BASELINE ASSESSMENT OF SPECIAL EDUCATION SCHOOLS IN PUBLIC SECTOR, KHYBER PAKHTUNKHWA (KP), PAKISTAN

Sheraz Ahmad, Atta Ullah, Muniba Akram, Sohaib Ali, Shazia Gul

ABSTRACT

Introduction: Education is a basic human right. Children with disabilities (CWDs) need the most and get the least of education. Quality data about the special education facilities in developing countries like Pakistan can guide reforms. This study undertook the task to evaluate the situation of special needs education in Khyber Pakhtunkhwa (KP) and will serve as a bench mark for future actions.

Materials & Methods: A Questionnaire based survey was conducted across the public sector special education schools in KP between August and October 2013. The questionnaire included sections about infrastructure, number of students, co-curricular activities and provision of personal assistive devices. Data were analyzed with SPSS V.16.0.

Results: Out of 28 responding schools, 02(7%) were matric, 05(18%) were middle and 21(75%) were primary level. Out of 27 responding to specialty question, schools for hearing impaired were 10 (37%), Mental Retardation & Physically Handicapped (MR & PH) were 06(22%), for visually impaired were 07(26%) and special education complexes for cross disabilities were 04(15%). Parent teachers association (PTA) was part of 80% schools. Majority, 19(70%) schools were in rented buildings; 09(36%) had hostels while average distance of schools (all situated in Urban areas) from main bus stand was 4.16 Kilometers. Of 26 responding schools, 12(46%) participated in sports with 12/21 schools (57%) having a playground. Of the 11 schools for Deaf, 03 (27%) had an audiologist, 4/10 (40%) MR&PH schools had physiotherapist(s) and only 3 (11%) schools were having psychologists at service where needed. No eye care existed at 07 schools for Blind or 04 educational complexes. Majority of Hearing aids were self-purchased and most of tricycles were provided by government.

Conclusion: Situation of special education in KP is worrisome. Deficient and inaccessible infrastructure is catering to a negligible number of potential beneficiaries/children with disabilities. Previous polices and National Action Plans for special education are shelved, awaiting implementation.

Key words: Education; Special; Disabled Children; Disabled Persons; Children; gifted; Rehabilitation.

Author Designation & Affiliation

a. Dr. Sheraz Ahmad Khan, Coordinator, Reforms Working Group, Department of Social Welfare, Govt. of Khyber Pakhtunkhwa (KP), Peshawar
b. Mr. Attaullah, Professional Year 3 MBBS student, Rehman Medical College, Peshawar, KP
c. Miss Muniba Akram, MPhil Student, Department of Psychology, University of Peshawar, KP
d. Dr. Sohaib Ali, Medical Officer, Mercy Teaching Hospital Peshawar, KP
e. Mrs. Shazia Gul, Senior Teacher, Department of Social Welfare, Govt. of KP, Peshawar

INTRODUCTION

According to Encyclopedia Britannica, special education, also called special needs education is the education of children who differ socially, mentally, or physically from the average to such an extent that they require modifications of usual school practices. Special education serves children with emotional, behavioral, or cognitive impairments or with intellectual, hearing, vision, speech, or learning disabilities; gifted children with advanced academic abilities; and children with orthopedic or neurological impairments. However, the guiding principle for and after the Salamanca Statement Framework For Action is that general schools should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions. An overview of UN Fact sheet on Persons with Disabilities shows that around 15% of the world’s population, or estimated 1 billion people, live with disabilities. Of these 1 billion people 80% live in developing countries (UNDP). According to Organization for Economic Co-operation and Development (OECD), on average, 19 per cent of less educated people have disabilities, compared to 11 per cent among the better educated with women reporting higher incidents of disability than men.
UNICEF says 30 per cent of street youth have some kind of disability. UNESCO reports that ninety percent of children with disabilities (CWDs) in developing countries do not attend school. “The global literacy rate for adults with disabilities is as low as 3 percent and 1 percent for women with disabilities, according to a 1998 UNDP study.”

