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**A COMPARATIVE STUDY OF EARLY INTERVENTION
IN ZIMBABWE, POLAND, CHINA, INDIA, AND THE UNITED STATES OF AMERICA**

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This paper briefly introduces Early Intervention (EI) issues in five countries including Zimbabwe, Poland, People's Republic of China (PRC), India, and the United States of America (USA). In the overview section the national background, including religious, socio-economic development, and political systems, its policies, laws and acts, are delineated, since all of these factors combine together to impact the EI development in each specific country. Next, different approaches used in these five countries are introduced and compared. Lastly, a matrix is used to contrast EI development in five countries. In conclusion the author, taking into account cultural norms and other issues, points out strengths and weaknesses in each country and suggests ways in which countries might benefit from others practices and experiences.

In the world today, including some of the most modern and advanced civilizations known to man, people with disabilities continue to be unserved or underserved. There are more than 600 million people with disabilities in the world today (*UN Report, 2003*). More than three quarters of these people live in developing and poor countries, where poverty is the general rule: In developing countries today it is estimated that only 1 percent of mothers get help beyond that provided by family and friends in rearing their infants; and few developing countries have achieved preschool coverage of 25 to 30 percent (*UN Report, 2003*).

Given this circumstance, it is understandable that people with disabilities are underserved, do not get enough consideration, and therefore, this group of people could not reach their fullness. Among this group of people, however, it is the young children that suffer most since they are at the critical period of time when their situations could be enhanced greatly that have big impacts on their future life, and it is the young children who need the most concern as they are at the plasticity period whose development could be intervened and reorganized so as to help them less dependent and produce the best result. This specialized services that are provided to infants and toddlers at-risk or those who are showing signs of developmental delay, and services that emphasize the continued development of basic skills through planned interactions that will minimize the effects of the baby's condition, is early intervention (EI) (Coleman, 1993). It is obviously important to make sure that EI is implemented widely around world, including developed and developing countries, to fully help each and every child with special needs. This paper studies and compares EI in five different countries including the US, China, Indian, Poland, and Zimbabwe in terms of the cultural, economical, and political contexts, the methodologies used for EI development, the limitations, and the implications, with assumptions that EI is influenced not only by biology but multilevel factors like political, social, economic factors and that through the comparisons of the five countries, experts in EI around the world could join together to help families with children at risks. These five countries are chosen with another assumption that they are representative of the different developing stages of EI in the contemporary world.

In Zimbabwe, although special education developed in certain areas like visual, learning, hearing, and mental impairments, the early intervention is still at its initial stage. There is no legislation on early intervention. The same is true of Poland, although special education made great strides after 1989. Early intervention remains undeveloped. In most places in China have developed early intervention known as Inclusion or *suibanjiudu* in remote places, where children between 0 and 6 yrs old with mild or medium disabilities are included in general preschool programs, whereas in big or medium cities special kindergartens are available. India is among few developing countries that have systematic and advanced education system on special education and early intervention, yet the service delivery institutions cannot work effectively for children with disabilities. In the US, however, the Individuals with Disabilities Education Act 1997 (IDEA 1997), originally occurring as All Handicapped Children Act (EHA) in 1975, then being retitled the IDEA 1990 (PL 101-476) and amended again in 1997 as IDEA 97 (PL 105-17), was enacted to promote individualized education for children with special needs, and guarantee eligible children a multidisciplinary (including psychologist, pathologist, speech therapist, etc.) and a timely and age-appropriate quality service.

