amount of people in the major towns and cities and for the business class, English is their second language. Malwi, Bundeli, Bagheli, Nimari are the commonly spoken regional languages. Total number of literates in Madhya Pradesh is 4, 38, 27, 193 wherein 1, 79, 79, 056 are females and 2, 58, 48, 137 are males placing the state at 28<sup>th</sup> position. In 2011, literacy rate of Madhya Pradesh is 70.6 percent. Female and male literacy rates in 2011 are 60.0 per cent and 80.5 per cent respectively<sup>7</sup>.

## 2. OBJECTIVES

1. To identify the issues and challenges in implementation of inclusive education in Kasturba Gandhi Balika Vidyalayas (KGBVs) of Madhya Pradesh.
2. To assess the training needs of KGBVs functionaries for enhancing the quality of education of socially disadvantaged girls with and without disabilities studying in KGBV residential educational setups.

## 3. METHODS

**Study design:** This study was exploratory and qualitative in nature.

**Tools:** The major tools used in this study were specially designed observation schedule and information schedule. Focus group discussion was also included as a research tool for getting data and information from the KGBVs functionaries including supporting staff.

**Sample:** Madhya Pradesh has adopted the residential model-III of KGBVs and has 202 KGBVs, where girls were staying in the hostel and receiving education in the nearby schools either in the girls' schools or in co-education schools. Four districts of Madhya Pradesh i.e. Ujjain, Dewas, Harda and Vidisha were selected by the state education department for study of KGBVs where students with disabilities were studying. The selected KGBVs were KGBV, Dashermaidan,

Ujjain out of 4 KGBVs of Ujjain; KGBV, TonkKhurd, Dewas out of 6 KGBVs of Dewas; KGBV, Nateran, Vidisha out of 4 KGBVs of Vidisha and KGBV, Khirkiya, Hardathe only KGBV of Harda. Forty participants, mainly wardens, assistant wardens remedial teachers, head masters, mobile resource consultants, students, parents and HMC members, State Inclusive Education Coordinator, District Programme Coordinators, Block Gender Coordinators, District Assistant Programme Coordinators, Block Mobile Resource Consultants (MRC), Cluster level coordinators and supportive staff were interacted and information were collected through different research tools.

#### **4. MAJOR FINDINGS AND DISCUSSION**

The KGBV had been merged with the *Sarva Shiksha Abhiyan (now Samagra Shiksha)* programme as a separate component during the XIth Five Year Plan since 2007<sup>5</sup>. The present qualitative study explored the inclusiveness of KGBVs by investigating the issues and challenges related to education of socially disadvantaged girls with and without disabilities and assessing the training needs of KGBVs functionaries in this regard using case studies of four KGBVs where girls with disabilities were studying.

The Rajya Shiksha Kendra, Bhopal is the nodal agency in the state of Madhya Pradesh looking after the functioning and management of KGBVs within and across districts of Madhya Pradesh. In some of the KGBVs, NGOs were also involved for carrying out different activities. The role of HMC was found negligible in functioning, management, supervision and monitoring activities of KGBVs. NITI Aayog had also reported that in spite of existence of parent teacher association in most of the KGBVs, their involvement in activities were minimal<sup>5</sup>. It was found that most of the girls studying in the selected schools, though from the socially disadvantaged group, were neither Dropped Out girls nor Out of School girls, for which the KGBV scheme adheres to. They were studying in primary schools of their locality prior to get admission in these KGBVs. There was no uniform criterion followed in admission of girls with disabilities, also reported by Srivastava<sup>9</sup>, or girls without disabilities, as found by NITI Aayog<sup>5</sup> and was suggested to ensure strict adherence to guidelines for identification of Out of School and Dropout Girls for enrollment in KGBVs. The four KGBVs studied were not actually the Vidyalayas (schools); these were only providing the residential facilities to the girls and vidyalayas were found missing. Madhya Pradesh had adopted the model-III of the KGBV scheme in which hostels in existing schools for 50-150 girls were the provision. This reflects the educational escapism by the state, since the state had adopted the convenient model of the KGBV scheme. If other two models would have been adopted, the girls from the rural and remote areas, where there were no government schools, KGBV residential-cum-school model would have been

established to facilitate education of deprived girls, but the convenient model was adopted where the school is existing so that the state does not have to spend extra on the appointment of permanent regular teachers as well as in management of schools (vidyalayas) in the residential setups and saving the due financial share of the state under this scheme.