Education is key to success. Whether to excel in formal economy, informal sector or self-employment, quality education is essential. Khyber Pakhtunkhwa (KP) as a province stands first in population under 15 years of age with 47.20% as compared to National average of 43.40%. Also, KP has the lowest economically active population of 19.41% and literacy ratio of 35.41% compared to National statistics of 22.24% and 43.92% respectively. In that case, 2.12% population of KP are living with disability and poverty puts them at double disadvantage in KP. These facts make special needs education at KP all the more important. However, no published data exists that give any idea of the current facilities of special needs education in KP. This study intends to evaluate the current situation of special education in KP and set benchmarks for years to come.

MATERIALS & METHODS

A questionnaire based survey was conducted in public sector special education schools in KP between August and October 2013. The study was invoked through the recommendations of Reforms Working Group for special education at Department of Social Welfare. Administrative approval for the study was granted by Directorate of Social Welfare. 28 schools out of 39 returned the questionnaire (R.R. 72.4%). Questionnaires contained detailed questions about infrastructure, human resource, curriculum, co-curricular activities and administrative affairs. Data were analyzed by SPSS V 16.0.

RESULTS

Out of 28 responding schools, 02(7%) were matric level, 05(18%) were middle level while the rest 21(75%) were primary level. Certificates awarded to students till middle level i.e. Class 8 are awarded by the concerned schools. Out of 27 schools responding to specialty question, schools for Deaf & Dumb are 10(37%), schools for the Mentally Retarded & Physically Handicapped (MR&PH) are 06(22%), education complexes for Cross Disabilities are 04(15%) and schools for Visually Impaired are 07(26%). Parent teacher association (PTA) is part of 80% schools. Most (19, 70%) schools are in rented buildings and only 08(30%) are in Government-owned purpose built buildings; 09(36%) schools are having hostel facility, although all of them are in Urban areas and inaccessible for Rural children with disabilities. However, only 09(36%) schools are having boarding facility. Average distance of schools from main bus stand even in urban areas is 4.16 Kilometers. Majority (88%) of schools have no canteen(s); 12/26(46%) schools participate in regular sports tournaments with 12/21(57%) schools responding positive to the question about having a playground. Two of the seven deaf schools and only one of 04 complexes have audiologist at service. Only 04/10(40%) of the MR&PH schools and education complexes combined are having a physiotherapist. There are no eye care services at 07 schools for the Visually Impaired or 04 complexes. Only 03(11%) schools are having psychologist. Hearing aid ever distributed by Government was to 25% of the schools, self-purchasing was at 50% and NGOs plus Government provided aids to another 25%. Less than half (43%) of white canes were distributed by Government, 43% of white canes were provided by NGOs and 14% of white canes were self-purchased. Sources of tricycles distribution include 25% from NGO, 25% from private purchases and 50% from government.