Given the different developmental stages on EI in these five countries, for purpose of comparison it is not appropriate to use the same standard to make comparisons and to point out barriers/challenges faced by individual countries. However, the assumption for the comparison in this paper is that each country has an intention to improve EI development. When the author had personal discussions with the scholars and doctoral students working in special education from some countries like India, Zimbabwe and Poland including Crijia Shinde (from India, currently study at Tennessee Technological University(TTU) for her Ph.D. degree), Morgan Chitiyo (from Zimbabwe, currently study at TTU for his Ph.D. degree), and Malgorzata Sekulowicz (a visiting scholar from Poland, research on Special Education in Poland), these were described as having a strong expectation that legislators, organizers, and experts can pay attention to the young children with disabilities and secure them equal opportunities to Medicaid, social services, and education, etc. In this way, the countries with underdeveloped EI will be conscious of and learn from the successful experiences from countries with fully developed EI systems, legislation, and service delivery. On the other hand, experts from countries with developed EI will also be drawn to lay an eye on the underdevelopment in some part of the world. In this way, challenges faced by some countries in different developing stages of EI will not be impeded by geographic, cultural, racial, or political borderlines, but the early interventionists around the world will take it as their own mandate and exert their efforts to work out an appropriate and effective way to conquer these challenges and thus improve this global course. Following is a brief overview concerning special education and early intervention in the five targeted countries.

I. Overview of Special Ed and EI in Five Representative Countries

Zimbabwe: National Background

Zimbabwe is a country in Southern Africa. It gained independence in 1980. The country is now a presidential republic. It is a young country with almost half of its 11 million people under 14 years of age (*National Report of Zimbabwe, 1996*). In traditional Zimbabwe society a child is a highly valued member as child is regarded as assuring biological continuation of the family and contributing to the economic and social prosperity of the community, and the existence of the child implies above all the spiritual existence of society (Kisanji, 1996). This is not the case with children at risk. In most cases, parents feel shame toward their children with disabilities (Chitiyo Morgan, personal interview, on October 20, 2004). Seldom do parents bring them out to introduce to friends, or attend any activities, not to mention provide them appropriate education. Besides biases against children with disabilities, there are several other reasons that block the course of helping children at risks. First is money. Zimbabwe like other African countries is partly or entirely not able to carry out their well-intended plans to teach pupils with special needs because of insufficient funding. In Zimbabwe all preschools/kindergartens (there is no distinction between preschools and kindergartens) are not compulsory and the fees are so high that only

parents high up the social ladder are able to send their children to pre-schools while the rest's offspring start later at Grade One (Morgan Chitiyo, personal interview, October 29, 2004). It is even more difficult, therefore, for young children with disabilities to access to preschools/kindergartens. It is true there are some quality private day cares for children with special needs, but it is so expensive that again only children from affluent families can afford it. The second problem is the ineffective function of government and organizations. Although Zimbabwe has initiated some legislation and developed policies to stimulate the teaching of pupils with special needs in order to tempt donations from organizations or private donors, the government fails to implement these legislations and policy plans. The last is concerned with expertise. For the time being, Zimbabwe and many other African countries rely on special education expertise from developed countries like the United Kingdom. Four factors combine together to impair the implementation of the early intervention policies and acts, and its service delivery.

Policy, Legislation, and Services

Compared to western developed countries like the United States, special education and early intervention for children with disabilities in Zimbabwe is under development. Csapo (1986) first noted some of the factors hampering the provision of special education and even EI in Zimbabwe nearly twenty years ago. These factors, some mentioned above paragraph, included limited involvement from the Ministry of Education, lack of National policy on special education and EI, shortage of specially trained teachers and quality special services, government shortage of funds, and isolation of lots of poor children with special needs unable to access to special services. In addition, the Ministry of Education's lack of involvement has caused the lack of coordination in special education and EI Services available in the country. (Chitiyo & Wheeler, 2004)

India: National Background

India is a developing country with a predominantly agricultural base. With recent but rapid urbanization and globalization of the market economy, India's industrialization has taken a giant leap. Religion plays an important role in the daily life of Indians. Hinduism, among various religions practiced in India, is the major religion in India. Basically, there are four classes in India including high, higher middle, upper classes, and slum Indian (Grija Shinde, personal interview, Oct. 10, 2004). The poorest class usually live in cities and occupy as large as about 60% of the whole population. There are two kinds of schools in India, special and normal schools, and neither of them are public schools. Most children whose families can afford to send them to school are from high, upper-middle and middle class, while only about 20% are from slum Indian families (Grija Shinde, personal interview, October 10, 2004). It is also the case with children with a disability: only the very rich families can afford to send their children with a disability to private day cares, kindergartens, and special schools. Besides the barriers from poverty, children with disabilities may be mistreated as a result of traditional biases, as these children may be viewed as evidence of a diminished life, a punishment, and a bad effect in need of sinful causes. Therefore, they are frequently ignored (Saumel, et al., 2003).

Policies, Legislation, and Services

Although *disabled* children in India face big challenges, India is still among the few developing countries that have established a national policy on early child education including early intervention. India was one of the signatories of the Declaration and Plan of Action in the 1990 World Summit for Children. This has resulted in the formulation of policies and strategies, which recognize the rights of children to share in the nation's economic resources. Outlining the steps for ensuring equal educational opportunities for disabled children, the national policy states that the objective should be to integrate those with disabilities with the general community as equal partners, to prepare them for normal growth and enable them to face life with courage and confidence.

Under the national policy for children (in place since 1975), the National Children's Board was established to coordinate the delivery of child services. *The persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995* came into force on February 7, 1996. This law is an important landmark and is a significant step in the direction of

ensuring equal opportunities for people with disabilities and their full participation in the nation building. Another Act issued is the Retardation and Multiple Disabilities Act 1999. This act seeks to strengthen families and protect the interest of persons with autism, cerebral palsy, mental retardation and multiple disabilities after the death of their parents.

The Indian government launched special programs for *disabled* children such as the 1994 District Primary Education Programme (DPEP), which focuses on making education accessible to children with disabilities, including female children, and children who dropped out of school to work. Early intervention programs are also initiated by the government yet only with a focus on prevention rather than education. The medical model of intervention is still a priority for infants with disabilities, particularly for those with multiple disabilities. Early intervention clinics or services for children with disabilities are limited to a few specialized centers in cities.

Poland: National Background

Poland is in Eastern Europe on the Baltic Sea, with 120,633 square miles in area. It has a population of 39 million (1994), among which 27% are 0-14-year-old youngsters with disabilities suffering from health, hearing, sight, movement, speech or other problems (Malgorzata Sekulowicz, Personal Interview, September. 30, 2004). The change of Poland in 1989 from a Communist State under the rule of Soviet Union to a Parliamentary republic brought more concern on children with disabilities and a reform (the depolarization of education, the recognition of autonomy of pupils/parents to choose appropriate schools according to abilities/interests, and the decentralization in the management administration of education system) in education system that have a long-term influence on its educational codes. The education of *handicapped* children can be applied in general schools, and in integration or special schools and classes.

Policies, Legislation, and Services

Special education is an integral part of the Polish education system. This is an arrangement provided for in the Act on School Education of September 7th, 1991. New definitions and rules for organisation of special education were introduced by the amendments of this act. The reformed school education system, special education included, has been implemented under the Act of January 8th, 1999 (on the implementation of the education system reforms). Additionally, special education is regulated by guidelines like ordinance of the Minister of National Education of January 15th, 2001 on principles of providing and organizing psychological and educational assistance to pupils in public pre-schools, schools and units. Special education may be provided by public and non-public schools or establishments. The responsibility for the establishment, administration and maintenance of special nursery schools lies with the local self-government (*gmina*) and of special schools (and special education centres) - with district authorities (*powiat*). Special education is financed on the same basis as the mainstream education. Besides, the following elements are also taken into consideration in the calculation of educational grants for schools for children with special needs: location of the school (countryside – town, the number of town/ village's inhabitants), the type of school/ class (with national minority pupils, vocational, sports, medical, teacher training), the number of pupils enrolled in the school, and the percentage of pupils using the school transport system. For young children with disabilities below school age (3-6 yrs old), there are early intervention services available. Each class includes 2 to 3 children and their parents. They can be organized either at home or in special education units (mainly pre-schools, or in schools, if there is no special pre-school in the given area). The support is provided by early support teams which include different specialists (psychologists, physicians, and speech-therapists).

China: National Background

China has the largest population around the world, exceeding 1.29 billion according to China Population and Information and Research Center (2004). There are more than 50,000,000 (nearly 5% of the population) who could be regarded as having a disability and one new child is born with a serious disability every 40 seconds in China. Of these 50 million, over 10 million were recorded as having an intellectual impairment and survey reported that more than 8 million are

children (State Statistic Bureau) distributed widely around the country. It can be seen that this rapidly developing country is facing a big challenge in terms of special education and rehabilitation.

Given the numbers involved and the wide distribution of the disabled population, it is hardly surprising that those with a disability do not fare too well in terms of provisions for their education. Although special schools and the enrollment rate increase greatly after the liberation of China in 1949 and the Reform and Opening when Deng Xiaoping came into power in 1978, e.g., the number of schools for the deaf were significantly higher, numbering 372 in 1988 (a school enrolment rate of 13.5%) and almost doubling to 729 in 1994, when these figures are compared to the million and more children who are visually, hearing, or language impaired, it is clear that China is still seriously lacking in specialist provision (Samuel, et al., 2003). What does China face with regard to EI services? Although EI programs like *suibanjiudu* for 0-6 yrs old children began and have been increasing since the early 1980s, they are still far from meeting the national needs. A 1997 report (Zhao, Guo, & Zhou, 1997) indicated that more than 85% of young children with disabilities still had no opportunity for early education. In this situation, China's government has made measures learning from western countries and made good uses of its own resources to serve as many young children with disabilities as possible.

Policies, Legislations, and Services

Western early intervention research, experience, and successful programs such as Head Start in US have influenced the development of early intervention in China. Under this influence, the governmental 1991-1995 Eighth Five-Year National Development plan was initiated with an aim at raising the availability of education for children with a disability, suggesting that urban and developed areas provide education for 60%-80% of children with a disability, whereas in rural areas, provision reaches 30% of those in need.

The 1990 Law of the People's Republic of China on the Protection of Disabled Persons gives priority to compulsory education for school-age children with a disability, and it is also the first law to encourage efforts for early childhood special educational opportunities (National People's Congress, 1990). Under this law, some medical personnel and parents of children with a disability initiated some early intervention programs. For example, the Beijing Xingyun FORTUNE School is one of the earliest and best-known early intervention programs in the PRC (Mao & Wang, 1994). There are many programs located in state-run medical facilities or in private organizations run by parents as well. Examples include the state-run Nanjing Child Mental Health Research Center, which has short-term intervention programs for young children with autism, and the Beijing Xingxingyu (Stars and Rain) Education Institute for Children with Autism, which was established and run by the parent of a child with autism (Samuel et al., 2003).

USA: National Background

The United States is a rich tapestry of cultures, geographic landscapes, faiths, and beliefs. It is the third largest country in the world in terms of area and the fourth largest in terms of population. According to the data from National Census (2004), conducted every year, by 2000 there are 285 million people, among which 49.7 million people are with some type of long lasting condition or disability. The US has long focused on education and initiated free and compulsory public education system for children from kindergartens to high schools. As of 2003, approximately 75% of elementary and high schools and 45% higher education institutions are public (*National Census*, 2004).

For children with disabilities aged birth to 21, publicly funded early intervention or special education are provided. For infants and toddler, early intervention services are federally and state funded with the mission of guaranteeing infants and toddlers with disabilities and their families equal access to services. In order to be eligible to the federal funding, each state follows federal guidelines and provides timely and quality services to young children who meet that state's eligibility definitions, regardless of race, ethnicity, and culture.

Policies, Legislation, and Services

IDEA 1997, developed from EHA 1975 and reauthorized from IDEA 1990, provides the framework for educational policies and services for children with disabilities and their families. Part C of IDEA, Early Intervention Programs for Infants and Toddlers with Disabilities, is a primary part of this law and covers services to children from birth through 2. It also stipulates the types of personnel that may be considered qualified to provide these services. A range of disciplines are reflected and they may include special educators, speech-language pathologists and audiologists, occupational therapists, physical therapists, social workers, nurses, nutritionists, family therapists, orientation and mobility specialists, and pediatricians and other physicians. These services may be provided in a range of environments that include the child's home and community settings such as childcare or infant/toddler program.

In implementing the program, the governor of each state designates a lead state agency to administer the program. A variety of agencies may function as the lead agency including education, health, human services, social services, developmental disabilities, and rehabilitation service agencies. The governor also appoints an Interagency Coordinating Council (ICC), which includes parents of young children with disabilities, to advise and assist the lead agency (Samuel, et al., 2003).

To this point, we have covered the national background and policies, legislation, and services, concerning special education including early intervention in the five representative countries. According to Bronfenbrenner's (1979) ecological framework, human beings' early development results from the interplay of biology and sociology such as political, economical and cultural factors. And also from the nature and nurture viewpoint (Garbarino & Ganzel, 2000), the early development comes from the characteristics children bring with them into the world and the way world treats them. Now we will focus on the comparison of the EI implementation in the five countries.

Contrasting Views of Early Intervention

Obviously different countries use different methods in defining disability, in child find, in screening, assessment, and in delivering early intervention services since they are at different developmental stages of EI.

Among the already mentioned five countries, Zimbabwe unfortunately lags behind. In this country, early intervention for young children is under development. And the early identification for children with disabilities lies in very limited fields like visual, hearing, physical, and mental impairments. There are three kinds of schools in Zimbabwe including normal, integrated, and special schools. For children with disabilities, they can go to special or integrated schools based on the levels of disability. In integrated schools, the children with special needs take regular classes with their counterparts without disability and they take some extra courses in the resources room for their special needs as well. For those very young children with special needs between 3-5 yrs old, they go to special kindergarten/preschool usually not free of charges and only a small number of children are eligible for governmental funds or special subsidies due to the strict evaluation system to receive free preschool/kindergarten education/services. For children between 0-3 yrs old, basically there are no public services and again only those from affluent families can afford private day cares for special needs infants and toddlers.

Handicapped children and young people under 24 in Poland, however, to a great extent, have the right to care and special education arranged and provided at kindergartens, schools (normal education establishments), and other common, integrated (integration) and special establishments. They are referred to these special services by public psychological and pedagogical and specialist guidance services and consultancies. The curriculum contents, methods and organization of care and education have to be adjusted to the educational needs and developmental capabilities of pupils. Depending on the degree and type of disability (mental

handicap, hearing impairment, visual impairment, chronic illness and physical handicap), activities in special schools at different levels are run. For several years, integrated establishments (nursery schools, kindergartens and schools) and integrated departments at common educational institutions have been set up, too, which operate on the basis of individual curricular accepted by the educational superintendent. In terms of early intervention in Poland, there are services available for children with disabilities between 3 and 6 yrs old, although pupils with disabilities can continue their pre-school education up to the age of 10, if necessary. The services are offered either at home or at special education units (mainly pre-schools, or in schools, if there is no special pre-school in the given area). Different from special services for children older than 6, the early intervention support is aimed both at children (to stimulate their development) and their parents (to offer parental guidance). The support is provided by early support teams which include different specialists (psychologists, physicians, speech-therapists).

As for China, early intervention services are thriving after the 1978 economy reform and open policy. There are two types of EI programs, special preschool/kindergarten (there is no distinction between preschool and kindergarten) and inclusive preschool programs. Among these EI programs, a small number are publicly operated, but many are set up and managed by parents of children. A large proportion of these EI programs are for children with hearing impairment while a small number of programs are for children with autism or cognitive impairments. It is not bold to say that EI is a growing trend in contemporary China. Major barriers, however, still exist in the following areas such as the large number of population with disabilities, the lack of finance or infrastructure to set up more schools, lack of nation wide supported programs (although china benefits a lot from the Head Start program in US, copying these programs cannot solve the realistic problems in EI faced by China), and last but not least parents' biases against children with disabilities leaving children rejected or even abandon.

As to providing appropriate early education support to families with children with disabilities, India serves an example for other developing countries in using various approaches including home-based programs (0-3 yrs), self-help groups (3-6 yrs), and anganwadi centers (3-6 yrs). Home-based programs are available for children with special needs up to three years of age. The community-based rehabilitation (CBR) worker visits homes to provide early stimulation programs and training to parents or to the family members responsible for taking care of the child, perhaps sibling or grandparents. This enables them to look after their children more effectively. The self-help group is a multi-purpose disability center, which uses any place that is available in the villages, including temples, community halls or mainstream schools. This program helps children from three to five years old children prepare for primary education. An Anganwadi center is a government-run preschool, run through the education or social welfare departments and providing children with early care and education with an objective to provide supplementary nutrition and education. Challenges that continue to face India, however, are the bias against children with disabilities, insufficiency of funding, expertise and public services, and the inefficiency of governmental function.

Among the five countries, the US is the one with most successful concepts for child identification, screening, assessment, and service delivery. The IDEA 1997 requires all states to have a "comprehensive Child Find system" to assure that all children from birth to age 21 who are in need of early intervention or special education services are located, identified, and referred. Screening is also a component of IDEA 97 to children suspected of developmental problems. Those who are screened to need special education will be referred to local special service agencies with an intention to enhance the development of children with disabilities and to minimize their potential for developmental delay. Assessment and reassessment will be made regularly to make sure that the special services provided to individual children are effective and age appropriate. The FICC (Federal Interagency Coordinating Council), set up in 1991 by the Congress in the IDEA statute, ensures that children with disabilities benefit from an integrated, seamless system of services and supports that is family centered, community based, and culturally competent. Each state also initiates its own ICC to encourage a family-centered approach, family-professional partnerships, and interagency collaboration.

To have a more explicit understanding of the current EI status in terms of the nine variables such as policy and legislation, concept, school system, implementation strategies, funding, evaluation methodology, and barriers or challenges in the five countries, a figure is offered in the following part. This cross cultural, ethnical, and political comparison from ecological and developmental perspectives provides an opportunity to identify weaknesses and strengths of each relevant country in its specific EI developing stage. In this way, different countries can learn from each other to fully develop this global course.

Figure 1:
Summary of the Current EI Status of Five Countries on Nine Relevant Variables

Country Variables	Zimbabwe	India	Poland	China	U.S.A
policy/ legislation	the Education of Act (1987)	No Legislation on EI	No legislation on EI	Special Ed Act & Compulsory Education Act for Children with disabilities(1996)	IDEA(1997)/ADA
inclusive/integrated/special school	integration	special school	all three	Inclusive(strongly encouraged) & Special	all three
Strategies	adopting UNESCO's "effective school for all" standardized supervision system for the education of children with special needs/inclusion	home-based(0-3 yr)/self-help groups(3-6 yr)/anganwadi (3-6 yr)	offer people with disabilities equal rights to Medicaid, education, training, rehabilitation and counseling, etc. EI remains undeveloped.	1.bottom-up implementation 2. regulations for special schools 3. credential for Sped teachers 4.increase of training program/ 5.government at different levels take out some education allotment to support EI and Sped	IEP/LRE
Funding	Lack of funding	Lack of funding	Lack of funding	Lack of funding	Good funding
interagency collaboration	None	None	Yes	None	Yes(e.g., ICC)
Location	community/ tribe	community	clinics/special schools	big/medium cities & remote countries	local agency/ schools
Concepts	school/ teachers-centered	school-centered	clinic-centered	Clinic/special experts-centered	family/ children-centered (e.g., IFSP)
Evaluation /assessment	assessment only limited to narrow fields like mental retardation, hearing and visual impairment, and cognitive disabilities	assessing strength & weakness of the resources centers attached to mainstream schools or in self-help centers		regular assessment by special education administrations at different levels/set up grants and appreciation to encourage and honor excellent teachers and organizations	assessment conducted by interdisciplinary experts
barriers/challenges/ recommendations	early identification only limited in several fields like hearing , cognitive, physical, and visual disabilities/lack of money/ineffectiveness of legislation and policy/traditional and cultural biases/lack of expertise	1. labeling children according to disability 2. no access to services 3. poverty 4. parental biases towards children at risks	its law less emphasizing individual support and accessibility measures/insufficient funds and trained staff/ lack of interagency cooperation	develop its own service delivery model and curricula	IEP/ interdisciplinary service coordination and collaboration/ personnel preparation and training of service providers

Note: Bottom-up implementation: encouraging every country to initiate efficient measures in bringing out special education under the supervision of each province.

Resource room: this model is frequently in operation in western countries.

IDEA: Individuals with Disability Education Act

LRE: Least Restrictive Environment

ADA: American with Disabilities Act

IEP: Individualized Education Plan

ICC: Interagency Coordination Council

Conclusion and Discussion

The United States has a long history of EI research and development, legislation, implementation under the laws, a system of personnel preparation and training of service providers, and collaboration between different agencies including the clinics, schools, service coordinators, and parents. The collaboration between agencies and respect to children with special needs are what Poland and China need most although Poland, to some extent, has its own interagency teams diagnosing children with disabilities, when it comes to special service support, it is still the special educators who play the major role, whereas in China there is no interagency cooperation even in regards to diagnosing the *problems* of children.

In China, it is still customary for the clinics to screen the child to find out problems, and make decisions for the child's education or future services offered without cooperating with other governmental departments like the Ministry of Health and Social Welfare and the Ministry of Labour and Social Policy, or non-governmental agencies. Although Poland leaps ahead of China in diagnosing or screening children, when it comes to listening to families with children with special needs or thinking of the child as a person so as to make appropriate decisions or offer services, there is no distinction between these two countries. In addition, the lack of funds and trained staff are also big problems facing the two countries in the implementation of EI and its service delivery. Therefore, the reform of the special education system and the transformation from the clinics/special teacher-centered to family-centered and collaboration among different agencies both in diagnosis and special service support are urgencies for these two countries to promote and enhance the development of EI.

India has its own limitations in the implementation of EI including the plan of EI services on the basis of labeling children according to disability, rather than on levels of ability, the scatter of disabled children throughout rural and tribal areas, where an access to EI is a big problem, and a complex association between poverty and disability, where we find both mothers who are overburdened with field work/house work/the demands of bringing up children, and fathers, the head of the family who are mainly dependent on agriculture and self-employment, are not able to give time to their children either. E.g., to the Slum Indians, the priority is still taking care of their basic needs like housing, nutrition, and Medicaid, etc., so much so that it is hard for them to spare any thinking on the needs of children with disabilities. Therefore, although a policy decision has been taken to promote inclusive early childhood education, education is still not always seen as a priority for the children esp. children with disabilities.

Among the five countries considered in this paper, Zimbabwe is far under development in their EI development. Just as what are mentioned in the Methods section, the insufficient funding for EI, ineffectiveness of legislation and policy, traditional and cultural biases, and lack of expertise are the most pressing problems facing the Zimbabwe in its EI development. Early Intervention is a global issue and need and it requires the whole world's attention and effort. Children, whether typically developing or having special needs, are gifts and hope of our future. It is a time for us all to devote all our effort and cooperate with each other to provide the best to these young *buds*, and then tomorrow we will enjoy the prettiest flowers and harvest the most pleasing fruits in our garden.

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