None of the KGBVs had regular permanent teachers and staff, which was also reported by NITI Aayog<sup>5</sup> in the evaluation study on KGBV. The wardens of the KGBV were the primary teachers of the nearby school getting Rs.2000/- for wardenship, doing only administrative and supervisory job. The wardens were interestingly not staying with girls (except one of the studied KGBVs) as warden of the KGBV; whereas in most of the states the wardens stay with the girls in the KGBV. In Madhya Pradesh, in most of the KGBVs, assistant warden, contractual appointee used to stay with girls in the hostel, as reported. It was learnt that there was a provision of only one assistant warden regardless of number of girls (whether 50 or more than 150) staying in the KGBV. All the remedial teachers, cooks, watchman were either contractual staff or on honorarium basis. The remedial teachers were paid very low honorarium of Rs. 80/- per day of maximum Rs. 2500/- pm. Similar findings were reported in the evaluation study on KGBV by NITI Aayog<sup>5</sup> that most of the teachers are not satisfied with the amount of salary they are receiving and the position of teachers working on a daily wage basis was the worst. These were kinds of policy discrimination with the girls' education compromising with minimum salary structure of the staff and with minimum infrastructures demanding quality education, if compare with other similar residential co-educational government setups like Navodaya Vidyalayas or Eklavya Model Residential Schools.

The government of India had launched *Accessible India Campaign (Sugama Bharat Abhiyan)*<sup>10&11</sup>, a nationwide campaign in 2015 that aims to make barrier free environment for persons with disabilities all over the country for safe, dignified life of Persons with Disabilities, which also aims to enable persons with disabilities to gain universal access, equal opportunity for development, independent living and participation in an inclusive society in all aspects of life. None of the KGBVs studied had barrier free environment as recommended in the RTE Act, 2009 and the RPwD Act, 2016<sup>2&1</sup>. Even the building did not have ramp at the entrance. The corridor, dormitories, toilet, dining area, washbasin etc all were not at all accessible. This shows the attitude of ignorance and discrimination towards girls with and without disabilities staying in residential setups.

In most of the KGBVs, the basic facilities like cots were not available for girls and if available, the girls were sharing the cots because number of cots was less than the number of girls staying in the KGBVs. Similarly other basic facilities like

toilet and bathrooms were either very dirty or not usable as generally seen in public places. The facilities of hot water and emergency lights, separate remedial classrooms were not available in the studied KGBVs. This shows the implementation errors and lack of monitoring and supervision by the block, district and state level officials letting the deprived girls to struggle with the day to day difficulties who were staying away from their family. The girls had to wake up by 5.00 am early in the morning and their time schedule for sleeping at 10.00 pm at night showing a very long duration of studying and working that to in the age group of 11-14 years. The recitation of Bhojan Mantra before taking food was in practice, which was not really practiced in the houses and families of girls contrary to their sociocultural practices. The morale behind the bhojana mantra was 'not wasting a single food grain', however, they were wasting food items while taking meals even after recitation of bhojan mantra, as it was reported too. These practices were just the kind of formalities, which alienating them from their own socio-cultural practices and preparing them for an artificial life not matching to reality. The food items provided to the girls were vegetarian food; however some girls were non-vegetarian. They had to adjust with other girls and whenever they go back to their homes during holidays, they used to eat non-vegetarian items available at their homes. These practices and certain routines being followed up for convenience in these KGBVs, somehow, lead the girls to follow a much mechanized way of living at very early age of their lives. The food items, may be vegetarian or non-vegetarian, that should be as per the choice of the girls. The common likes and dislikes may be exercised to find out, and at least once or twice a week, the menu should have items of their choices or the local favourite dishes, so that the girls would feel attached to their KGBVs as they are living in their own home and are being taken care in homely familial environment.

Safety and security of the girls were the prime area of concern. In not a single KGBV studied had boundary wall except wire fencing that to around 4ft height. NITI Aayog had reported that girls were feeling insecure because of lack of boundary walls in KGBVs<sup>5</sup>. When asked about the boundary wall, the warden and officials showed the fencing around the KGBV. However, the surroundings had either villagers or the adjoining boys' hostels. In some of the KGBVs, monkeys, dogs and other animals used to jump over the fencing and enter the premises of KGBVs. It was felt that there was an urgent need of boundary wall of good height with iron gates. The male watchman had been appointed in every KGBV. He did not have room outside at the main gate of the KGBV. In three out of the four KGBV, he used to sit in the outer corridor of the entrance and using the toilet and kitchen inside the KGBV, which means he had easy access inside the building. It was reported that the watchman used to escort the girls to the nearby school and bring them back to the KGBVs from school, but teachers/assistant wardens did not escort them. The

male guard must be replaced with the female guard or female guard should also be appointed if male guard is already placed. There must be a room having toilet facilities for the guard at the gate of the KGBV, not in the corridor near the main entrance in the building. The visiting mobile resource consultants of the KGBVs and other schools of the locality and blocks were generally male. Although the frequency of visits were very low once in a month or twice as reported, but there was a risk of safety of inhabitant girls. The male resource consultants must be replaced by the female resource consultant with frequent visits to the KGBVs where girls with disabilities were staying and studying.

The girls with different disabilities were made to stay in the dormitories which were on first floor in three KGBVs and they were found struggling in climbing up and down the stairs, particularly girls with locomotor disabilities. This shows the attitudes of wardens/teachers and ignorance on the basic needs of the girls with disabilities in these KGBVs. When asked about the reasons, the wardens of these KGBVs responded that we had never thought of it. When asked about any girls with disabilities were staying on the ground floor, the answer was no. They reflected that all the girls with disabilities would be shifted on the ground floor immediately without the conscience that their classmates/roommates would be on the first floor. This approach indirectly or unconsciously would be discriminating them due to their disabilities through separating them from their classmates and friends. Such kind of practices reflected the poor understanding of philosophy of inclusive education and non-exclusionary practices.

The teachers and staff of KGBVs and the schools where girls were receiving education, had not received any kind of training related to inclusive education or on education of children with disabilities. They did not aware of identification indicators of disabilities. They were unaware of the implications of disabilities on their education. They were found unaware of the difficulties faced by the girls with disabilities in learning in the classrooms and living in residential setups. They did not know to assess the learning needs of girls with disabilities. They reported that they had not even come across with the kind of supportive services required by these girls. Teachers were completely unaware about modification in classroom transaction process, adapted curriculum contents and evaluation procedure, required educational kits and TLMs, the aids and appliances and care of these aids etc. For non-disabled girls also, the language was the major barriers of interaction in the classroom. The girls did not understand the school and classroom language. The medium of instruction and interaction was Hindi, but the dialect girls speak at home was different than the Hindi. The teachers teaching in the classrooms were using the traditional approach of teaching. They were hardly using the activity based approach or any other innovative approach like collaborative practices to teach the basic concepts of sciences

and mathematics. The parts of a plant were taught in a way so that the girls had to mug up the different five parts instead to show a plant and its part which were readily available there. There was absolute lack of contextualization and integration of socio-cultural milieu of the locality and girls with whom and for whom education was going on. Similarly evaluation of girls' learning was too theoretical as prescribed in the textbooks viz. performance based evaluation "mugging up and answering of the questions". The different modalities of evaluation and comprehensive evaluation were found missing. These findings were consistent with the earlier finding that there were no fixed criteria for assessing learning levels of girls in KGBVs<sup>9</sup>. The teachers require training for update of their own knowledge upon teaching learning in an inclusive classroom.

There were cases of misdiagnosis, particularly in case of girls with low vision and girls with learning disabilities. The girls with refractive error had been categorized as low visioned girls. Similarly girls having lower level of performances in academic subjects were categorized as girls with learning disabilities. Girls with hearing disabilities had certificate of girls with intellectual disability (mental retardation) for getting the monthly pension for the person with intellectual disability. This reflected that the procedure for screening, identification, detailed assessment, medical diagnosis and certification of disability were not properly followed, due to which misdiagnosis of the cases and wrong labelling were observed. There was a need to develop a mechanism which must be simple and easy covering each and every step from screening and identification of disabilities to certification of disabilities. Monitoring and follow ups were required to be done properly on regular basis. Online application for certification of disability could be started with proper examination of cases by a team of professionals as prescribed under the RPwD Act, 2016<sup>1</sup>.

The health record of each of the girls was seen in register or in individual case files. But these records were kept as it seems like a formality to keep the health record of girls. None of the health records had showing a record of ill health due to simple cold, cough, fever or stomach ache or any serious health problems or long absentees due to health etc. The record of weight, height, Hb level etc. had never been analysed for taking appropriate intervention measures. All girls were receiving iron tablets as reported without concerning their iron level or Hb level in the blood. The dietary management for iron rich food etc. had never been taken care of. Girls were receiving napkin pads as per their requirements. The assistant warden, remedial teachers and any of the staff had never been to any orientation and training for menstrual health and maintaining hygiene. In case of girls with disabilities, the training for menstrual care is very important from health and privacy point of view. The girls were required to be trained for self-care and maintaining hygiene during menstrual period.

Similar findings were reported by Nuna regarding personal health and hygiene to be practiced by the tribal girls in a study on impact analysis of the National Programme for Education of Girls at Elementary Level<sup>12</sup>.

The individual case files of the girls with disabilities were seen in the KGBVs with brief on the case history. Educational assessment was not properly done. Individualized Education Programme (IEP) format was required to be revised since its containing mainly the case history of the girl with disability. The educational assessment and educational intervention programme were required to be properly prepared and implemented. The follow up intervention also required to be recorded. The IEP documents should contain intervention to be done in the classroom and school, how the school teacher would transact the curriculum to the girls with disabilities along with other girls in the classroom, what kinds of modification might be required in the contents and evaluation of learning of different subjects like languages, maths, sciences and social studies being done in the classroom. Srivastava, in her study on KGBVs, had also recommended that in KGBVs, teaching and learning facilities for girls with disabilities could be identified<sup>9</sup>. It was learnt that girls were not receiving any kind of therapeutic services in spite of their requirements like speech therapy and physiotherapy etc. These types of lacuna indicated the complete ignorance on the needs and requirements of girls with disabilities residing in the KGBVs. Provisions for meeting the requirements of girls with disabilities in KGBVs had been recommended by NITI Aayog and Srivastava since these facilities were not uniformly available in KGBVs<sup>5&9</sup>.

Madhya Pradesh had appointed Mobile Resource Consultants (MRCs) instead of Resource teachers as in other states. The MRCs were working as Mobile Resource Teachers by visiting one school to another, identify children with disabilities, assist in assessment, certification, medical and therapeutic interventions, develop IEPs and provide educational interventions. The professional qualification required for these MRCs was Diploma or Degree in Special Education, same as Special/Resource teachers recognized under Central Rehabilitation Register (CRR) of the Rehabilitation Council of India (RCI)<sup>13</sup>. Since state wishes to appoint them on contract basis hence the nomenclature of the position perhaps were kept as consultant, who never could claim as teacher, though Rehabilitation Council of India did not have enlisted Resource Consultants in the Central Rehabilitation Register (CRR)<sup>13</sup>. The MRCs had been paid very less salary than the primary teachers of the government school. The conveyance allowances for travelling to one school to another school were also restricted to Rs.1000/- with the argument of opting public conveyance. In reaching to the most of the KGBVs was very difficult because KGBVs were situated in the rural areas with no proper public conveyance facilities and condition of approaching roads was also poor. Hence, visits to KGBVs by

the MRCs were not regular and frequent. Therefore, ultimate suffers were girls with disabilities residing in these residential setups. They were not getting their due share of required individual support and entitlements as articulated in the RPwD Act, 2016<sup>1</sup>.

The vocational activities carried out in the visited KGBVs were not of the productive nature. Making some craft items, sewing and stitching etc. were the major vocational activities. KGBVs were not doing market survey prior to selection of vocational activities. The Schedule of activities for vocational training was found absent. It was required to conduct market survey at least the local market before initiating vocational training so that the desired products could be sale of in the market and quality of the products could be maintained. The girls could be aware of the recent demands in the market and could develop vocational skills. Graded vocational education could also be initiated at different level of school education. The girls should be made competent enough in some of the vocational trades so that they could be capable of producing items or providing services to the society in future as their profession. The teachers would require training on vocational aspects of education for girls residing in these KGBVs.

## 5. TRAINING NEEDS

- Awareness on the rights of girls with and without disabilities as articulated in different Acts particularly the RTE Act 2009 and RPwD Act, 2016, the provisions and their entitlements<sup>2&1</sup>.
- Sensitization on barrier free infrastructural and accessibility.
- Sensitization on understanding the basic needs and learning needs of girls with disabilities residing in KGBVs.
- Orientation on issues related to identification, assessment, diagnosis, certification and medication interventions required by the girls with disabilities.
- Universal Design of Instruction and learning-Curriculum adaptation, teaching learning practices, evaluation procedures and communicating to parents.
- Contextualization of teaching learning and practices adopted in daily routine activities, importance of socio-cultural capital, intervention on language related aspects for interacting with girls, prepare them for language acquisition, learning and pragmatic use of language.
- Preparation of individualized support programmes, provision aids and appliances, care and maintenance, documentation/ updating of individual case records and follow ups.

- Management of girls with disabilities in residential setups including personal needs, academic teaching/training, safety and security, therapeutic interventions, health related needs etc.
- Sensitization on involving HMC and community in activities of KGBVs and strengthening their roles.
- Sensitization towards the government policies, programmes and schemes for girls with disabilities.
- Integration of vocational education in daily schedule of activities in the KGBVs.

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