DISCUSSION

Under article 24 of United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), states are obliged to provide Persons
with Disabilities education on the basis of equal opportunity without any discrimination. Inclusive education (not to exclude children with disabilities from general education on the basis of disabilities) is a cornerstone under this convention. The same is applicable to Pakistan being signatory of the UNCRPD. In Pakistan, education of children with disabilities falls under the ambit of Ministry of Social Welfare and Special Education. This ministry is responsible for special education and integrated rehabilitative services for person with disabilities since 1988 i.e. after the seventh five years plan of Pakistan planning commission. After the 18th constitutional amendment in Pakistan, Ministry of social welfare devolved from federal to provincial governments. Calculating for total population of KP as 177, 44,000, population under 15 turns out to be 8375168. Calculating the figures for children with disabilities at the rate of 2.12%, the total number of children with disabilities as per 1998 census is 177,553. Children under 15 years of age in KP surpass the national average in all provinces. At the time of this study, total 2142 students were enrolled in all the 28 participating schools with an average of 77 students per school (mean for boys 57, mean for girls 20). The overall enrolment ratio and especially the malefemale ratio is worrisome; female enrolment is much lower than report published by UNICEF. Grey literature reveals that the total number of children with disabilities in the entire public sector Special Education centers is 3500 (1.97% of the total Children with Disabilities). Teacherstudent ratio is 1:11 compared to 1:9 in country paper of Pakistan presented at Asia Pacific International Seminar on Special Education. Only two of the 28 schools are affiliated with Board of Intermediate and Secondary Education and two are up to matric level, five are middle, whereas twenty one (75%) are primary schools. Primary schools are with no skill development or vocational training. This is in contravention to the National Plan of Action (NPA) 2006 which urged for the upgradation of all special education centers (SECs) from primary level incrementally. The NPA 2006 also asks for initiation of certificates/diploma courses in Special Education at provincial level from 2010 onward with no progress so far. Amidst this discussion, concerns about PWDs reaching higher education are genuine when only 1.56% of general public in KP and 1.58% nationally acquire master level education. Only 0.40% of general public have got professional diploma/certificate courses (population census report 1998). All the 28 schools surveyed have no provision for inclusive education which is a failure to fulfill action point #6 of the NPA and shy away from the Dakar Framework for Action. Also no inclusive education policy is being introduced so far as deemed actionable by 2007 onward in NPA. These shortcomings have been highlighted by other authors in the past as well. It is worth mentioning that only 08(30%) schools are in purpose built buildings while 19(70%) are in rented buildings that are not disabled friendly. Similarly thorough deliberation needs to be given while deciding the site accessibility, population density and other environmental factors when starting a Special Needs school as recommended in a previous study. In our study 17/25(68%) schools are situated in residential area and 26/28(92.85%) schools having an average distance of 4.16 Km from main bus terminal. All of them are situated in District Head Quarter with only 09(36%) having hostel and only 03(11%) having canteen facility. Non availability of playgrounds in 42% of the responding schools is worth mentioning. Other results of our study pertaining to provision of assistive devices and books are on the contrary to what the UNCRPD and NPA 2006 recommends. We need to learn from good practices in our neighborhood i.e. India where rigorous legal framework exists and is being implemented to make education free and accessible. Curriculum and accessibility in terms of ways and means of knowledge transfer are also
warranting attention as depicted in a recent study.\textsuperscript{15}

**Conclusions**

Little has been done so far to include Children with Disabilities in education. Both National Action Plan 2006 and UNCRPD seem distant dreams so far. Looking at the worrisome picture of basic education for Children with Disabilities, genuine worries emerge for their status in higher education. With exception of few, all the schools are primary level and not affiliated with any Educational or technical board.

**Recommendations**

1. Future researchers should include schools we missed in our study.
2. Same study should be repeated periodically to track progress.
3. Future studies should also focus on technical and allocative efficiency of government spending on special education.
4. Studies on curriculum and teachers’ qualification, induction and fitness for the job are also recommended for research.
5. Similar study should be carried out to understand the situation of persons with Disabilities in higher education.
6. Similar studies are needed to evaluate special needs education in private sector.

**Limitations**

Our study did not include private/charitable Special Needs schools. Also, data of a sizeable chunk of public sector schools are missing. Our study did not extract sufficient information about the qualification of teachers, cost-benefit analysis and curriculum matters of the Special Education system. Having access to district wise disability statistics with its comparison to SNE enrollment ratio could have given a comprehensive view.

**Acknowledgements**

We acknowledge the great support of Prof. Dr. Mehr Taj Roghani (Special Assistant to the Chief Minister for Social Welfare and Special Education) to undertake this study and establish the baseline evidence for her office to plan reforms. Also, the then Director Social Welfare and Members of Working Group for Special Education were of great help.

**REFERENCES**


Corresponding Author

Dr. Sheraz Ahmad Khan, Coordinator, Reforms Working Group, Department of Social Welfare, Govt. of Khyber Pakhtunkhwa (KP), Peshawar
Email: drsheraz.ak@gmail.com

Submitted for Publication: November 15, 2015.
The authors have no conflict of interest. All authors contributed substantially to the planning of research (SA, MA, SG) questionnaire design (SA, UA, SG) data collection (AU, MA, SA, SG) data analysis (SA, MA, SG) and write-up (SA, MA, SG) of the article. The authors agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

This article may be cited as: