

# education's

## **missing millions**

including disabled children in education  
through EFA FTI processes and national  
sector plans

**main report of study  
findings**

# acronyms & abbreviations

<b>ADEA:</b>	Association for the Development of Education in Africa	<b>LCI:</b>	Leonard Cheshire International
<b>CBR:</b>	Community-Based Rehabilitation	<b>MDG:</b>	Millennium Development Goal
<b>CFS:</b>	Child Friendly School	<b>MICS:</b>	Multiple Indicator Cluster Survey
<b>CIDA:</b>	Canadian International Development Agency	<b>NER:</b>	Net Enrolment Rate
<b>CIS:</b>	Commonwealth of Independent States	<b>NGO:</b>	Non-Governmental Organisation
<b>CSO:</b>	Civil Society Organisation	<b>OECD:</b>	Organisation for Economic Cooperation and Development
<b>DFID:</b>	Department for International Development (UK)	<b>PRSP:</b>	Poverty Reduction Strategy Paper
<b>DPI:</b>	Disabled People's International	<b>PTR:</b>	Pupil-Teacher Ratio
<b>DPO:</b>	Disabled People's Organisation	<b>SEN:</b>	Special Educational Needs
<b>ECCE:</b>	Early Childhood Care and Education	<b>SNE:</b>	Special Needs Education
<b>EFA:</b>	Education for All	<b>UN:</b>	United Nations
<b>EENET:</b>	Enabling Education Network	<b>UNESCAP:</b>	United Nations Economic and Social Commission for Asia and the Pacific
<b>EPDF:</b>	Education Program Development Fund	<b>UNESCO:</b>	United Nations Educational Scientific and Cultural Organisation
<b>EMIS:</b>	Education Management Information System	<b>UNGEI:</b>	United Nations Girls' Education Initiative
<b>FTI:</b>	Fast Track Initiative	<b>UNICEF:</b>	United Nations Children's Fund
<b>GCE:</b>	Global Campaign for Education	<b>UPE:</b>	Universal Primary Education
<b>GER:</b>	Gross Enrolment Rate	<b>UPC:</b>	Universal Primary Completion
<b>GPDD:</b>	Global Partnership for Disability and Development	<b>USAID:</b>	United States Agency for International Development
<b>GPI:</b>	Gender Parity Index	<b>WHO:</b>	World Health Organisation
<b>IDCS:</b>	International Deaf Children's Society		
<b>ILO:</b>	International Labour Organisation		

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*Disabled children learn  
with non-disabled  
children, Albania*

**photo:** Wendy Chin



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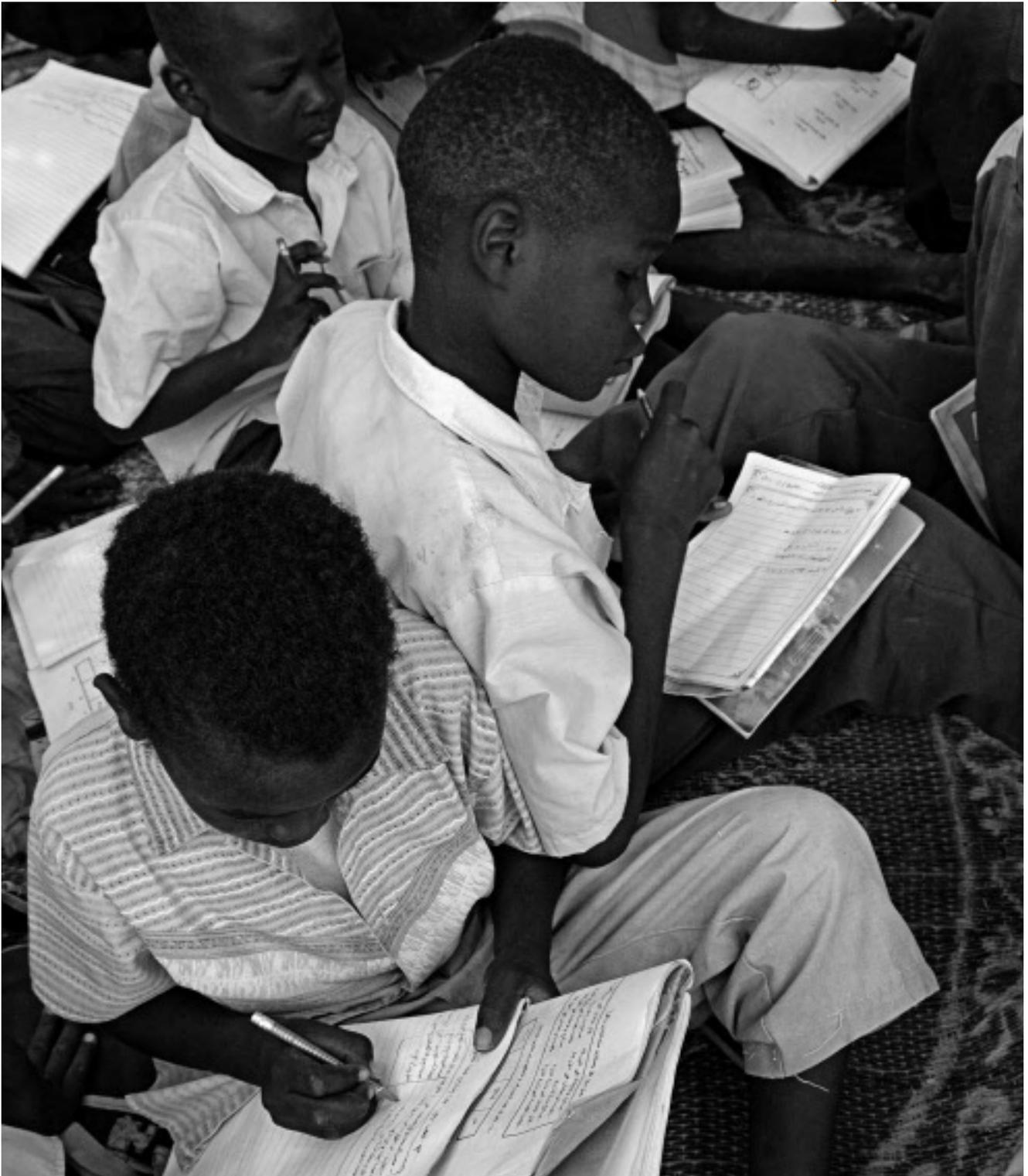
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## **Philippa Lei**

Senior Child Rights Policy Adviser, World Vision UK  
September 2007

*Inclusion in school, Sudan*

**photo:** Dan Teng'o



# foreword

Every child is entitled to a free and good quality education.

Regrettably, in our time there is a widespread practice of not recognising this right for a disproportionate number of disabled children in the South. While progress has been made in many countries towards achieving the Millennium Development Goal (MDG) of universal primary education by 2015, 77 million children still remain out of school. Of these, over one-third are estimated to be disabled children.

The scope and extent of this exclusion from education is simply unacceptable and raises enormous concern. The UN Convention on the Rights of the Child clearly expresses the right of each child to education (Article 28), and the responsibility of governments to ensure that disabled children receive quality education (Article 23). This is reinforced by the UN Convention on the Rights of Persons with Disabilities, which places an obligation on governments to ensure an inclusive system (Article 24), and highlights the role of international co-operation in helping governments meet their responsibilities (Article 32).

Working together to ensure that disabled children's rights to education are respected, protected and fulfilled is crucial. The Education For All Fast Track Initiative (FTI) offers an important opportunity to work in partnership towards this aim, but this opportunity is yet to be truly embraced by FTI partners.

At the G8 Summit in Gleneagles, world leaders agreed to boost investment in education, and support the Fast Track Initiative to help meet the shared goal of universal primary education by 2015. Two years later this promise was reaffirmed at the G8 summit in Germany.

However, it is not enough for Governments to simply address the missing financial millions necessary to ensure every child receives a good quality education. If we are to meet the 2015 goal, it is now time for Governments to work together to actively target the millions of marginalised disabled children currently missing out on a free and good quality education.

Moreover, from now on, the new paradigm of inclusive education must mark the institution of education,

understanding that the traditional education system, as it was conceived and designed, is not only opposed to diversity, but also works against the rights and interests of populations historically excluded.

The Fast Track Initiative must embrace this new paradigm and the challenge posed by the continued exclusion of disabled children from education if it is to be successful in its attempt to ensure primary education for all the world's children by 2015.

This report provides an important tool in meeting this challenge and is to be welcomed as a timely and critical contribution towards achieving education for all.

**Vernor Muñoz**

UN Special Rapporteur on the Right to Education

*Inclusion in school,  
Bangladesh*

**photo:** L. Duveillier,  
Handicap International



# executive summary

It has been estimated that one third of the 77 million children still out of school are disabled children (UNESCO, 2006). The same report has also estimated that fewer than 10% of disabled children in Africa attend school. Globally, ensuring the inclusion of disabled children is critical to achieving the goal of universal primary completion (UPC) by 2015. Access to quality basic education is also a fundamental human right, as reflected in a number of international conventions and commitments including the 2006 UN Convention on the Rights of Persons with Disabilities which reiterates the right to inclusive education. Given the relationship between disability and poverty, disabled children's participation in education is also essential to poverty alleviation.

This study focuses on how the Education for All Fast Track Initiative (FTI) Partnership is tackling the challenges of disability and inclusion. Its purpose is to:

- assess the disability responsiveness of FTI processes and education sector plans thus far;
- formulate recommendations to strengthen current processes, tools and partnership mechanisms; and
- identify new opportunities through which the FTI can better address the issue of disability and education.

The study comprises:

- a review of the FTI endorsement guidelines and processes with reference to disability and inclusion, including donor assessments of plans;
- analysis of the 28 country education sector plans endorsed by the FTI between 2002 and 2006;
- two detailed country case studies; and
- a review of policy and practice in other selected countries, some of which are now preparing for FTI endorsement.

The study also looks at the extent to which the FTI Education Program Development Fund (EPDF) has focused on disability and inclusion and at donor perspectives and harmonisation in relation to disability and inclusion.

In reviewing country plans, the study took as its starting point that plans should:

- reflect international commitments to the rights of disabled children to be educated;
- identify the number of disabled children and assess their needs;
- have strategies on key aspects of provision such as making school buildings accessible and the development of curriculum, teaching methods and materials to meet a diversity of needs, with appropriate management arrangements;
- aim to develop capacity, through scaling up of provision, and training programmes;
- acknowledge the importance of parental support and community involvement;
- include appropriate and sufficient financing;
- address monitoring and evaluation, including improvements in student data and other information.

No country met all the above criteria. This was expected given the many other challenges countries face to improve education services. However, a number of FTI-endorsed countries, particularly those which are approaching universal primary education, do now have education sector plans which address the inclusion of disabled children. Most of these plans focus on making regular schools more inclusive, through improvements in teacher training and provision of additional learning materials and support, though some also retain some special provision. A few countries are also setting targets for enrolment and instituting financial and other incentives to encourage schools to become more inclusive. Some link disability to other initiatives to increase equity and reach excluded children. However, in a number of countries, policies and provision for disabled children remain cursory or have not been implemented. Key gaps include:

- lack of data on the number of disabled children in total, the proportion enrolled in and out of school, and the range of provision;

- insufficient planning across a range of measures to improve provision, respond to the diversity of learning needs and increase capacity;
- few financial projections of costs, or use of funding mechanisms and incentives to encourage and support inclusion;
- limited approaches to partnership with parents, communities, NGOs;
- weak inter-ministry/sectoral/services links.

There is also insufficient clarity on policy approaches, particularly the differences between 'integration' (location of individual children in current provision) and 'inclusion' (systematic change to accommodate diversity). However there are some examples of promising practice at local level, many of which have been initiated by international and national NGOs and which demonstrate both the benefits and the practicalities of inclusion.

In relation to FTI processes and support, the FTI is concerned with the participation of disabled children as part of its focus on universal primary completion (UPC), and endorsement process guidelines refer to disability as one of the areas which education plans should address. However, having an explicit policy on disability is not identified as a critical aspect of education sector plans. Some country donor partner assessments evaluate whether countries' education plans address disability but others do not and there also seem to be considerable differences between donors as to policies, and levels of advocacy and support, in relation to disability and education. The Education Program Development Fund (EPDF), which has supported a number of countries to develop plans and capacity, does not seem to have included disability as a priority or to have been used to foster information exchange on policies and strategies in relation to disability and inclusion in education.

The main conclusion of this study is that taking together both FTI endorsement processes and funding support, and country plans and donor assessments, the FTI Partnership could be considered as not yet being responsive enough

to disability. Current developments in policies and strategies on disability and inclusion cannot be attributed to its influence. However, the Partnership has the capacity to catalyse increasing concern with the inclusion of disabled children into effective policies, planning, implementation and monitoring at country level. The Partnership could also facilitate information and practice exchange and help to fill knowledge gaps. It could also advance global commitment to inclusive policies and provision as a priority issue in relation to achieving universal primary completion and to secure agreement on the policy expectations, most effective strategies and support and advocacy mechanisms which will make inclusion more of a reality.

It is therefore recommended that the FTI Partnership play a greater role in catalysing increased responsiveness to disability by:

- promoting policy dialogue and promising practice within the Partnership, with both partner countries and donors;
- acting as a policy 'champion' for inclusion, advocating the critical importance of the participation of disabled children to the achievement of UPC, in order to increase both political and funding commitments to ensuring their inclusion.

In addition, the FTI could help to close gaps in data, policy, capacity and financing, for example by:

*Data:*

- supporting, through the EPDF, country-based and international studies on the number of disabled children enrolled in or out of school;
- providing guidance to countries on strategies to identify and monitor the progress of disabled children, including the use of EMIS;
- using the EPDF to fill other critical knowledge gaps.

*Policy:*

- ensuring the FTI endorsement and review process pays attention to disability and inclusion;

- disseminating examples of effective inclusive policies, strategies and practice.

*Capacity:*

- identifying critical capacity needs within partner countries and using the EPDF to identify, develop and disseminate effective responses, for example in relation to teacher training;
- identifying innovative approaches and good practice and how these can be scaled up through effective service delivery structures and improved partnerships with non-state providers and communities.

*Financing:*

- supporting, through the EPDF, country-based and international studies on the costs of inclusion of disabled children;
- advocating for, and contributing to, the additional financing required for inclusion.

It is also recommended that the Partnership set up a Task Team or Working Group to consider this report and develop the response. This Task Team could focus on disability and inclusion or be a sub-group in a wider Task Team or Working Group on all aspects of inclusion in education, to facilitate policy links and lesson learning.

The agenda for such a Task Team or Working/Sub-Group could include the following:

- a) developing a policy statement on disability and inclusion, including links to other equity and inclusion initiatives;
- b) taking forward proposals for amendments to the Appraisal Guidelines to reflect the importance of policies and strategies for disabled children, including requiring that all donor assessments for endorsement should evaluate such policies and strategies;
- c) taking forward proposals for revisiting endorsed plans, including sector Annual Review processes, to strengthen their support for disabled children, as part of the Partnership's current review of quality assurance procedures and in support of the ratification by countries of the UN Convention on the Rights of Persons with Disabilities;
- d) identifying how the EPDF can help fill critical data and other knowledge gaps;
- e) taking forward proposals to develop the EPDF as a source of information and practice exchange, particularly at regional levels, in relation to the inclusion of disabled children in education;
- f) advising how the Partnership can assist with the development of a database of technical expertise and other resources on disability and inclusion to support country planning, implementation and evaluation;
- g) dialogue with donor members of the Partnership on their policies on disability, inclusion and education, to enhance alignment and harmonisation.

Membership could include representation from:

- donors with a particular interest in disability and inclusion;
- the UNESCO Flagship on Education for All and the Rights of Persons with Disabilities: Towards Inclusion;
- several countries with experience of implementing policies on disability and inclusion;
- representatives of civil society through the Global Partnership for Disability and Development (GPDD) and the Global Campaign for Education (GCE);
- the OECD.

It would work with the Secretariat and the Partnership to take forward agreed remit and actions.

These recommendations are also presented in a summary document, which complements this report and has also been submitted to the FTI Partnership.

*Lily, who has autism,  
creates pictures with her  
teacher, Romania*

**photo:**  
Corina Iordanescu



# I introduction

## study remit and methodology

**1.1** This study is in part a follow up to previous studies on the approach of the FTI Partnership to HIV and AIDS and to gender (Bundy and Clarke, 2002; Clarke and Seel, 2005, which was funded by UNGEI). It is, however, more comprehensive than these studies in that a larger number of education sector plans are reviewed, including assessments of those plans, two country case studies have been undertaken and policy and practice in some non-FTI-endorsed countries have also been considered. The study commenced in August 2006.

**1.2** The purpose of the study, as defined in the Terms of Reference (see Appendix 1), and as guided by the Advisory Group (Appendix 2), is to:

- assess the disability responsiveness of FTI processes and education sector plans thus far;
- formulate recommendations to strengthen current processes, tools and partnership mechanisms; and
- identify new opportunities through which the FTI can better address the issue of disability and education.

**1.3** It has comprised:

- analysis of the FTI Framework and Appraisal Guidelines;
- desk analysis of the education sector plans of 28 countries endorsed between 2002 and the end of 2006;
- analysis of FTI Secretariat and country donor partner assessments of those plans;
- two detailed case studies of FTI-endorsed countries (Ethiopia and Cambodia);
- collation and analysis of information on policies and practice in selected countries other than the above;
- a desk review of EPDF reports to identify any specific support for developing policies and capacity in relation to disability and inclusion and/or information exchange;
- a desk review of selected donor policies on disability, inclusion and education.

**1.4** In relation to evaluating 'disability responsiveness', the study has considered whether education sector plans (and their assessment):

- reflect international commitments to the rights of disabled children to be educated;
- identify the number of disabled children and assess their needs;
- have strategies on key aspects of provision to meet a diversity of needs, with appropriate management arrangements;
- aim to develop capacity, through scaling up of provision, and training programmes;
- acknowledge the importance of parental support and community involvement;
- include appropriate and sufficient financing;
- address monitoring and evaluation, including improvements in student data and other information.

An analytical matrix was developed to assess each country plan, covering: policies and plans; data; strategies for service delivery; system management, including partnership with parents, communities and NGOs; capacity development; financing; and monitoring and evaluation (see Appendix 3).

**1.5** The analysis of country plans recognises both the progress which many countries have made in relation to inclusion and to education more generally, and the challenges which many countries still face, including the expectations of the criteria above. For example, robust data are not yet available in any country. Country contexts and education systems also vary. The study is therefore concerned with identifying policy commitment, an inclusive approach to provision and practice and evidence of strategies and planning, rather than particular implementation models or specific indicators of progress. In relation to FTI processes, the study has also evaluated endorsement mechanisms rather than models, and the extent to which sharing of information and promotion of promising practice has been encouraged.

**1.6** The study refers to 'disabled children', reflecting the social model of disability and the disabling barriers faced by many children with impairments. It also refers to 'special educational needs' where relevant, in line with usage of this term in many country plans. 'Inclusion' is defined as the process of addressing and responding to the diversity of needs of all learners to ensure participation in regular education and positive learning outcomes (see Box 1 below).

### Box 1: Defining Inclusion

*Inclusion is:*

- a recognition of the right to education and its provision in non-discriminatory ways;
- a common vision which covers all children of the appropriate age range;
- a conviction that schools have a responsibility to educate all children;
- a process of addressing and responding to the diversity of needs of all learners, recognising that all children can learn.

*It involves:*

- providing appropriate responses to the broad spectrum of learning needs in formal and other education settings;
- a particular emphasis on those groups of learners who may be at risk of marginalisation, exclusion or under achievement;

- identification and removal of attitudinal, environmental and institutional barriers to participation and learning;
- changes and modifications in structures and strategies and in content and approaches to learning;
- enabling teachers and learners to see diversity as a challenge rather than a problem.

It is concerned with adaptation of the education system to the needs of learners, whereas integration is about adaptation of learners to unchanged provision.

It emphasises opportunities for equal participation in formal and non-formal education, but with options for special assistance and facilities as needed, and for differentiation within a common learning framework.

In its emphasis on improving education, inclusion benefits all learners.

Adapted from UNESCO (2005) *Guidelines for Inclusion: Ensuring Access to Education for All*.

## 2 background

**2.1** It is estimated that there are 650 million disabled people in the world (UN, 2007), of whom one third are children and the majority live in developing countries with little or no access to education, health or other services (World Bank, 2007). The 2007 UNESCO *Education for All Global Monitoring Report* (UNESCO, 2006) estimates that more than one third of the 77 million children still out of school are disabled children and that in Africa, fewer than 10% of disabled children are in school.

**2.2** During the past decade there has been a greater focus on the rights of disabled people, including children, due to advocacy by civil society groups, particularly NGOs and disabled people's organisations and greater attention to disability in international human rights commitments. There is also greater recognition of the extent of exclusion of disabled children and adults despite the progress now being made in many countries on access to schooling, provision of better health care and other services, and reducing poverty. The UN Convention on the Rights of the Child (1989), which identified the rights of each child to education, the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities (1993) and the Salamanca Statement on inclusive education (1994) have now been strengthened by the new (2006) UN Convention on the Rights of Persons with Disabilities which reinforces the rights of disabled people in relation to education and the obligation of governments to ensure an inclusive system (see Box 2 on page 10).

**2.3** Although the Millennium Development and Education for All goals do not explicitly mention disability, inclusion of disabled children is part of the aim to ensure completion of quality basic education by all children by 2015. It was mentioned in the Jomtien Declaration of 1990 (though subsequently largely ignored) but has become an increasingly significant issue following the Dakar 2000 World Forum on Education and the setting up of the UNESCO Flagship on The Right to Education for Persons with Disabilities: Towards Inclusion to work on advocacy and networking, publication of guidelines,

training, technical co-operation and monitoring and evaluation, including statistical information.

**2.4** However, as noted in the report of the UN Special Rapporteur on the Right to Education (Munoz, 2007), although there is now almost universal recognition of the need to promote inclusive practices, and disabled children are taught increasingly in mainstream schools, this is more a form of 'integration' than 'inclusion' as there are few adaptations to accommodate diversity and a range of special provision continues to be made. Statistical information is weak, some countries rely largely on NGOs for provision, and other factors such as gender and poverty combine with disability to exacerbate discrimination and exclusion. Country governments and international agencies still need to focus much more on the inclusive participation of disabled children, by recognising inclusive education as a right, setting minimum standards, ensuring a transition plan, identifying key responsibilities, developing the participation of students, parents and communities, providing resources and establishing monitoring and evaluation mechanisms.

*A boy with cerebral palsy  
learns with his peers,  
Tanzania*

photo: CBM



## Box 2: Some International Commitments

*UN Convention on the Rights of the Child (1989) – Article 23*

Children with disabilities should have effective access to and receive education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development.

*UN Standard Rules (1993) – Rule 6*

States should recognise the principle of equal primary, secondary and tertiary educational opportunities for children, youth and adults with disabilities, in integrated settings. They should ensure that the education of persons with disabilities is an integral part of the educational system.

*UNESCO Salamanca Statement (1994)*

Schools should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions... regular schools with an inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all.

*Declaration of Bamako (sub-regional seminar on inclusive education sponsored by CIDA and organised by Inclusion Afrique et Ocean Indien, at Bamako, Mali, March 2002)*  
All African countries should adopt and include an

inclusive education component, supported by the passing and implementation of legislation... persuading decision-makers and sponsors to pay special attention to inclusive education in development plans...

*UNESCAP Biwako Millenium Framework for Action towards an Inclusive, Barrier Free and Rights-based Society for Persons with Disability (May 2002) and UNESCAP/ICI Bangkok 2006 Conference Statement on Partnership to Improve the Educational Opportunities and Economic Empowerment of Persons with Disabilities in the 21st Century*

Commits to... early detection, intervention and early childhood development programmes...realisation of quality education for all, particularly girls and women with disabilities and children and young adults with multiple disabilities....

*UN Convention on the Rights of Persons with Disabilities (2006) – Article 24*

States Parties... shall ensure that... persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live... receive the support required within the general education system to facilitate their effective education... are able to access tertiary education, vocational training, adult education and lifelong learning....

# 3 critical issues

**3.1** This section focuses on a number of critical issues, namely:

- definitions and data;
- policies and planning;
- service delivery;
- capacity development;
- finance; and
- monitoring and evaluation.

It draws on a range of literature on disability, inclusion and education. This analysis was undertaken to identify the policy and implementation issues, and gaps in knowledge, of particular relevance to the review of FTI processes and to inform the content of the analytical matrix used for country plan analysis (see also para 1.4 and Appendix 3). Since disability issues, and 'what works', have not been as widely researched or disseminated as is the case with other policy issues such as girls' education, it was also considered important to give more detail of some of the assumptions in the literature in relation to disability and inclusion in education. The issues discussed below will also be revisited in Section 10, which considers ways forward in the light of country plans and experience.

## Definitions and data

**3.2** In relation to definition, the WHO International Classification (2001) defined disability as the outcome of the interaction between a person with an impairment (long-term/permanent loss of physical, mental or sensory function) and the personal and environmental and other barriers s/he may face, and focuses on the implications of impairment for functioning in a variety of contexts and for a range of purposes. This is a social model of disability. However, countries may vary in the degree to which they adopt a social as opposed to a medical or individualised model and may also use categories in relation to disability and education, based either on particular impairments and/or identification of additional resources/provision required (in developing countries there are usually only four categories, related respectively to physical, visual,

hearing and intellectual impairment, though the range of identified categories is now growing in some countries). Such definitions also remain highly relative, in that they are influenced by personal and cultural perceptions, health or other interventions, and contexts of functioning such as the barriers faced in a particular environment.

**3.3** In relation to data, prevalence data are still not comprehensive or robust and are sometimes contradictory. As noted earlier, the UN has estimated there are 650 million disabled people worldwide of whom the World Bank suggests the majority live in developing countries and about one third are children (World Bank, 2007:3). DFID (2000), drawing on UN data from the 1990s, suggests that a substantial proportion of impairments in developing countries are preventable, with the major cause being disease, and other causes including malnutrition and trauma, including from conflict.

**3.4** An impairment prevalence rate of 10% is often quoted. However, such estimates may be problematic in that although some of the causes of impairment, such as disease, may be higher in developing countries, survival rates are likely to be lower. For example, DFID (2000) suggests that under-five mortality rates may be up to four times as high for disabled children. Filmer (2005), after examining 11 national household surveys of impairment prevalence among children and young people aged 6-17 years, finds reported prevalence of 1-2%, which is consistent with other similar surveys (note this figure covers physical, sensory and some intellectual impairments and not the range of 'special educational needs' which in northern countries are identified in broader, multifaceted ways, are linked to education needs and progress and may comprise 15-20% of the school population). He also finds a mixed pattern of correlation between reported disability and level of poverty but does conclude that the gap in school participation between disabled and other children is larger than those associated with gender, rural residence or wealth (p.14). As noted earlier, it has been estimated that up to one third of the 77 million children still out of school may be disabled

(UNESCO, 2006) although there is no reliable data on the number of disabled children, and whether they are in school, for particular countries.

**3.5** Robson and Evans (2003) conclude that existing data sets are fragmentary and inconsistent in their definitions of disability, provide little basis for meaningful international comparisons and are largely of unknown reliability and validity (p.35). Along with Filmer, they suggest the use of a simple screening survey, such as the Ten Question Screen developed by Durkin and

colleagues (see Durkin et al., 1994) and used in a number of developing countries, should ideally be complemented with a second stage of professional assessment to improve standardisation and reliability (developed by UNICEF for its periodic MICS). They also stress that surveys should focus not only on collecting and analysing data but using such information for intervention.

**3.6** Better system and child data are therefore critical for overall planning and individual intervention and

### Box 3: Making Disabled Children Visible through Better Information

Disabled children often remain invisible because of:

- socio-cultural attitudes, including stigma and fear;
- health or impairment-related restrictions on social participation and attending school, for example lack of mobility aids;
- lack of information on the number of disabled children;
- sharing of responsibility and lack of coordination across several ministries;
- perceptions that the education of disabled children will not be productive or cost-effective;
- concerns from parents or teachers that appropriate schooling cannot be provided;
- other policy priorities.

Better information could make disabled children more visible by:

- bringing to the attention of policymakers the number of disabled children, particularly the number of children not in school;
- providing data for effective planning and monitoring, for both schooling and for other support such as health care.

Disabled children will also become more visible through information such as:

- advocacy on their right to be included in education and in society;
- dissemination of effective approaches to inclusive learning in school;
- demonstration of their potential through education and training which results in improved livelihoods or through role models, for example, disabled teachers.

support, especially given disabled children may be particularly 'invisible', both as out of school children and in those communities where there is stigma and fear. A number of countries are beginning to implement screening as discussed above as part of their education and/or health programmes, and a two-stage approach is being piloted by the World Bank and OECD in Cambodia and Ethiopia. It is also important not just to target increasing the number of enrolled disabled children but also focus on provision, such as the number of schools moving towards inclusion, and include both in EMIS arrangements. This links to the resource-led approach, namely a definition of students with 'special educational needs' by the additional public and/or private resources required for their education, which draws in turn on the International Standard Classification of Education adopted by OECD countries (Peters, 2004:7).

**3.7** Although better data is a priority, the development of a screening and monitoring system should not delay other changes in policies and practice. As noted in one of UNICEF's recent reports on the state of the world's children, exclusion can lead to invisibility in communities and in education, with obscurity from official view through absence in statistics, policies and programmes (UNICEF, 2005a:7). The information required to progress their participation is quite wide-ranging and includes advocacy and dissemination (see Box 3).

## Policies and planning

**3.8** Studies of countries in Asia and South America have suggested that education policy development should be participatory, including with disabled people and their organisations, and that policy implementation should be complemented by awareness raising at both national and local levels (Porter, 2001; UNICEF, 2003). As with education plans more generally, there should be links to both international commitments and national policies. International commitments now include not only the EFA and Millennium Development Goals but also the new 2006 UN Convention on the Rights of Persons with

Disabilities, which commits ratifying countries to developing an inclusive education system (see also Box 2). National policies to be considered should include any policies on disability more generally and national poverty reduction strategies (PRSs).

**3.9** Policies also need to address the particular barriers to participation and learning in a country. These are likely to include attitudinal, environmental and legal and institutional barriers along with those created by poverty and other disadvantage (DFID, 2000). Some of the policy implications of these barriers are illustrated in Box 4.

### Box 4: Overcoming Potential Barriers to Inclusion in Education

- *Attitudinal barriers:* Policies need to stress the right to education. Attitudes can be changed through advocacy and awareness campaigns.
- *Environmental barriers:* Policies need to include physical accessibility of schools, and learning environments, approaches and resources which ensure access to learning, together with other facilities such as accessible toilets and transport.
- *Legal barriers:* Policies need to reinforce rights and non-discrimination with enabling and mandatory legislation in relation to access to education.
- *Institutional barriers:* Schools need to be encouraged to change attitudes and practices to become more inclusive.
- *Resource barriers:* Schools need to be given additional resources and students and their families may need additional financial support and/or incentives.

**3.10** Experience in higher and middle income countries, where policies have been in place over a long period, suggests there should be both enabling and mandatory components. Enabling legislation can encourage responsiveness and innovation at local level, but certain

statutory requirements may avoid the tendency for policy to be inappropriately modified by those implementing it in practice (see for example, Weatherly and Lipsky, 1977, on the US and Welton, 1989, on the UK). Enabling policies might include: greater flexibility in curriculum and assessment frameworks; providing training; additional learning resources; developing mechanisms for targeted finance. Minimum standards might cover, for example, accessibility of school buildings and having a compulsory component on disability and inclusion in pre-service teacher training.

**3.11** Policies also need to address demand as well as supply, recognising that as with other disadvantaged groups, including girls, demand will be subject to both economic and attitudinal constraints, requiring mitigating and other strategies to foster and sustain enrolment (DFID, 2001). It is also important to recognise the reinforcing aspects of different forms of disadvantage and exclusion, for example that disabled girls may be the least likely girls to go to school or that disabled children in remote rural communities or in urban slums may be particularly hard to reach.

**3.12** It is also essential to develop coordination with health, social welfare and employment sectors, particularly in relation to early education and care and post-school transition and education and training opportunities. One of the most challenging policy issues in all countries is ensuring the effectiveness of the co-ordinated, cross-sectoral and inter-disciplinary services required. However, there should be one lead Ministry for education, which has responsibility for all children and for education provision and staffing.

## Service delivery and capacity development

**3.13** The touchstone of policy is the quality of service delivery. Key issues include: models of provision; quality of teaching and learning; school and system management including partnership with parents and communities. Unlike HIV and AIDS and gender, both of which have been recently considered in relation to the FTI, not enough is yet known

about effective strategies – what works – for inclusion in developing countries. However there are some useful indications and experiences on which to draw, many of which are related to developing the capacity of teachers and managers to respond in more inclusive ways to disabled children.

**3.14** In relation to models, the main approaches are: (1) multiple track approach (continuum/variety of provision); (2) two track approach (standard and special provision and/or a model of change which maintains specialist provision alongside trying to make standard provision more inclusive); (3) single track approach (range of approaches and services in standard educational settings) (Peters, 2004). Inclusion implies one educational setting for all children which also accommodates diversity (the single track approach). Most developed and developing countries have taken the two track approach to date.

**3.15** It may be appropriate to continue to maintain some specialised provision until more inclusive practice, and support for it, is developed in regular schools. However it is important to note that most special schools are located in urban contexts and increases in enrolment by disabled children, particularly in rural areas, will need different models due to the cost and practicalities of having separate provision in more remote rural areas. The two track approach is also oriented towards making standard provision more inclusive and changes in the role of special schools, particularly making them resource centres for regular schools, are also recommended as part of developing more inclusive provision (see also para 3.21 below).

**3.16** Nearly all commentators on inclusive education emphasise improving the quality of education. Although specialist knowledge may be needed in relation to the teaching of children with certain impairments, most educational underachievement is due either to mild impairments, which most teachers should be able to address, and/or to poor or inappropriate quality of teaching and learning resources and environments. In particular, rote learning of the type practised in many developing countries is unlikely to be inclusive for many disabled children.

However, some pedagogical approaches used in northern countries, such as individual support, or experiential learning based on having small groups of children and a range of resources, or individual education plans, may not be easily realisable in large classes with few resources in remote areas by teachers who have only had limited training. Information and communication technologies have huge potential for supporting more individualised/adapted learning for disabled children but universal use is currently unrealistic.

**3.17** The development of structured teaching as a pragmatic response to resource-poor and overcrowded schools (UNESCO, 2004) may be the current best option, particularly as it includes the small teaching steps, checking for understanding and eliciting participation that disabled children, and others with particular learning needs, may require. In addition, it is important to encourage teachers to develop some adaptations and differentiation of teaching approaches and materials and use pair and group work where possible. Low or no cost changes in the classroom environment can also be effective, such as painting classroom walls white to reflect more light and careful positioning of students and teachers in the classroom. All these practices must however be based on an extension of teachers' perceptions of educability and development of teaching skills and materials (see Box 5).

**3.18** Teacher training is generally considered as a major element in the improvement of the quality of education (UNESCO, 2004). Training on disability and inclusion should be provided within pre-service courses and offered as in-service provision. There is also a need for specialised training, for example of teachers of deaf children.

**3.19** Early childhood care and education (ECCE) is also recommended as a way to improve the quality of learning, by supporting early cognitive development and thus helping to prepare children for primary school (UNESCO, 2006). However, despite such provision, particularly for disadvantaged and vulnerable children, being the first EFA goal, the gross enrolment rate was only 12.4% in sub-Saharan Africa in 2004. Children from poorer and rural

### Box 5: Teacher Training for Inclusion

Some key components:

- developing teachers' perceptions of educability;
- developing knowledge of different impairments and how to respond educationally;
- encouraging a more structured and active approach to teaching, but with some curriculum adaptation and use of a range of teaching approaches and materials;
- organisation of the classroom to facilitate inclusion and participation;
- diagnostic and formative assessment of learning;
- working with parents and the community, to enhance learning involvement and support.

households generally have less access than those from richer and urban households and much provision is private rather than publicly funded (UNESCO, 2006). Early childhood care and education may be particularly effective for disabled children if it is developed as a holistic service with both health and nutrition interventions, and early learning support, in partnership with parents.

**3.20** As with schooling in general, the development of leadership and management capacity in individual schools is particularly important. Whole school policies and planning in relation to inclusion have been found to be a useful tool in changing attitudes and practice in some northern countries (and were made statutory in the UK in the 1990s) (Bines, 1993). The Index for Inclusion (Booth et al., 2000), which has been supported by UNESCO for use in a range of countries, suggests that it is useful to think in terms of schools needing to foster an inclusive culture, develop inclusive policies and evolve inclusive practices.

**3.21** However, individual school development needs to be complemented by effective local/district management

of more specialist resources which each school does not need, nor can afford, full-time. The key service delivery unit for inclusion may therefore be a cluster of schools which share specialist support/expertise, professional training and other resources. Such clusters have been useful in countries such as the UK (Lunt et al., 1994) and can also draw on the expertise of special schools where available, through provision of assessment and learning outreach support for children and advice for teachers. This will however require different skills from teachers and other staff in such special schools.

**3.22** More knowledge, understanding and involvement amongst parents and the community is also critical, including engagement with cultural attitudes to disability, some of which will be inclusive, others not, and which also relate to political, social, faith and other aspects of a community/society. Northern advocacy has tended to stress individual rights but in developing countries it is also important to recognise how personhood may be much more social and family/community based. Drawing on experience of changing attitudes to girls' education,

using local change agents may be particularly effective, along with practical support for parents such as training and access to early education and care. Parents can also identify how exclusionary practices affect both them and their children, for example how negative social attitudes may force them to keep their children at home, how children may be formally excluded from early childhood and regular education programmes, and how the costs of education may mean prioritising other children in the family (Inclusion International, 2006). Parents' associations, and NGO support, particularly from disabled people's organisations (DPOs), therefore have a role to play in developing countries. Community-based rehabilitation (CBR) can also make a major contribution (see also Section 8).

## Finance

**3.23** Finance, particularly costs, are one of the least researched but potentially most contestable aspects of inclusion. A frequently cited study by the World Bank (Lynch, 1994) suggests that the costs in developing



*Children learning together in an inclusive setting, Egypt*

photo: Jamie Williams

countries of integrated in-class provision with specialist support may be marginal, though a later paper by the same author (Lynch, 2000) is more equivocal. It is likely, from OECD experience, that there will be extra costs involved in enrolling disabled children (or indeed other 'hard to reach' and disadvantaged children still out of school) (see also Eleweke and Rodda, 2002). However, cost-effectiveness also needs to be considered, ranging from the benefits, given the proportion spent in most education budgets on teachers' salaries, of improving teaching approaches through a focus on more inclusive schools to the developmental costs of failing to address the strong link between disability and poverty.

**3.24** There is also a need to develop models of targeted financing which both encourage and facilitate inclusion and also dovetail with other funding mechanisms to minimise increases in transaction costs. As noted by Peters (2004), the issue may not be additional resources (though increased enrolment and improved quality and services will increase budgets) but rather the allocation and distribution of funds, including incentives (or disincentives) to progress inclusion. Funding can be child-related, but service-resource based models, which provide additional support for the inclusive school rather than the individual student, are becoming the trend in some OECD countries and are likely to be most suitable for developing countries, where child data are limited and transaction costs need to be kept low. This suggests a useful approach may be an additional inclusion element in school capitation formulae/development grants. It is also critical to ensure that decentralisation does not result in major differences in resource entitlements. Monitoring expenditure and its outcomes, including impact on effectiveness, is thus very important.

### Monitoring and evaluation and scaling up

**3.25** Figure 1 (from Peters, 2004), over the page, both summarises many of the issues identified above and offers a model for evaluating policy and provision, including inputs, processes, outcomes and the wider context. It also

identifies in relation to student characteristics how inclusive education is not just relevant to disabled children but also to other disadvantaged groups. As well as system evaluation, tools such as the Index for Inclusion could be used at school level, supported by appropriate external inspection for greater accountability.

**3.26** The impact of inclusion on learning is most difficult to measure since comparative experimentation in inclusive/non-inclusive settings is unethical and would also be unlikely to capture all the individual and contextual factors involved. Studies in OECD countries suggest that inclusion does lead to better learning outcomes than segregation (Peters, 2004) and similar studies are needed in developing countries, to help demonstrate the greater efficacy of inclusion.

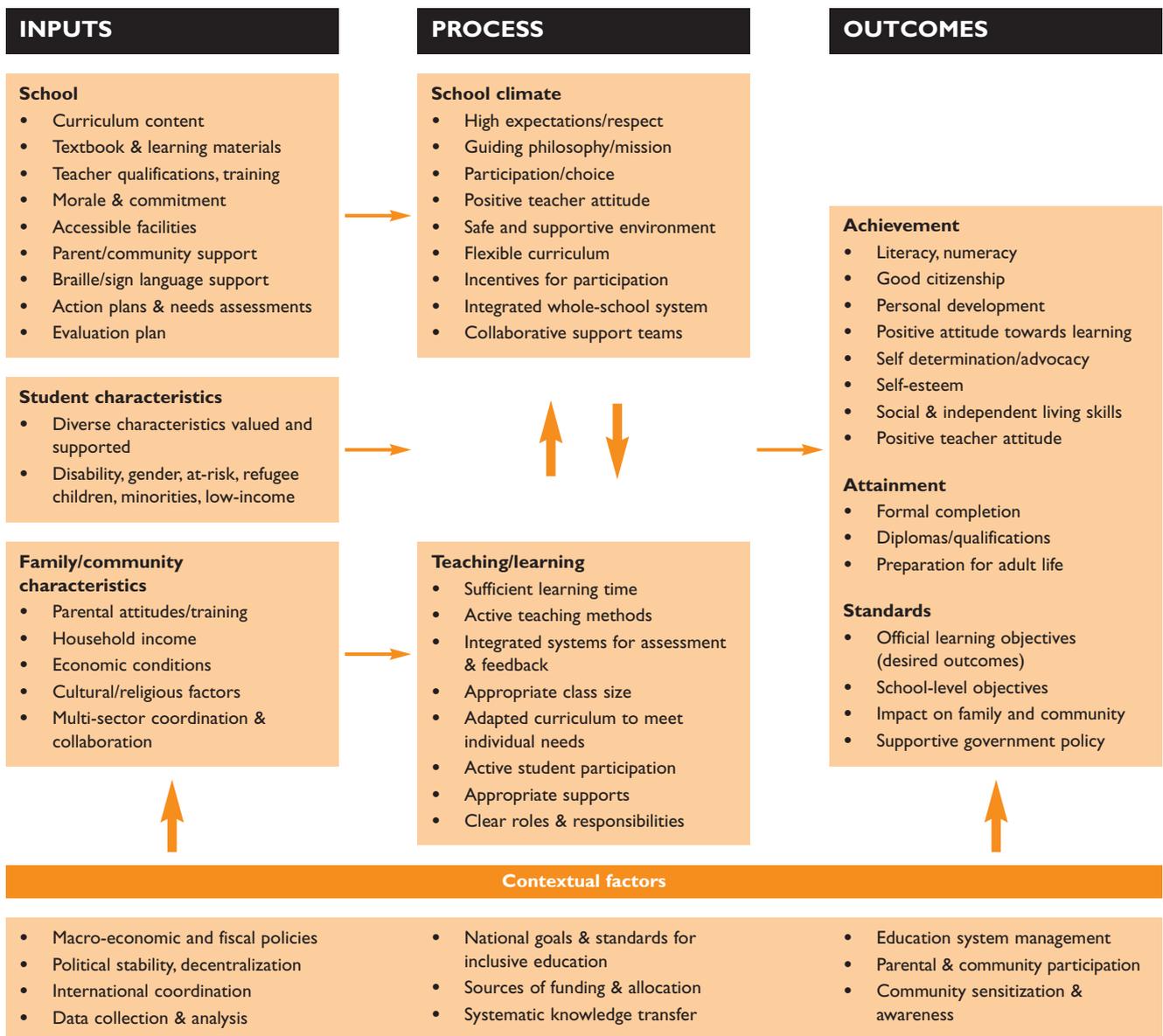
**3.27** Evaluation is also a critical aspect of scaling up innovation, including identifying key factors in success and future system and human capacity needs. Such evaluation should however consider the context for innovation development, for example the size of most classes and availability of resources and training, so that innovations can be adopted effectively into the main education system.

### Policy links and gaps

**3.28** Key policy links include recognition of the differential impact of gender and of other factors on disability (see, for example, Rousso (2003) on education, gender and disability who suggests both that girls face far more barriers to participation in school and that there is a dearth of programmes addressing their specific needs) and issues such as the need for disability awareness in other policies, for example the need for materials on HIV prevention which take into account particular impairments e.g. Braille materials.

**3.29** Policy gaps include financial and other targeted incentives for disabled children to attend school, and social protection measures for the support of disabled children and their families, particularly those measures which focus on education outcomes, as part of strategies to target excluded children (see, for example, MTT, 2004).

Figure 1: A Framework for Inclusive Education



Source: Peters, S. J. (2004) Inclusive Education: An EFA Strategy For All Children (World Bank) (p.14)

# 4 analysis of FTI remit, documentation and endorsement processes

## FTI remit

**4.1** The Fast Track Initiative was established in 2002 as “a new compact for the education sector that explicitly links increased donor support for primary education to recipient countries’ policy performance and accountability for results” (FTI Framework, 2004:3). It aims to accelerate progress towards achieving the central Education for All (EFA) goal of “universal primary school completion for boys and girls alike, by 2015” (UPC) by promoting:

- more efficient aid for primary education;
- sustained increases in aid for primary education;
- sound sector policies in education;
- adequate and sustainable domestic financing for education;
- increased accountability for sector results.

**4.2** However, the FTI has not as yet proactively addressed the challenge of increasing the numbers of disabled children who receive a primary education. Given its key role of endorsing country plans and in ensuring donors coordinate and meet their aid commitments to education, and its influence as a global policy platform on education, the FTI Partnership can play a critical role in ensuring the access of disabled children to education as part of the efforts to accelerate progress towards UPC.

## FTI Framework and Appraisal Guidelines

**4.3** FTI endorsement requires countries to have an approved PRSP (or equivalent) and a sector-wide programme for education agreed with in-country donors which fulfils certain criteria (FTI Framework, 2004). The process of endorsement was originally undertaken by the FTI Secretariat in consultation with country-based development partners, but is now country-led. It is based on evaluation of: country ownership and consultation; feasibility of priorities and strategies; sector costs and financing; capacity; and adequacy of monitoring and evaluation. Plans are expected to address: strategies for

accelerated progress towards universal primary education, and on gender equality, HIV and AIDS and other issues; policy actions designed to improve quality, equity, efficiency; budget requirements and fiscal sustainability; implementation capacity; and monitoring and evaluation. Benchmarks/ indicators cover: resource mobilisation; student flows; and key aspects of service delivery such as pupil-teacher ratio, annual instructional hours, the teacher workforce profile and non-salary expenditure.

**4.4** All the above implicitly address provision for disabled children and the 2006 *Guidelines for Appraisal of the Primary Education Component of an Education Sector Plan* both refer to areas relevant to disability and inclusion, such as projected unit costs to meet the needs of the most vulnerable and marginalised groups, and also make some specific reference to disabled children (e.g. Step 2 – education indicators for disadvantaged groups). However, given that disabled children (together with children living in conflict-affected and fragile states) are the most significant group of those remaining out of school, it could be suggested, as concluded by Seel and Clarke in 2005 in relation to gender (2005:31), that key documents and data compilation processes do not sufficiently prioritise and mainstream disability to catalyse stronger policies and actions within the national education plans of countries seeking FTI support.

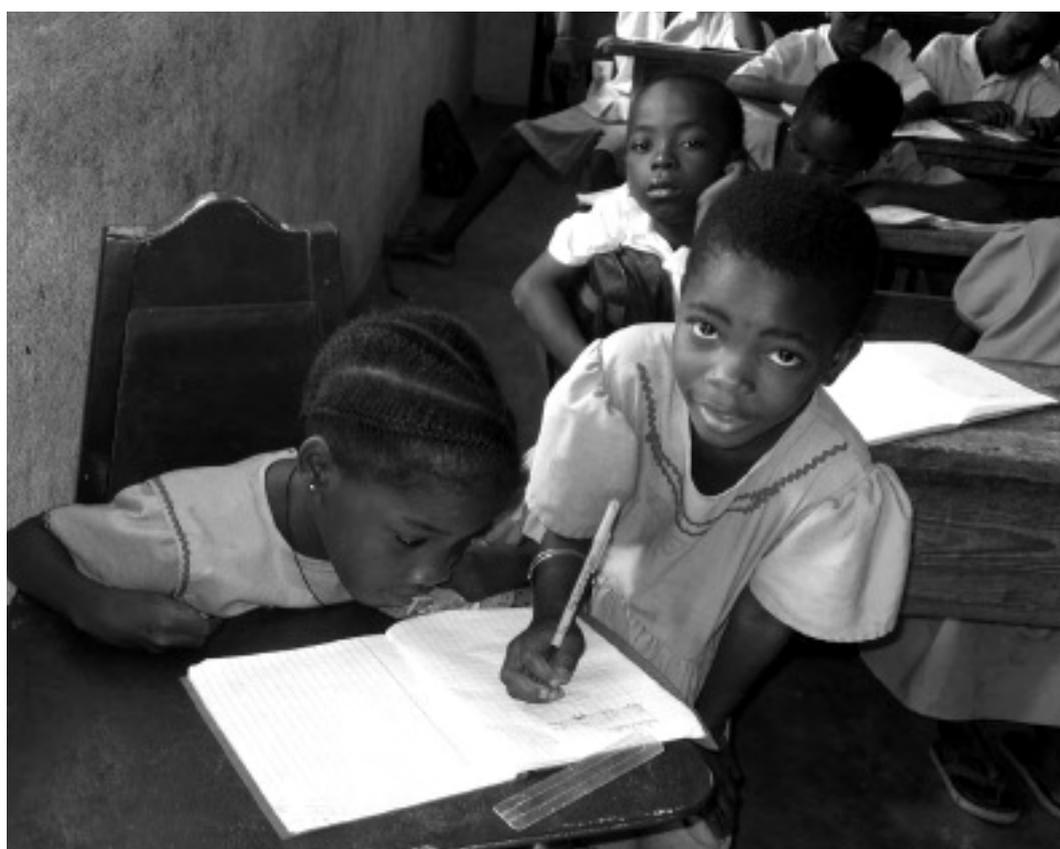
## Endorsement of country education sector plans

**4.5** The original endorsement process involved evaluation by the FTI Secretariat, in consultation with in-country donor partners. Early assessments by the FTI Secretariat do identify gaps in country plans in relation to disabled children. For example, the assessment of Vietnam’s country plan, which was one of the first to be submitted for endorsement, comments on the lack of explicit attention to children with disabilities, particularly given the plan is otherwise commendable in its attention to the educational participation and attainment of disadvantaged groups and Vietnam is well on track to

achieve UPC. This assessment also states that “all EFA FTI countries are encouraged to develop a national policy for the education of children with disabilities”. The assessment of Nicaragua’s plan also comments on the lack of mention of disability.

**4.6** In-country donor partners now lead the process, either commissioning or conducting the technical appraisal themselves. These donor assessments sometimes mention disability (or special educational needs), but only cursorily. Comments include the lack of data on disabled children and insufficiently detailed planning. However, in some instances, and irrespective of the country plan’s attention to inclusion, disability is not addressed at all. For example, the assessment of Timor-Leste’s plan, in answer to the posed question of whether the plan adequately addresses marginalised populations, suggests that it does, in that it provides interventions on the costs of education for poor

and remote families and communities and on girls’ education (thus omitting disabled children who are not mentioned at all in the plan). The donor assessment of Kenya’s plan, which included a technical appraisal by a consultant, comments on the comprehensive set of strategies to improve access for children out of school, including those in remote areas and urban slums, orphans and other vulnerable children, and girls, but does not make any specific comments in relation to disabled children despite Kenya’s detailed plan in relation to its Special Needs Education Investment Programme. And even where disability (or special educational needs) is mentioned in both country plan and donor assessment, very little attention is given to implementation strategies to make schools more inclusive or to the links which should be made to quality, training and system management improvement more generally (see Table I overleaf).



*Inclusion through peer to peer support, Togo*

**photo:** V. d’Almeida,  
Handicap International

**Table 1: Attention to Disability and Inclusion in Country Plan Assessments**

Some comment by country donors	No comment by country donors	Assessed by FTI Secretariat
<p><b>Africa:</b> One analytical comment on Niger where plan mentions disability briefly, and on Mauritania where plan makes no mention.</p> <p><b>Asia:</b> One comment re Mongolia where plan is cursory. Only mention for Kyrgyz Republic, where plan also weak, is from an NGO (Save the Children).</p> <p><b>Central and S. America:</b> Brief comment re Honduras where plan is weak.</p> <p><b>Europe:</b> One comment on Moldova which addresses disability and some analysis re Albania where plan is weak.</p>	<p><b>Africa:</b> No comments on plans which address disability in some detail (e.g. Ethiopia*, Kenya, Lesotho, Mozambique) or on plans of Burkina Faso, Cameroon, Mali, Madagascar, Rwanda, Senegal where plans are just indicative or cursory or no mention made.</p> <p><b>Asia:</b> No comment re Cambodia, Tajikistan or Timor-Leste, all plans with few/no mentions of disability.</p> <p><b>N. Africa/Middle East:</b> No comment re Djibouti, which has plan, or Yemen which does not.</p>	<p>Gambia*</p> <p>Ghana*</p> <p>Guyana*</p> <p>Guinea*</p> <p>Nicaragua and Vietnam: Comment on lack of attention to disability in the plan.</p> <p>* No detailed assessment available</p>

## The EPDF

**4.7** The FTI also has an Education Program Development Fund (EPDF), established in November 2004, to support countries to improve their education sector planning and programme development and strengthen technical and institutional capacity. To date, about 59 countries across six regions have received technical and financial support for country plan development and/or capacity building, including many which are studied in this report. Six of the African countries considered in this report (Burkina Faso, Ethiopia, Ghana, Kenya, Madagascar, Mozambique) also received support from the precursor to EPDF, the Norwegian Education Trust Fund (Norway remains the largest donor to date to the EPDF, though the UK,

Ireland, Luxembourg, and Sweden have now also provided funds with further FTI partners also likely to commit funding). The EPDF has received about \$26 million from donors. About half the funds approved in 2005 were for countries in South Asia, none of which are yet FTI endorsed. The EPDF also encourages knowledge sharing, particularly at regional level.

**4.8** However, with the exception of Djibouti, where EPDF resources have helped achieve the finalisation of the strategy for children with special needs, there does not seem to have been much of a focus on disability and inclusion in either country-based funding or thematic studies and other information exchange (EPDF Status Reports, March and November, 2006 and Draft Report, May, 2007).

*Learning at school, Albania*

**photo:** Wendy Chin



# 5 analysis of country plans

## Introduction

**5.1** This study focuses on the 28 countries endorsed between 2002 and 2006. They are:

*Africa:* Burkina Faso, Cameroon, Ethiopia, Gambia, Ghana, Guinea, Kenya, Lesotho, Madagascar, Mali, Mauritania, Mozambique, Niger, Rwanda, Senegal.

*Asia:* Cambodia, Kyrgyz Republic, Mongolia, Tajikistan, Timor-Leste, Vietnam.

*Central and South America:* Guyana, Honduras, Nicaragua.

*North Africa and Middle East:* Djibouti, Yemen.

*Europe:* Albania, Moldova.

They were endorsed in the following years:

2002: Burkina Faso, Guinea, Guyana, Honduras, Mauritania, Nicaragua, Niger.

2003: Gambia, Mozambique, Vietnam, Yemen.

2004: Ethiopia, Ghana.

2005: Djibouti, Kenya, Lesotho, Madagascar, Moldova, Tajikistan, Timor-Leste.

2006: Albania, Cambodia, Cameroon, Kyrgyz Republic, Mali, Mongolia, Rwanda, Senegal.

**5.2** As noted in the introduction, this study defines 'disability responsive' plans as those which:

- reflect international commitments to the rights of disabled children to be educated;
- identify the number of disabled children and assess their needs;
- have strategies on key aspects of provision to meet a diversity of needs, with appropriate management arrangements;
- aim to develop capacity, through scaling up of provision, and training programmes;
- acknowledge the importance of parental support and community involvement;

- include appropriate and sufficient financing;
- address monitoring and evaluation, including improvements in student data and other information.

**5.3** An analytical matrix (see Appendix 3) was developed to analyse the plans, based on the key topics related to this definition of disability responsiveness, namely:

- definitions and data;
- policies;
- objectives/targets (particularly any numerical targets);
- service delivery (including provision, teachers, materials, facilities);
- system management (including partnerships with civil society);
- capacity development (both scaling up and training and other capacity enhancement);
- finance;
- monitoring and evaluation.

**5.4** The documentation reviewed ranged from proposals to the FTI from countries assessed early in the endorsement cycle to full sector plans, some up to 2015, for countries assessed later.

**5.5** As anticipated, the paucity of information in some instances in relation to disability and inclusion required additional information to be added, to provide background on likely progress of inclusion (for example, general primary enrolment rate as a proxy for how many disabled children might be out of school and pupil-teacher ratio and provision of textbooks as proxies for whether schools are likely to be able to provide a quality response to the educational needs of disabled children). Not all the main sector plans reflected initiatives being undertaken in relation to disability/special needs and some policies have been developed subsequently. This analysis is therefore not fully indicative of all planning and interventions in the countries concerned. However, it can be concluded that most plans do not pay sufficient attention to disability and inclusion.

## Range of disability responsiveness

**5.6** Of the 28 countries, 10 are considered to have strong or sound plans which at least make a policy commitment and have some targets and/or plans for key

implementation issues such as teacher training. A further 13 mention disabled children, but with little detail of strategies, but five do not refer to disability and inclusion at all (see Tables 2 and 3 and also Appendix 4).

**Table 2: Disability and Inclusion in Country Plans**

Strong/sound plans	Some mention/future plan indicated	No mention
Cambodia*	Burkina Faso	Albania
Djibouti	Gambia	Cameroon
Ethiopia*	Guinea	Mauritania
Ghana	Honduras	Nicaragua
Guyana	Kyrgyz Republic	Timor-Leste
Kenya	Madagascar	
Lesotho	Mali	
Moldova	Mongolia	
Mozambique	Niger	
Vietnam*	Rwanda	
<i>*drawing on other documentation as well as main sector plan</i>	Senegal	
	Tajikistan	
	Yemen	



Learning together in class, Zambia

photo: EENET

## Notes on Tables 2 and 3

These tables should be read in conjunction with the additional information provided in Appendix 3 which comprises an evaluative summary of each country plan. The categories of analysis in Table 3 relate to Appendix 3 but are more summative. A country is designated as addressing **policy** if there is a statement of commitment to inclusion, with some further detail such as links to other equity policies, or specific targets. It is designated as paying attention to **data** if plans include some figures and/or a survey and/or implementing a screening programme, and/or developing EMIS. Countries deemed to have **strategies** for better **service delivery** have identified at least one important aspect, with sufficient detail of implementation for credibility, in areas such as school buildings access, curriculum and instructional materials, and/or support centres for schools. Teacher training is considered under **capacity** development, and is usually the only aspect of capacity development considered in plans. Addressing system **management** could include specification of management arrangements at national/district/school levels and/or partnership(s) with civil society (parents, communities, NGOs) focused on disability and inclusion. Plans are usually considered to have addressed an aspect of **finance** if some budget information is available and/or financial support for schools and/or students and families is mentioned. (No plan analyses changing unit costs or makes detailed financial projections in relation to inclusion). Finally, plans are considered to address **M&E** (monitoring and evaluation) if there is some detail of monitoring plans – mention of one or more targets or indicators, but without monitoring details, is deemed to make some mention of M&E.

Evaluation of the strengths and the gaps in country plans is based (with the exception of Cambodia,

Ethiopia and Vietnam, where additional documentation on inclusive education policies was available and was consulted) on the information within overall education sector plans or proposals as submitted for FTI endorsement. In some instances, such as Kenya, the sector plan included detailed proposals and plans for each aspect of the education sector, including disability and inclusion. In other instances, such as Djibouti, there were fewer details but there was a clear indication that the different aspects of disability and inclusion were being considered in planned policy development. This was the basis for considering that such countries had strong or sound plans. In countries such as Gambia, the plan mentioned important issues but information was limited while in some countries, such as Rwanda, there were few details of actual policy, but a clear indication that this would be a focus in future. Given Rwanda's planning capacity, it is likely that a strong/sound plan will be developed, whereas Gambia's planning appears to be more questionable. All the other country plans which give some mention to disability and inclusion, or indicate the likely content of plans, seem to be less systematic in their approach or to have other priorities. Their plans will need review in future if disability and inclusion are to be effectively addressed. Attention also needs to be given in particular to the countries which make no mention of disability and inclusion.

Finally, some of the plans reviewed were developed and submitted over five years ago, and may have been updated since while other countries may have since developed more detailed policies on disability and inclusion. This illustrates the importance of continuing review as part of both country-based education sector development and quality assurance processes by the FTI Partnership following original endorsement and subsequent awards of additional finance.

**Notes**

	Plan addresses one or more important aspects
	Plan makes some mention of issue
	Plan does not mention the issue

**Table 3: Summary of Issues Considered in Country Plans**

Country	Policy	Data	Service Strategies	Capacity	Management	Finance	Monitoring and Evaluation
<b>Africa</b>							
Burkina Faso							
Cameroon							
Ethiopia							
Gambia							
Ghana							
Guinea							
Kenya							
Lesotho							
Madagascar							
Mali							
Mauritania							
Mozambique							
Niger							
Rwanda							
Senegal							
<b>Asia</b>							
<i>a) SE Asia</i>							
Cambodia							
Vietnam							
Timor-Leste							
<i>b) Central Asia</i>							
Kyrgyz Republic							
Mongolia							
Tajikistan							
<b>Central and South America</b>							
Guyana							
Honduras							
Nicaragua							
<b>North Africa/Middle East</b>							
Djibouti							
Yemen							
Europe							
Albania							
Moldova							

## Response on key issues

**5.7** This summary draws on the analytical categories listed in Appendix 3.

**5.8** In relation to **definitions and data**, nearly all countries mention disability and inclusion, using a variety of terminology, with 'special educational needs' being the most common. All lack data on disabled children, both within and out of school. Where surveys are referred to, these are usually out of date and do not cover the full range of impairments. Although there is some acknowledgement in some plans of the paucity of data on disabled children, there are few indications as to how this will be addressed, or how EMIS will be used. **Monitoring and evaluation** of student data, the development of provision, the effectiveness of training or the impact of other measures on the participation of disabled children is not usually discussed in any detail, if at all.

**5.9** Country plans vary in their **policy** coverage of disability and inclusion. Most mention disabled children (or special educational needs) as part of their strategy to achieve universal primary completion, some as part of their policies and strategies on disadvantaged and marginalised groups more generally and most with some reference to international policy commitments (primarily EFA and MDG 2 rather than broader rights commitments). Over half are explicit in their general commitment to 'inclusion' though some describe this as 'mainstreaming' or 'integration' and most also mention some special provision. However only some (e.g. Djibouti; Ethiopia; Ghana; Guyana; Kenya; Lesotho; Moldova; Mozambique) present specific policies, strategies and planning covering a range of issues such as data collection, target setting, access to school buildings, support centres and teacher training. Some countries (e.g. Cambodia) are developing inclusive policies although these are hardly mentioned in the sector documentation used for FTI endorsement, whilst others (e.g. Vietnam) have developed policies and provision subsequent to FTI endorsement. However, others (particularly in Francophone West Africa)

make very little or no reference to disabled children or to detailed policies or plans. Very few countries have explicit **objectives and targets** related to inclusion, though Ghana has enrolment targets, including all children with 'non-severe SEN' in mainstream schools by 2015, Mozambique and Djibouti mention targets for children in regular schools and Kenya is both committed to increasing enrolment of disabled children to 10% GER by 2010 and also has training and provision targets (Box 6).

### Box 6: Kenya's Programme on Disability and Inclusion: a comprehensive and targeted approach

Kenya identifies its commitment to access, equity and quality for education and training and to extending the range of provision, to both enrol more students and address a wide range of impairments and learning needs.

Plan/targets include:

- a gross enrolment target for 'children with special needs' of 10% in 2010;
- 18,000 primary school buildings modified and 1,100 given equipment and materials;
- 110 special schools equipped and using flexible curriculum;
- 73 assessment and resource centres equipped;
- 25,500 teachers and 456 officials trained as part of achieving a specially trained teacher in every school;
- awareness campaigns;
- targeted funding e.g. incentives/payments re individual students and inclusive schools;
- a budget for conducting a survey, equipment and materials, teacher training, resource centres, school grants and advocacy and awareness development.

**5.10** In relation to **service delivery**, the plans which detail models of provision generally have a two track approach, namely maintaining some specialised provision whilst also trying to make regular education more inclusive. Some plans (e.g. Ethiopia, Kyrgyz Republic, Mozambique) identify the current range of specialist provision and associated training and facilities/equipment needs and several (e.g. Cambodia, Ghana, Guyana, Mozambique) give some detail on how they intend to enable regular schools to be more inclusive, for example making buildings more accessible for disabled children, increasing teacher training and developing a wider range of instructional materials. Information on quality indicators, such as PTRs and textbook provision, suggests that many challenges will be involved in ensuring disabled children achieve appropriate learning outcomes. The low quality of education is recognised in some plans (e.g. Honduras, Kyrgyz Republic) as having an impact on repetition and/or drop out. In general, the need to improve quality is recognised in plans, particularly improving teaching and learning through pre-service and in-service teacher training on disability, inclusion and special educational needs and providing a wider range of instructional materials.

**5.11** There is very little description of **system management** in relation to provision for disabled children, though some countries (e.g. Ghana, Lesotho, Mozambique) refer to developing specialist resource and assessment centres. Most countries are moving to decentralised management, including school management committees (or equivalent) but it is not clear whether schools, or districts, or provinces or national ministries will take the lead on providing for disabled children and developing more inclusive schools and support centres. A few plans (e.g. Kenya) identify the importance of partnership with the non-government sector but even though NGOs have been engaged with small scale development of services for disabled children in a number of countries (e.g. Honduras), generally little attention is given to non-state providers as an explicit aspect of policies and provision for disabled children. Although a number of countries discuss the role of local school management

committees and communities in relation to primary education in general, and particularly in relation to enrolling girls, there are very few references to working with communities to increase the participation of disabled children (although both Djibouti and Guyana mention community sensitisation/awareness campaigns and Moldova identifies the importance of support for, and training of parents, along with the establishment of family resource centres). Apart from Moldova, which refers in some detail to overcoming 'institutionalisation', plans do not relate patterns of social care to education policies and provision. There are very few references to school management, such as the role of head teachers and the potential for developing more inclusive schools or school development planning. Very limited attention is given to cross-sector co-ordination and services for disabled children and their families even where responsibility is spread across ministries.

**5.12 Capacity development** in the FTI endorsement process is concerned in particular with how enrolment, provision and other aspects of the education system will be successfully scaled up to achieve UPC. Most country plans do not explicitly address the scaling up of current innovative and inclusive practice in relation to disabled children, although some identify expansion of specialist provision and support centres. However, as noted above in relation to improving quality, a number of plans do address capacity development, particularly of teachers, in order to prepare them for, and make their teaching more effective in relation to, the needs of disabled children. There is, however, little apparent planning for training of head teachers or administrative and management staff. Plans for capacity development in countries which have experienced conflict and are now engaged in subsequent reform/reconstruction (e.g. Timor-Leste, Tajikistan) do not give much attention to training or to system development in relation to the education needs of disabled children.

**5.13** There is also little detail in country plan **financing** projections and budgets on the additional unit costs involved in educating disabled children. Some countries

identify budget lines for special schools and other special provision but very few have developed financing mechanisms to foster the enrolment of disabled children and or school funding to encourage and enable schools to be more inclusive. One exception is Djibouti which plans to offer fee exemption and other contributions to the costs of schooling for disabled children, whilst Kenya is committed to extra payments in future to both regular and special schools to purchase books and materials for 'children with special needs'.

**5.14** Some countries (e.g. Ghana) also identify more provision of early childhood care and education as a strategy for reaching disadvantaged groups, though there are as yet few plans which target disabled children specifically (see Box 7). There is also little information on policy and planning in relation to transition to post-primary education, except for a brief mention in a few plans of vocational training.

#### Box 7: Early Childhood Care and Education in Country Plans

- Countries with plans to develop ECCE for poor, remote and disadvantaged children include Ghana, Gambia and Kenya.
- Countries with other targeted ECCE include Kyrgyz Republic and Tajikistan which intend to re-establish and improve coverage in rural areas and Cambodia which intends to develop ECCE to reduce repetition and drop out.
- Other countries such as Cameroon, Djibouti, Honduras, Mali, Nicaragua, Senegal and Vietnam intend to increase ECCE but with no particular target group(s).
- Guyana and Lesotho aim to have a very high proportion of attendance in ECCE.
- Countries intending to keep ECCE as largely private include Ethiopia and Rwanda.

**5.15** It is also important to reiterate that a number of plans do not reflect the range of issues, initiatives or provision in a country, and in some cases, new developments have taken place since the plan was endorsed. For example, in Honduras, and despite various national laws, the government closed the special education section of the Department of Education in 1995 leaving NGOs and parent/community associations to make provision. There are 38 centres which as well as providing specialised provision, are piloting more integration and also working with families in their communities (Canadian Association for Community Living, 2004). In Vietnam, disability is now being addressed through the Primary Education for Disadvantaged Children (PEDC) programme, which is linked to the National Inclusive Education Strategy 2006-15 and is concerned with developing effective inclusive practice for children experiencing complex barriers to learning, particularly disabled children. Plans include: screening linked to a Child Development Record; data on disabled children on EMIS; teacher training; additional learning materials; development of special schools as a resource of expertise; outreach support for particular students and for schools; and community support networks (Government of Vietnam, 2006).

### Trends

**5.16** Plans are generally most comprehensive where good progress is being made towards realising the Millennium Development (and EFA) Goals. A strong policy environment, enabling general issues of access, quality, system management and financing to be addressed, also seems to be significant. Examples include Ghana, Kenya and Mozambique. Other countries approaching UPC, such as Cambodia and Vietnam, did not identify many details of their inclusive policies as part of the process of FTI endorsement, but are now focusing on disabled children as part of their effort to enrol disadvantaged children still out of school. The relationship between progress towards UPC and development of plans for inclusion of disabled children may explain in part some regional or sub-regional differences, for example the low level of attention given to

disability and inclusion in the plans of most of the West African Francophone countries, which still need to undertake a number of general reforms to improve the coverage and quality of primary education. However, there are exceptions to this pattern. Ethiopia, for example, which is still tackling major challenges of access, equity and quality, has a policy on disability and inclusion, possibly because of the influence of civil society organisations, including disabled people's organisations, and/or one or more donors or other agencies.

**5.17** No clear pattern is evident in relation to changes over time in respect to the quality or comprehensiveness of plans for disabled children. Some plans endorsed earlier, such as Ghana, are more committed and detailed than those submitted recently in the endorsement cycle. There is some indication that plans submitted more recently make more reference to disability, but the quality and detail of such planning remains mixed.

**5.18** The size of countries also does not seem to be a relevant factor. Some smaller countries, such as Gambia, Guyana and Lesotho, are developing strategies, others not. Equally, larger and higher-population countries vary in relation to their focus on disability. However, in terms of policy implementation, smaller countries may find inclusion easier to manage in that more direct national contact with localities may be possible, compared with large population and federal countries where it may be more difficult to implement a consistent policy and develop universal system capacity.

**5.19** Some groups of countries have particular challenges to overcome. These include high levels of poverty, which has an impact on disability prevalence (e.g. Ethiopia), whilst others have remote rural populations (e.g. Cambodia, Ethiopia, Kenya, Mongolia), which makes it more difficult to develop comprehensive provision. Albania and Moldova, along with the former CIS countries of Mongolia, the Kyrgyz Republic and Tajikistan, have inherited a system of institutionalisation of disabled children which is being addressed in Moldova's plans but not in the others.

**5.20** Although there are no robust data, the incidence of impairment is likely to be higher in countries emerging from conflict. Disabled children may also be more vulnerable. However, this is not mentioned in post-conflict countries endorsed up to the end of 2006, such as Timor-Leste and Tajikistan. As countries affected by conflict become involved in FTI endorsement processes, including through the proposed Progressive Framework, it will be important to consider how far disabled children are and should be a priority and how they can be effectively provided for in the transition from reconstruction to development.

### Promising practice

**5.21** Despite this mixed picture, there are a number of examples of promising practice, including the setting of targets, links to other equity policies, teacher training and the development of assessment and resource centres to support schools. Plans also identify other initiatives, such as school development/improvement plans, capitation grants to schools and partnerships with non-state providers which have the potential to be utilised and developed in relation to inclusive education. These will be discussed in more detail in Section 10.

## 6 country case studies

**6.1** The country case studies were designed to determine in more detail how education systems respond to disabled children, how existing institutional, partnership and informal arrangements support the development of national strategies and plans, and to identify barriers to mainstreaming disability in national education plans. It was also intended that they would examine if and how involvement with the FTI process has changed the way that education systems respond to disabled children, how the FTI could better promote inclusive education in these countries and the engagement of donors, other agencies and civil society organisations, including those of disabled people.

**6.2** Ethiopia was chosen as an exemplar as despite facing various challenges of access, equity, quality, capacity development and financing in relation to both primary education and the education sector as a whole, it has developed some policies, provision and strategies in relation to disability and inclusion (not all of which are reflected in the country plans submitted for FTI endorsement). Cambodia, in contrast, is further towards achieving UPC, but still has a number of out of school groups, including children in remote rural areas and disabled children, and is currently developing its policy on inclusion.

**6.3** In both countries, the methodology included: analysis of policy documentation; interviews with key policy informants; and site visits to a small number of schools in both urban and rural settings. Focus group discussions were also held with disabled children not attending school and their families.

**6.4** By coincidence, both countries are also the sites for a detailed OECD/World Bank household survey of the prevalence of disability using a two-stage approach, namely a household-based screening through 10 simple questions on individual child development (based on a 10 question screening process used previously in some developing countries) followed by a more detailed professional/clinical assessment. However, findings from these studies, in terms of both the prevalence of disability and the validity, reliability and practicalities of this approach, will not be available for some time.

**6.5** In both countries, poverty, illness and disease, and lack of access to health treatment, are the major causes of impairment. Barriers to educational inclusion range from social attitudes and rural remoteness to very limited and inappropriate educational provision.

**6.6** In **Ethiopia** (Tirussew and Teklemariam, 2007) the FTI endorsement process did not address policies on disability and inclusion. At the time, this was not a major consideration for either government or donors in relation to education. However a policy on special needs education (SNE) has now been developed as part of the third Education Sector Development programme (ESDP 3) (2005/6-2020/11), following advocacy and support by disabled people's organisations, professionals concerned with special educational needs and Finland, as one of Ethiopia's partner donors. The new SNE policy focuses on planning, teacher training, development of support centres and federal guidance for regions in order to address the current lack of participation of disabled children despite a background of constitutional and policy commitments on the rights of disabled persons since the early 1990s. In relation to participation, the case study estimates, drawing on Ministry of Education statistics, that currently about 6,000 identified disabled children (out of a primary-school (Grades 1-8) population of nearly 15 million, with GER 80% and NER of 58% for Grades 1-4) have access to education, largely in 20 day and residential schools run by the government or NGOs, or in 130 special classes in regular government schools.

**6.7** Regions are beginning to open more special classes, including in co-operation with international and local NGOs such as Save the Children Norway, and some special schools now admit non-disabled children to help develop inclusion. However, the teachers in this case study reported feeling they lack knowledge and skills on how to support disabled students. As one teacher commented, "at this moment we only have our individual feelings to support but not the necessary knowledge and skills". Case study observations and interviews suggested that appropriate learning materials are not available, learning

environments are poor, few special arrangements are made, for example in relation to examinations, and the achievements of disabled children are lower than their peers. In general, and partly as a result of substantial increases in enrolment over the last 10 years, class sizes in most Ethiopian schools are high (the PTR is 60:1), school infrastructure is poor and learning materials, including textbooks, still have to be shared, which does make it more difficult for teachers to adopt more inclusive teaching approaches and develop the quality of learning for disabled children.

**6.8** Teacher training has been identified as one of the critical strategies to facilitate more inclusion in regular classes. There is also a specialist teacher training college. Training components include student assessment, teaching methods and learning materials (see Box 8).

#### **Box 8: The Development of Teacher Training for Inclusion in Ethiopia**

Training provision includes:

- an input on special needs education in pre-service courses;
- specialist pre-service training in four institutions (for about 120 students a year);
- short in-service training courses;
- a new masters' programme at Addis Ababa University.

Specialist training content includes: disability and society; assessment; early intervention; responding to different impairments; teaching strategies; vocational education; counselling; statistics; planning and management; community-based rehabilitation.

**6.9** Discussion with students in the selected schools identified that they felt they did not benefit much from their educational experiences, as teachers could or did not make many adaptations. Communication was particularly difficult for hearing-impaired students.

However they did receive some support and help from peers and felt they were generally included socially, for example, at break times, though these times might also be used to catch up on lessons, for example completing copying from another student's notebook the work which they had not had time to take down in class. It could not be established from the discussions, due to limitations of the students' educational experiences, whether they preferred regular or more specialised settings.

**6.10** The study also reports that parental involvement in the education of disabled children was limited in the study schools, with only one or two meetings a year with teachers, and that Parent Teacher Associations do not contribute much to policy or additional provision in relation to inclusion.

**6.11** Supply-side barriers in Ethiopia are exacerbated further by the impact of disability on demand for education. Although the small sample of out of school disabled children interviewed in the study indicated they wanted to attend school, parents felt the needs of their children were not accommodated and also said they could not afford to contribute to special assistance or provision. Illness could also limit school attendance and transport to more specialist facilities was very limited. Parents wanted more special schools, better teacher training and more support for families.

**6.12** There are also other barriers. Social attitudes to disability in Ethiopia can be very negative, with disability being seen as a curse and/or consequence of previous wrongdoing (Tirussew, 2005). Low health indicators and lack of sufficient health care provision, together with the high level of poverty, mean both the incidence of impairment and illness is high and simple health interventions, to ameliorate impairments and facilitate improved learning, are not readily available. Co-ordination between education and other social sectors is also under-developed. Capacity development at district level remains limited, following a major programme of decentralisation to regions and districts. There are also significant disparities between and within districts and regions as to

schooling provision, number of teachers and fiscal allocations. However, strong political will and a high level of policy consensus have been evident in previous sector programmes in relation to increasing enrolment, particularly of girls. This should enable local responses to gradually improve within a policy framework which is now explicitly committed to inclusion in education and is encouraging the development of promising strategies such as school cluster resource centres.

**6.13** As noted above, FTI endorsement did not address disability. The endorsement process was also somewhat weak and uncoordinated and Ethiopia did not meet Catalytic Funding criteria at the time. Case study interviews with Ministry of Education officials stressed the continuing sector financing gap. It may now be the case that with changed funding criteria, the FTI could play more of a role in securing additional funding, or offering EPDF support, to help implement the SNE policy.

**6.14** In **Cambodia** (Kalyanpur, 2007), the education sector planning documentation submitted for FTI endorsement was not very detailed in relation to the government's policies. However a national inclusive education policy has now been developed by the Ministry of Education, Youth and Sports, a law on the rights of

disabled people has been drafted, new education legislation reinforces the right to inclusive education, a Disability Action Council has been established which includes work on education, and there has also been a recent cross-sector evaluation of how to make the PRSP more inclusive for disabled people in general, within which education has been agreed as a priority sector.

**6.15** Cambodia's history of conflict has resulted in high numbers of disabled people. As in Ethiopia, prevalence is also affected by poverty, malnutrition and disease. The country is approaching universal primary education, with a NER of about 90% and near equal enrolment of girls and boys but with lower enrolment in rural areas, and according to a recent World Bank study (Filmer, 2005), a gap in school participation twice as high between disabled and other children as that related to gender, income or rural location. Most provision to date has been through special schools run by NGOs, each focusing on specific categories of impairment though some support integrated classrooms in primary schools. Some disabled children are in regular schools though few modifications are made for these students and the number is small in proportion to overall enrolment. As in Ethiopia, most provision is urban and provided largely only in the capital.



*A teacher helps her pupils to read, Bangladesh*

**photo:** Els Heijnen

**6.16** Constraints, such as the previous limitation on employing disabled teachers, are gradually being removed. New schools are now being built with ramps and accessible toilets and there are plans to develop a systematic approach to identifying disabled children, develop more early childhood intervention, improve teacher training and provide more specialist materials, focusing on children with mild to moderate and high incidence impairments, and especially girls. Children with severe and multiple impairments are targeted for the second phase of the policy implementation. There are some CBR programmes which include disabled children and plans to develop more vocational training.

**6.17** All the provincial and district officials and school personnel were supportive of the policy of inclusion for disabled children. However, some lack of clarity on the concept was found, with some informants arguing that inclusive education comprises the education of disabled children and others saying it involves education for all children/other disadvantaged groups. It was also suggested by some informants that disability issues could not be considered a priority as there were many other populations which needed to be targeted for interventions and in general there were too many priorities with too few resources.

**6.18** Lack of data has also been identified as a constraint on planning. It is planned to develop a screening tool and also field test an indicator for including disabled children in EMIS. The Ministry of Education, Youth and Sport's Special Education Office currently collects statistics on disabled children from school register statistics collected by each school and community mapping is being developed (see Box 9), although the data from these exercises are not yet entered on EMIS as they are not yet considered to be reliable enough. The study also suggests that identification should be undertaken with sensitivity to local and cultural understandings of disability. For example, although Buddhism emphasises the importance of tolerance and generosity and disabled children are generally accepted and taken care of in society, disability

### Box 9: School-led Community Mapping

- The purpose of this mapping is to collect data from households on educational status and support required and to give schools ownership and responsibility for collecting and responding to data.
- Each village household is visited with a team of mappers, ideally comprising the school director, community members, students and a member of the commune local authority.
- The resulting map is kept in the school office and a summary of data is sent to district and provincial offices.
- Referrals for particular interventions and support are usually made to NGOs.

can be seen under 'karma' as a sign of wrong doing in a previous life, and thus be viewed pejoratively.

**6.19** A further constraint identified was lack of coordination between the Ministry and NGOs, though there was evidence of better cooperation at local level, including district scholarships to NGO schools. However, although instances of poor communication and duplication were identified, co-operation between Ministries seems better than in many countries and is further facilitated by the national Disability Action Council. School clustering, which is being piloted in different areas, is also an example of coordination in practice (see Box 10).

**6.20** One key strategy is the development of Child Friendly Schools (CFS), which includes disabled children within the larger population of children in difficult circumstances. Teachers have received training in workshops of five days duration on CFS, one component of which is inclusive education, and there is also a module on CFS in pre-service training. An NGO also offers a six week course in Braille and sign language. Teachers in the study reported providing modifications for disabled children such as peer support, front seating, speaking louder and using break times to go over a concept again, although



Learning school, Tanzania

photo: CBM

this was not always corroborated by students in the study, some of whom said that no adaptations were made. There was also some evidence that teachers and school directors prevent access to school if modifications or extra support, and/or extra expenditure, are required. Teachers in the study reported feeling they did not have

the requisite knowledge and skills and also having disabled children in their classes made them more tired as they had to work harder and develop additional instructional materials. The need for more teacher training, particularly of specialist teachers, is identified by the study as a priority.

**6.21** Inaccessibility of school environments, including both inside buildings and in school grounds, was identified by children and parents as a barrier to participation. Parents also said they did not send their children to school because of poor health or the need for special care, or because of the distance from home to school.

**6.22** The study also highlights links between disability and other inequities. Although it was not possible to conduct research in the most remote rural areas where enrolment is lower and facilities are more limited, the study surmises that implementation of inclusive education is likely to be challenging in such contexts. The study did find examples of disparities related to gender. For example, one disabled girl reported that the cost of school materials, such as a pen, had meant she could no longer attend school, though her brothers did. It is also interesting to note that those informants who felt other disadvantaged populations, particularly girls, were more of

#### Box 10: School Clusters in Cambodia

- To facilitate sharing of scarce administrative, pedagogical and material resources, schools have been grouped in clusters of 6-10 schools.
- A core or central school receives support through Priority Action Program (PAP) funds which are then shared with all schools in the cluster.
- Schools receiving PAP funding do not charge fees, thus increasing demand from families for whom the cost of schooling was previously a barrier.
- The cluster approach has also been used to support inclusive education e.g. teachers are provided with supplementary payments for taking remedial classes.

a priority, did not make a link between disability and gender and see disabled girls as part of the strategy on girls' education.

**6.23** The study suggests that an effective approach to change comprises gradual percolation of ideas and informal adoption of new practices alongside gradual formalisation of policy. It also notes, from studying districts and schools with a longer history of some inclusive practice, that familiarity and experience do facilitate the development of inclusive education.

**6.24** The study did not find really clear evidence of the impact of the FTI endorsement process on policy on disability and inclusion and EPDF support did not focus on this. However, informants did consider that it had had an impact on Cambodia's planning in general. There was some evidence of complacency in relation to meeting FTI endorsement criteria and that because disability was not part of the FTI Indicative Framework, it was not given much mention in the plan, despite concurrent initiatives on the inclusion policy. As in Ethiopia, additional financing could support the implementation of the inclusive policy by making resources available for direct development and for linked initiatives such as the Child Friendly Schools programme.

**6.25** In summary, both case studies are set in countries which are currently developing their policies and where it

is therefore not yet possible to evaluate the impact of policy on practice. They both illustrate, however, the impact of poverty, illness and poor health care, problems arising from negative cultural views of disability and a range of educational barriers to inclusion, including teachers' lack of confidence in their skills, poor learning environments and insufficient equipment and materials. They also illustrate how such supply issues are having an impact on demand, with parents in both countries concerned about accessibility of school environments, poor quality of education, potential lack of specialised care and lack of transportation, as well as additional costs. They both indicate, therefore, the importance of addressing the quality of education to both improve learning outcomes and stimulate demand, and the need for awareness raising and partnership with parents and communities. In their emphasis on the impact of poor health, and lack of health interventions, they also highlight the need for programmes which attend in a holistic way to the educational, health and social welfare aspects of disability and inclusion. In neither country was the FTI process seen to have an explicit impact on the development of inclusion. However, FTI support to meet sector financing gaps could have an impact on policy implementation, and stronger future review procedures could help to integrate into FTI processes the policies developed subsequent to FTI endorsement in both countries.

# 7 policies and plans in other selected countries

**7.1** Countries in **South Asia** have not yet been endorsed by the FTI. They are, however, very significant to global achievement of UPC due to their high populations and the number of disabled children therefore likely to be out of school, and to their potential impact on inclusive policy and provision in Asia. Although not endorsed, these countries have received EPDF support, though not for policies or capacity development related to disability and inclusion.

**7.2** In **India**, the number of disabled children was estimated during the 1990s as about 13 million, of which many are girls, with about 1% attending school (Singal, 2006). The previous special school tradition, which continued to the 1950s, was followed by a range of legislation, policies and initiatives on educating 'children with special needs' in regular settings where possible, along with services and support for severely disabled children. In particular, the *Sarva Shiksha Abhiyan for Universalisation of Elementary Education (SSA)* national programme developed in 2001, has prioritised enrolling more out of school disabled children, encouraged localities to identify and treat causes of more minor impairments, provided a manual of guidance on planning and provision and offered additional funding for integration, in recognition that the objectives of SAA can only be realised if children with special needs are included (Government of India, 2003). About 2 million children with special needs are now enrolled in regular schools.

**7.3** An inclusive policy has been developed in **Bangladesh** as part of the Primary Education Development Programme (PEDP II) (Government of Bangladesh, 2005). However implementation by the government has not been effective to date, though some inclusive schools, often in the non-formal education system, are operated by NGOs (Choudhuri et al., 2005). In **Pakistan**, special education programmes were first instituted in 1981, with a dual system of special and regular education, though subsequently there has been some emphasis on special classes and units in regular schools (Khan, 1998). However, as with education as a whole in Pakistan, change has been slow.

A consultation workshop in 2005, convened by the Ministry of Social Welfare and Special Education, on the implementation of the National Plan of Action for Implementation of National Policy for Persons with Disabilities, reported on the government's commitment to a rights approach and on inclusive education pilots. Participants stressed the importance of the lead role being taken by the Ministry of Education, curricular adaptations, teacher training and incentives, school building modifications and collaboration between mainstream and special schools with the latter being turned into resource centres to support disabled children in inclusive settings (Government of Pakistan, 2005). **Sri Lanka** has recently developed a policy on inclusion (Mendis, 2004) while in **Nepal**, there have been some donor-supported pilot projects, and provision for disabled children has been identified as an issue but provision remains very limited (Choudhuri et al., 2005).

**7.4** In **Africa**, inclusive education has been part of the post-apartheid focus on rights and reform in all the education policies of **South Africa**. A White Paper on *Special Needs Education: Building an Inclusive Education and Training System* came into effect in 2001. Its implementation has been alongside a revised national curriculum framework designed to be more inclusive and, by changes in school governance, designed to empower parents and communities. However, the changes required in the South African system as a whole have been challenging for teachers and administrators and most schools remain weakly inclusive. The legacy of unequal resource distribution from the apartheid system is also still having an impact on both inclusion for disabled children and on wider race and class inequities (Engelbrecht et al., 2006; Naicker, 2005; see also Sayed et al., 2007). In other Southern Africa countries, such as **Namibia** and **Swaziland**, the focus is not so much on transformation of an education system as redressing remaining inequities and enrolling children still out of school. Both these countries are now developing their policies in relation to disability and inclusion.

**7.5** In **Uganda**, where special education services were first started largely by NGOs, the 1992 Education White Paper spelt out commitment to promote integration in mainstream schools and make adequate provision for disabilities, including special units where necessary. Support for regular schools is provided through the general school cluster system. More disabled children are attending regular schools as a result of the drive towards universal primary education within which disabled children and girls were given priority. However, teachers report they feel they have insufficient teaching skills, and the model is largely one of integration where disabled children are present in class but curricular and examinations have not changed. Class sizes remain high and there are insufficient specialist materials. Special schools remain traditional in their focus on a particular impairment and also in relation to teaching methods, have overcrowded boarding facilities and lack assistive devices. Reforms are now being implemented to both ensure they meet minimum standards and develop them as resource centres in support of inclusive education (Kristenson et al., 2006). However teachers are becoming more confident and both they and parents are changing their attitudes to disability (Arbeiter and Hartley, 2002). There are also some general education reform initiatives, such as school capitation and facilities grants, which could be adapted to foster more inclusive schools (see Section 10).

**7.6** **Tanzania** developed a National Policy on Disability in 2003 and has since furthered this with targets and strategies in its second PRSP. It is committed to increasing the enrolment of disabled children from the current minimal level to 20% in 2010. Although there is as yet no specific inclusive education policy, it is planned to develop screening, provide in-service teacher training, offer transportation and increase the range of assistive devices and instructional equipment and materials for schools. Similar strategies are planned for secondary education (Karoski and Strom, 2005). **Zambia** first made a national commitment to equitable and quality education for what it terms 'children with special educational needs' in 1996. In subsequent education sector development

programmes it has implemented, with donor support, an inclusive schooling programme in several provinces. The model has comprised: piloting in one district with subsequent roll-out to other districts; community sensitisation; teacher training and administrative capacity development; provision of assessment tools and ideas for intervention for teachers (using local languages of instruction); and establishment of committees and named personnel with responsible for inclusion at provincial, district and school levels (Alasutari et al., 2005).

**7.7** The approaches and experience described above reflect issues identified in relation to FTI-endorsed countries, such as the need for teacher training. They also illustrate how weakness in political will and capacity (e.g. Bangladesh and Pakistan) can impede timely development of policies and also, as in the case of Uganda, how despite high ambition and a history of successful education reform, capacity remains difficult to develop (see also Ward et al., 2006). Institutional change in inherited dual systems is also a challenge. For example, in **Latin America and the Caribbean**, most countries developed a dual system, comprising special and regular education, with limited access for many children as most specialist provision is located in urban areas. However, there is now a trend towards implementing a more inclusive approach which will also address more effectively the range of learning needs in regular schools (Porter, 2001). Such initiatives include Uruguay's Inclusive Education Fund, which as part of its special education policy, pioneered in 1985, promotes inclusive practices in regular schools (Skipper, 2005 cited in UNESCO, 2006). Institutional changes are also gradually taking place in the former Soviet **CIS countries**, where challenges include not only the continuing influence of medical and social welfare models of disability, but also segregated facilities and long-term institutionalisation (Djumagulova, 2006; UNICEF, 2005b).

**7.8** **Zambia** points to the value of piloting, and a provincial-based model of change. This may be particularly important in large and high population countries where regions may differ considerably, or have some autonomy.



*Inclusion in school, Bhutan*

photo: Jannik Beyer

A regional-level initiative may also be easier to manage. In **China**, where a Law on Compulsory Education in 1985 increased the number of disabled children enrolled in school from about 6% to 60% and which was followed up by further legislation in 1996 explicitly promoting inclusion, the educational mainstream has tended towards being homogeneous and competitive. Children have moved from long-stay welfare institutions into special schools and from special to mainstream schools but the emphasis remains on helping them to catch up rather than curriculum differentiation and support (Potts, 2000). However, one regional approach, the Golden Key Project for the Visually Handicapped began in 1996, admitting 2,154 children with visual impairments to schools in four rural provinces in China, and a further 783 children in inner Mongolia up to 2002. Resources were found to train one teacher in each school and also set up a resource centre which has equipment to provide Braille textbooks and supplementary materials and also assistive devices such as cassettes and mobility aids. Efforts are made to tackle psychological issues such as loss of confidence from negative community attitudes or parents not encouraging independence. Vocational education is also being developed to assist with future earnings and demonstrate to parents and communities how disability, and poverty,

can be overcome (UNICEF, 2003).

**7.9** This review of policy and programmes in other selected countries suggests there are some important lessons from countries not yet endorsed as part of the FTI Partnership. Even in countries with developed education systems, such as in Southern Africa, many aspects of exclusion remain and institutional development at school level remains challenging. For countries appropriate for endorsement, the Partnership could provide additional EPDF support to further develop policies and capacity, and as countries are endorsed, additional funding to meet the financing gap, so that countries are encouraged to extend their priorities and ensure the inclusion of all children.

**7.10** It is also critical to recognise the importance of local initiatives. The original development of special education, and of subsequent inclusive approaches, has often been as a result of local initiatives and non-state provision which have then had an impact on national policy. Local school-based initiatives may also illustrate innovative and effective strategies and the practicalities of inclusion and are therefore a very important source of lesson learning. Some examples, in both FTI-endorsed and other countries, will now be detailed as illustration.

*An 8 year old visually  
impaired girl at school, India*

**photo: CBM**



## 8 local, community and NGO initiatives

**8.1** Many local initiatives developed over the last decade illustrate the effectiveness of working with communities, co-location of specialist units and regular schools, particular methodologies such as Child-to-Child, liaison between Community Based Rehabilitation (CBR) programmes and the education sector, and partnerships between international and national NGOs. They all also illustrate the importance of attitude change, of initiatives by teachers and schools and of community support.

**8.2** Many local initiatives reflect changes made by individual or groups of teachers within the regular system of education, particularly in relation to closer integration of provision. For example, in Zambia, the co-location of a special unit and a primary school has gradually led to integration of both sites, and inclusion of the children from the special unit in the primary school and collaborative teaching. A Child-to-Child project, which twinned disabled and non-disabled children, in Kabale Primary School, Mpika, and involved 16 primary schools, two of which have units for children with learning difficulties and hearing impairments respectively, led to new teaching and learning materials for students and new strategies to include children from special units in the life of mainstream schools (EENET, 1999).

**8.3** Innovative provision is supported by many non-state providers, including international NGOs working in partnership with local NGOs, the government and other donors. For example, Save the Children UK has worked with: the LAO PDR government on teacher training in support of the Ministry of Education's plan to have at least one inclusive school in each district by 2005; teachers, the national disabled people's organisation and the government in Lesotho to introduce inclusive education in 10 pilot schools; and USAID in Kyrgyz Republic on scaling up inclusive education and community participation (Save the Children, 2002). SightSavers International has worked with DFID in Kenya on assistive devices for hearing-impaired students and World Vision, as part of its partnership with the government on disability issues, has assisted with the development and implementation of

Armenia's policy on inclusive kindergartens, developing the curriculum and overseeing the inclusion of 400 children. In Samoa, Inclusion International found that conducting a study to determine the number of disabled children led to those children being included in regular schools (Faafeu-Taaloga Malaefono and Lene, 2005; McCullough, 2005).

**8.4** Local initiatives are also often concerned with working with parents. For example, in India, the Institute of Cerebral Palsy has worked in slums in Kolkata (Calcutta) to train members of the family and community, particularly women, to help teach children and also train other family and community members, supported by a training package (Sen and Goldbart, 2005). The International Deaf Children's Society (IDCS) has worked with parents of children attending a school for the deaf in Somaliland and with both young deaf people and their parents in Kazakhstan, liaising with the Kazakh Deaf Association to offer free sign language training for parents and supporting them in developing a communication guide, and encouraging both parents and young people to advocate for service improvements (IDCS, n.d.). SightSavers International has supported parents in Uganda (Katende, 2006). Parents' organisations now exist in many countries (e.g. Enkhtsetseg, 2004) and can be influential in both country-based policy change and internationally. For example, family-based organisations sponsored an Indo-Canadian project with the Spastics Society of India which demonstrated some of the key factors that result in scaling up inclusive education pilots. One of the project's main policy outcomes was the Government of India's *Comprehensive Action Plan for Inclusive Education of Children and Youth with Disabilities* (Bach, 2007).

**8.5** In relation to advocacy with, and information for, communities, Stubbs (2000) describes how Save the Children UK and Action on Disability and Development, another international NGO, worked with communities in the poorest district in Mali to raise awareness of disability issues, identify disabled children who could be enrolled in school and provide support such as transport to school.

There were also close links with the education of girls, reinforcing the importance of learning from other equity initiatives (for example, with the support of Oxfam GB, local female 'animatrices' or community mobilisers have been used in pastoralist areas in Mali to strengthen community commitment to girls' schooling and support girls once enrolled – see Sanou and Aikman, 2005).

**8.6** Other local and community initiatives are linked to Community-Based Rehabilitation (CBR) (see Box 11).

#### Box 11: Community-Based Rehabilitation (CBR)

CBR promotes:

- collaboration among community leaders, disabled people, their families and other concerned citizens to provide equal opportunities for all disabled people in the community;
- the rights and participation of disabled people, aiming to strengthen the role of their organisations (DPOs);
- multi-sectoral collaboration and contributions by NGOs;
- community change, such as removing barriers to the participation of disabled people.

(ILO, UNESCO and WHO, 2004)

**8.7** In relation to education, the education sector can work with CBR initiatives to make local/community schools more inclusive. Early childhood education programmes can be particularly valuable, as CBR workers often have the first contact with disabled children and their families, can help to create an environment of learning and support at home including play activities, and can foster health and other multi-sectoral collaboration. CBR workers can also assist with making schools more inclusive, for example through provision of mobility aids and transport, giving advice on accessibility of buildings,

offering sign language training for teachers, finding resource persons from the community and helping to secure finance where required, for example tuition fees for secondary and further education.

**8.8** For example, inclusion has been promoted in Swaziland through the Child-to-Child approach of the Ministry of Health's CBR programme which aims to educate children about disability issues and encourage them to become more responsible for their own health and that of their communities, through children learning from each other. CBR workers liaise with teachers in the primary schools where disabled children have been included, encouraging all the children to raise school and community awareness of disability issues and also making buildings, toilets and playgrounds more accessible (EENET, 1998). Community Based Rehabilitation Service (CBRS), a community organisation in Nepal, has also worked with parents, eliciting their views on what they want for, their concerns about, and the ways they can contribute to, their children's education (Miles, 2002).

**8.9** Many NGOs are also involved in non-formal education for marginalised children and communities, such as very poor families in rural areas, working and street children, and nomadic populations, which could be extended to include disabled children. In addition, some countries have, or are developing, partnerships with faith-based provision. For example, in Mauritania, the country plan describes how the government is now giving financial support and training to madrasas. Such support could be developed to make such schools more inclusive. Kenya is also giving financial support to community provision, particularly for early childhood care and education.

**8.10** The key aspects of such government and NGO and other civil society partnerships include regulation, contracting, training, financial and other support, and monitoring. It is also important to recognise that the characteristics often ascribed to non-formal education, such as being child-centred, locally relevant, flexible and accountable to communities should be features of all education. Moreover, standard provision is more likely to

lead to national qualifications and/or employment in formal labour sectors. There is therefore a need for convergence of approaches and for coordination of, and ease of transition between, different provisions. Scaling up may not be so much a matter of scaling up the alternative provision as mainstreaming it through inclusion in legal frameworks and statistics, an interface of routes of access with the regular system and/or adapting within the regular school system successful innovative approaches (Rose, 2007). In relation to the inclusion of disabled children, it is therefore particularly important that alternative provision is only made under certain circumstances, is seen as a bridge to regular provision, and is used to encourage change in the regular system.

**8.11** There are of course particular circumstances in conflict-affected countries which may require provision by international and national NGOs. However, building state capacity remains the principal objective in expansion of such provision which ideally should include disabled children, particularly where conflict has affected communities in a significant way, for example by increasing the number of impairments related to injury, malnutrition and disease.

**8.12** Much NGO provision is therefore now regarded as having the purpose of developing innovative practice which can then be mainstreamed and scaled up in government education provision. This approach is therefore often complemented by advocacy activities at local and national levels, by individual NGOs, and by coalitions, which may in turn be linked to international advocacy, as has been the case in relation to girls' education (Rao and Smyth, 2006). For example, in the Lebanon, four NGOs undertook assessments of provision, argued the importance of a national inclusive policy and worked on a community development project (Wehbi, 2006). National education coalitions do not seem as yet to have paid much attention to disability. As such advocacy develops they will need to work with federations of disabled people's organisations. However, international networks have led to some important international advocacy, for example a report by a working group on Rights for Disabled Children to the

UN General Assembly Special Session on Children in 2001 (DAA, 2001) and input by the GPDD on the recommendations of the report of the UN Special Rapporteur discussed in Section 2 of this study.

**8.13** This brief review also highlights the importance of information dissemination, particularly of local innovative initiatives which often focus on family and community issues, and are thus particularly relevant to addressing demand-side issues. As illustrations of changes in attitudes and practice, and the importance of civil society involvement, they provide lessons from small-scale projects which can then be scaled up. They are thus the facet of inclusion complementary to the national policies and plans which are the main focus of this study. They will, however, only be influential with effective information exchange, which is addressed further in the recommendations proposed in Section 11.

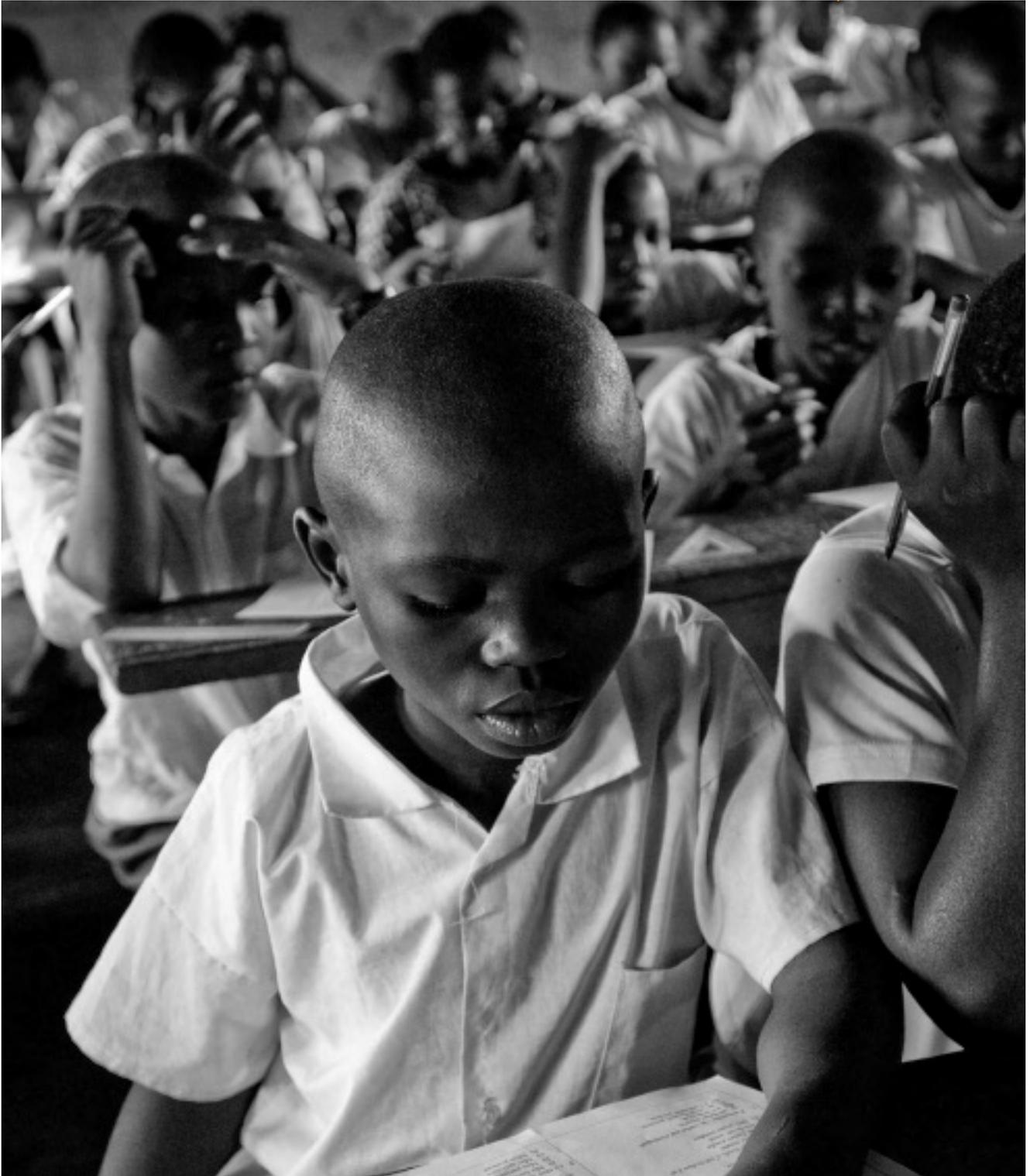
*A hearing student explaining something to his deaf classmate, Iran*

**photo:** Abolfazi Saeedi



*Inclusion in school,  
Democratic Republic  
of Congo*

**photo:** Jon Warren



## 9 donor harmonisation

**9.1** As part of this study, a brief review of some donor/international agency policies on disability, inclusion and education was undertaken in order to consider how donor harmonisation can be enhanced.

**9.2** Of the multi-lateral agencies, both UNESCO and UNICEF pay some attention to disability and education, the former through the EFA Flagship on the Rights of Persons with Disabilities to Education: Towards Inclusion and the latter through annual global reviews on the world's children and a number of small scale projects. The World Bank's work on disability is described on the disability-related section of its website as having three main components, namely: a multi-sectoral approach; analytical expertise; and leadership role, and is also focused on building capacity, developing regional working groups and supporting the Global Partnership for Disability and Development (GPDD). Up to 10% of its programme work is considered to have an impact on disabled people, including in education and it has recently produced guidance on incorporating disability-inclusive development into Bank-supported projects. This identifies the high economic costs of excluding disabled people in relation to both economic activity and the development agenda, examines the links between disability and poverty, and emphasises the importance of considering the rights and needs of disabled people in order to achieve the MDGs, particularly through multi-sectoral approaches. In relation to education, disability is identified as possibly the single most important factor now keeping children from attending school. School construction, which represents about 45% of the Bank's education lending, is seen as an important entry point for improving access and inclusion, drawing on guidelines on school accessibility (World Bank, 2007).

**9.3** Of the European bilaterals, Scandinavian countries could be regarded as having the strongest policies on education inclusion, reflecting perhaps their domestic policy emphasis on inclusive education. They have also contributed to programme development in a number of countries. Norway has supported both international initiatives and in-country projects, Sweden makes detailed

reference to inclusive education in its policy for development co-operation in the education sector (SIDA, 2005) and Finland both facilitated the Dakar Forum Roundtable on special education needs and has since supported the development of the UNESCO Flagship. DFID has produced a paper on Disability and Development (DFID, 2000) which elaborates the social model of disability, but which could, however, be seen as more of an 'issue' than a 'policy' document and does not give much attention to education.

**9.4** USAID is the other major OECD donor with an explicit commitment to disability issues. It first developed a policy in 1997 and now has a range of implementation and monitoring strategies (see USAID, 2005 and Box 12 overleaf).

**9.5** Appraisal of selected donor approaches carried out by the Disability, Knowledge and Research (DisabilityKar) project (funded by DFID) suggests that although donors are now paying more attention to disability, it is regarded primarily as a social development issue and is not mainstreamed throughout policy dialogue and programme support for all sectors, including education. And although the social model of disability is generally espoused, policy issues are perceived differently in different organisations (Albert et al., 2005).

**9.6** This has implications for donor alignment and harmonisation. It is critical that donors address the disability and inclusion policies of partner country governments as part of policy dialogue and sector support and review. It is also important that policy dialogue and programme development is not based on the intervention of just one donor, as has happened to some extent in Ethiopia. Rather, although lead advocacy and responsibility by one or more donors may be agreed, support should be based on a common agreement on the legislative and policy framework, planning, capacity development, financing and monitoring and evaluation appropriate to the country concerned.

**9.7** Harmonisation also requires close co-operation between multi-lateral and bi-lateral donors and both

**Box 12: Implementing USAID's Disability Policy**

USAID's disability policy is "to avoid discrimination against people with disabilities in programs which USAID funds and to stimulate an engagement of host country counterparts, governments, implementing organizations and other donors in promoting a climate of non-discrimination against and equal opportunity for persons with disabilities."

It has:

- set up an advisory committee on disability and development;
- employed a disability coordinator;
- mandated the use of accessibility standards in all USAID-financed (re)construction;
- inserted a disability clause in agreements and contracts;
- developed an e-learning disability training module for all staff;
- asked all offices to have a disability plan;
- encouraged the employment of disabled people in USAID offices and programmes;
- conducted annual reviews of its programmes in relation to their focus on disability;
- established mechanisms for identifying, documenting and sharing best practice.

Its country programmes include support of DPOs, development of disability-related initiatives, including in education, and targeted scholarships for disabled people.

international and national NGOs since the latter have been particularly active in relation to advocacy on disability issues in education, the development of provision, and current initiation of innovative, more inclusive programmes. This harmonisation at the country level here may include more joined up advocacy with national civil society coalitions of NGOs (including DPOs) and the GCE, and the potential for scaling up of current NGO-led (and government) initiatives.

**9.8** At the global level, donors need to agree how to take forward inclusive policies and provision for disabled children as a priority issue in relation to achieving UPC, and then, as with girls' education and the growing consensus on the need to expand support for conflict-affected and fragile states, agree the policy expectations, identify the most effective strategies and develop support and advocacy mechanisms which will make inclusion more of a reality.

# 10 issues and ways forward

**10.1** Making the FTI Partnership more 'disability responsive' will require engagement with a number of issues, as summarised below, a number of which were also reviewed in a preliminary way in Section 3.

## Policies and plans

**10.2** This study took as its starting point whether policies and plans:

- reflect international commitments to the rights of disabled children to be educated;
- identify the number of disabled children and assess their needs;
- have strategies on key aspects of provision to meet a diversity of needs, with appropriate management arrangements;
- aim to develop capacity, through scaling up of provision, and training programmes;

- acknowledge the importance of parental support and community involvement;
- include appropriate and sufficient financing;

**10.3** A UNICEF report (2003) on inclusion in East Asia and the Pacific also emphasises:

- political will and commitment;
- awareness of the rights of disabled children and of the potential benefits of inclusion for all students;
- participatory approaches to policy development, with adaptation to local context;
- ongoing advocacy.

**10.4** Some of the country plans analysed above also emphasise links to other equity policies and have identified structures for service delivery and mechanisms for financing. Box 13 provides a summary of these critical components.

### Box 13: Critical Components of a Policy on Disability and Inclusion

- *Political*: international/national rights commitments; links to other equity policies; political will; ongoing advocacy.
- *Participatory*: policy development; awareness raising; partnerships with parents/communities, non-state providers and civil society organisations, especially DPOs.
- *Mandatory/enabling frameworks*: e.g. curriculum and assessment flexibility, accessibility standards for schools; specified inclusion component in pre-service teacher training; encouragement of local adaptation within unified system.
- *Data*: identification, assessment and monitoring system, including EMIS.
- *Planning*: range of actions and resources for policy implementation and capacity development.
- *Service delivery*: identification and development of key service delivery units e.g. cluster of schools; development of instructional materials and assistive devices; modifications of learning environments; piloting/supporting innovative approaches.
- *Capacity development*: training of teachers, administrators, families and communities; scaling up successful pilots; projections and plans for human resource needs.
- *Management*: national and local systems for managing provision; mechanisms for intersectoral coordination; partnerships with non-state providers; strategies for strengthening parental/community involvement.
- *Finance*: unit cost analysis; budget projections; school/student funding mechanisms.
- *Monitoring and evaluation*: inclusion as part of sector review; additional studies.

**10.5** Plans should then identify how policies will be implemented and cover all the critical aspects of provision. From analysis of the country plans, most of which extend over at least five years, and from more general consideration of policy and planning processes, three aspects or stages of planning can be identified, namely immediate, transitional and long-term. Immediate planning should focus on short-term and realisable changes, such as awareness raising, short training sessions for teachers and production of a wider range of instructional materials. Transitional planning recognises the gap between policy aspirations and actual baselines of provision in many countries, and the range of demands on education systems. It also acknowledges that temporary trade-offs may also need to be considered, particularly, and familiarly, between quality and increases in enrolment and also, for example, between the cost and logistics of providing more specialised support for some children, especially in remote rural areas, or improving the inclusiveness of most schools for most children as the most pressing priority. However the difference between 'integration' (the current mode in most countries) and 'inclusion' does need to be clear, with transition oriented strongly towards the latter. Transitional planning may include: setting up a screening and monitoring system, linked to EMIS; identifying service delivery structures at local level, such as a cluster of schools; developing support centres; developing more substantial teacher training; setting construction standards and a programme for improving existing school environments; and developing partnership arrangements with non-state providers.

#### Box 14: Three Aspects of Planning

- *Immediate:* awareness raising and short-term strategies to encourage change and demonstrate responsiveness.
- *Transitional:* improving and extending responsive strategies and setting longer-term systems in place.
- *Long-term:* targets and planning to include all disabled children, linked to wider EFA goals.

Long-term planning should include targets for enrolment, for increasing the number of inclusive schools and for associated capacity development (see Box 14).

### Quality and human capacity development

**10.6** As noted in Section 3, improving the quality of education has been seen as one of the main issues related to inclusion. This study of country plans confirms that even if disabled children enrol in school, their learning is likely to be constrained by high class sizes, lack of sufficient learning materials and poor teaching. Increases in enrolment have also had a further impact on quality in some countries due to increases in class size and double shifting, and shortages of textbooks and other instructional materials. Improving the quality of education for inclusion is therefore linked to, and should benefit, the quality of learning for all children.

**10.7** A number of countries now have teacher training programmes on teaching approaches for disabled children but curriculum and assessment frameworks remain inflexible and methods such as multi-level instruction and peer support are still not widely used, often because of large class sizes, insufficient textbooks and/or lack of teacher expertise. As noted in Section 3, and illustrated particularly in the country case studies and the reports of local initiatives on inclusion, key issues include teachers' concepts of educability, the use of appropriate teaching approaches, availability and diversity of teaching materials and relatively simple improvements in school environments. There is a need for more dissemination of 'what works', for example in relation to teacher training, which other studies also suggest should include adapting curricula, using a variety of instructional strategies, multi-level instruction, identifying individual needs, and monitoring learning progress (Porter, 2001). It is also worth noting that many of these skills are particularly relevant to the multi-grade classrooms already found in many rural areas and should be relatively simple and low cost to implement. Training and other capacity development also needs to

include head teachers, education officers and other administrators and managers, both for managing aspects of the system such as data analysis and school inspection, and also, particularly in the case of head teachers, so they can act as key facilitators in the development of more inclusive schools. Some teacher educators may also require additional training to ensure they model inclusive approaches and can draw on experience of inclusion in practice.

#### Box 15: Some Key Strategies to Improve Quality in Schools

- More flexible curriculum and assessment frameworks.
- Extending teachers' concepts of educability.
- Increasing the range of instructional approaches, particularly structured teaching.
- Encouraging the use of more diagnostic and formative assessment.
- Provision, and local school development, of a wider range of instructional materials.
- Simple, low cost improvements in school environments and the organisation of classrooms.
- Recruitment of additional support for students from the community, including disabled persons.

## System management

**10.8** Few plans give much consideration to system management, including lead institutional roles at different levels for advocating and implementing inclusion, links with other ministries and sectors, partnership with the non-government sector and working with parents and communities to enhance support for disabled children and their families. Decentralisation is now characteristic of most education systems, which suggests it is particularly important to identify the critical local service delivery unit which can then be developed as a locus for capacity development and resource allocation. This does include

individual schools and some countries, such as Ghana, are developing school development mechanisms such as school improvement plans to strengthen the role and capacity of individual schools. However, for inclusion, and as suggested in Section 3, development is more likely to be effective, and involve fewer transaction costs, if schools are grouped together for support from specialist resource centres or schools, and for training. In some countries, and in either urban or rural contexts, this may be the district, and in others a cluster of schools. Such groupings then need to be nested in a wider context of support and planning related to data on learning support and teacher and school development needs.

#### Box 16: Service Delivery Structures

- *School level:* whole school policy and inclusion as part of school development/improvement plan; at least one trained/specialist teacher per school.
- *Local/small district level:* specialist centre providing assessment, pedagogical and resource support to cluster of schools; school clusters run in-service training and exchange expertise and locally developed materials.
- *Larger district/regional level:* student/school data collection and analysis; links between school clusters and teacher training institution(s); planning for deployment of specialist and support staff and resources; finance mechanisms; health and other inter-sectoral links.

**10.9** As noted in Section 8, NGOs have been active in many countries in establishing provision, originally largely with special schools for particular impairments but more recently with examples of more inclusive provision. Many countries are now beginning to strengthen partnership with non-state providers, including financial support, in relation to access to primary education. Although these partnerships do not currently focus on provision for disabled children, they do have this potential.

**10.10** There are examples of cross-sector working to identify, support, and where appropriate, provide simple health interventions for disabled children, and the potential of inter-sectoral support for children and families has been demonstrated in some CBR projects. However, in many countries, split responsibilities between Ministries, including for education provision, are hampering holistic approaches. Developing effective inter-sectoral coordination, particularly between education, health and social welfare Ministries, is thus a critical issue.

## Data and other information

**10.11** It was suggested in Section 3 that data on disabled children, both in and out of school, are largely non-existent and where they have been collected, may not be reliable. This problem has been confirmed in this review of country plans and is one of the most pressing and challenging issues as both planning and financing require robust data on incidence and related needs. There is some information on prevalence, though comparison across countries remains problematic and various approaches are now being used in some countries to collect information on levels and types of impairment, such as sets of simple oral screening questions to families about the development of individual children. These can be useful preliminary indicators of need, but should ideally be complemented with more detailed professional/clinical assessments to ensure standardisation and reliability. There is a need for country, regional and international discussion and co-ordination on the different purposes, efficacy and impact of such approaches, and above all, to identify within individual countries how such surveys can then be translated into records of individuals and their needs, used to initiate health and educational interventions, incorporated into EMIS as appropriate and contribute to the disaggregation of educational statistics to monitor enrolment, student flows and learning progress in relation to disabled children.

**10.12** Information also needs to be collected on educational placements, particularly the number of

disabled children in regular schools. Other information needs include guidance for teachers on both monitoring the progress of children with known impairments and identifying children with learning needs that arise during the course of schooling. 'Value added' monitoring of learning outcomes, namely the progress of individual and groups of children, as opposed to assessment against standard learning expectations and levels, will also become increasingly important as more disabled children are included in education. Another important issue is information exchange, at both local and national levels, on different strategies and their impact.

## Financing

**10.13** As noted in Section 3, although the cost effectiveness of inclusion has been advocated on the grounds that it is cheaper than running a segregated and a regular system of schooling, there is no real evidence either way. Cost will be an issue in relation to inclusion of some children but many adaptations are low-cost (for example, increasing window size and painting classroom walls white, and student/teacher positioning in the classroom, to assist students with visual, hearing or other impairments). Some countries have detailed some budgets for special provision in their plans. However, there does not appear to be any detailed work in country plan financing projections and budgets on the additional unit costs likely to be involved in educating disabled children (or indeed other potentially more expensive disadvantaged and marginalised groups such as those in remote and deprived areas). Plans also do not project improvements in child mortality rates, and health care more generally, which may also result in the survival of more children with more severe impairments, and a subsequent rise in costs to provide appropriate education. Cost analysis and projections therefore need to be developed, recognising that although inclusion is likely to have some cost implications, improvements in school environments, and in curriculum, teaching methods and assessment, will have benefits for all children, and as such, could be seen as a cost-effective investment.

**10.14** There are also few mechanisms to finance additional costs or provide other incentives at service delivery level. However, a number of countries are beginning to make direct grants to schools, as part of the decentralisation process. Such grants could be used to offer additional incentives to support inclusion, without much increase in transaction costs. Experience of household incentives (e.g. for girls' education) and the use of other social protection measures could also be drawn on for mechanisms to encourage the enrolment of disabled children. However, as noted in Section 3, household incentives apart, a resource-based, system-oriented rather than an individual, child-funded approach (which may encourage labelling and has high transaction costs) is likely to be the most appropriate approach to funding (see also Peters, 2004).

## Early and post-primary education

**10.15** As noted in Section 3, the case for early childhood care and education (ECCE) has been made in a number of policy documents and reports (e.g. UNESCO, 2006). The country plans reviewed in this study indicate that a number of countries are developing such provision, both generally and for disadvantaged children/communities to encourage school enrolment and act as a bridge to participation in primary schooling. There are as yet few examples in the country plans of ECCE for disabled children. Although resource constraints and other policy priorities may limit the degree to which ECCE provision can be made for all children in developing countries, targeting certain groups, with links to health interventions and partnerships with parents, could be particularly effective for disabled children.

### Box 17: Financing Inclusive Schools – Lessons from UPE Funding in Uganda

The challenge for Uganda was how to fund fee-free primary education for all children, improve school and community capacity to manage their own affairs and enhance the quality of primary education. Two main modalities were employed:

- **UPE Capitation Grant** for removing tuition fees and for operational costs, for all schools, on a capitation basis, in addition to costs already covered e.g. teacher salaries, textbooks and construction;
- **School Facilities Grant** for the most needy school communities to develop new classrooms.

The system required functioning School Management Committees, accurate enrolment data, clear procedures and guidance, monitoring, and commitment to local organisations managing funding. Despite some early bottlenecks, it has resulted in more ownership at school and community level and better targeting of resources (Ward et al., 2006).

Adaptation to encourage inclusion could include:

- an inclusion facilities grant for modifications of school buildings and other improvements in learning environments;
- (additional) capitation payment for each disabled child enrolled/retained in school;
- a block grant to schools which have inclusion in their development plans and which can demonstrate through annual external inspection an increase in enrolment of disabled children and in expenditure on additional teachers/materials.

A capitation grant would require consistent definitions and data and could have high transaction costs. Facilities and block grants have the advantage of focusing on the school as an inclusive organisation rather than on individual student differences. Such grants, if operationalised through school management committees/parent teacher associations, could help develop community support and involvement. Integration with other grant processes would minimise transaction costs and reduce duality of systems.

**10.16** Many countries are now extending the basic education entitlement to 8 or 9 years, including lower secondary education. However, little attention appears to have been given to transition to post-primary education, particularly to secondary schooling, for disabled children, though there is mention of vocational skills training in the plans of a few countries. The potential impact of education on livelihoods may be an important element in generating demand from parents in relation to education of disabled children and should be considered as part of transitional and long-term planning.

**10.17** The lack of sufficient information on both these aspects of the education of disabled children, and how they relate to the main remit of the FTI, and key concern of donors in-country, namely primary education, therefore needs further consideration, including some studies of the potential of early education in particular.

### Disability and other critical policy issues

**10.18** Although some countries do relate policy on disabled children to other equity strategies to reach children still out of school to achieve UPC, and some are also applying strategies used in relation to girls' education to disability, such as community sensitisation, there are few explicit links between disability and gender, caste, ethnic minorities and other marginalised groups. Only one country reviewed in this study makes such links in its plan and also seems to be the only country to consider disability and HIV and AIDS. Given the links between poverty, ill-health, gender, rural remoteness and other inequities and disparities identified in the two country case studies and in the literature more generally, such links should be a critical area for policy development in other countries in future.

### Prioritisation

**10.19** Given the range of policy and implementation issues/options, it may be useful to identify which are most likely to make a difference and are most cost-effective (see Box 19).

### Box 18: Lesotho – Disability and other Equity Issues

In Lesotho's plan:

- special education is defined as a cross-cutting issue;
- gender and HIV and AIDS are to be mainstreamed in special education programmes e.g. special education teacher training, Braille materials on HIV and AIDS;
- provision for SEN in early education is seen as part of the drive on access of disadvantaged groups, with subsidies for children with special needs;
- community EFA campaigns will include disabled children.

### Monitoring and evaluation

**10.20** With many policies at planning rather than implementation stage, monitoring and evaluation has been limited to date. However, annual sector and other reviews could begin to monitor impact and encourage further policy development, particularly where plans are weak. Monitoring and evaluation should also try to capture the key drivers of change for the countries concerned. This study has indicated a range of issues to be considered and in the next section also considers how disability and inclusion can be integrated in improved review procedures for better quality assurance and accountability within the FTI Partnership.

**10.21** The central focus of most programme evaluation should be participation and learning in schools, as this is the touchstone of inclusion. Whilst noting that policies also provide the context for action, they are also, along with plans, finance and training, key inputs to inclusion at school and classroom level. Evaluation should also be particularly concerned with outcomes, including learning in school and also transition to further education and

**Box 19: Policy and Implementation Priorities**

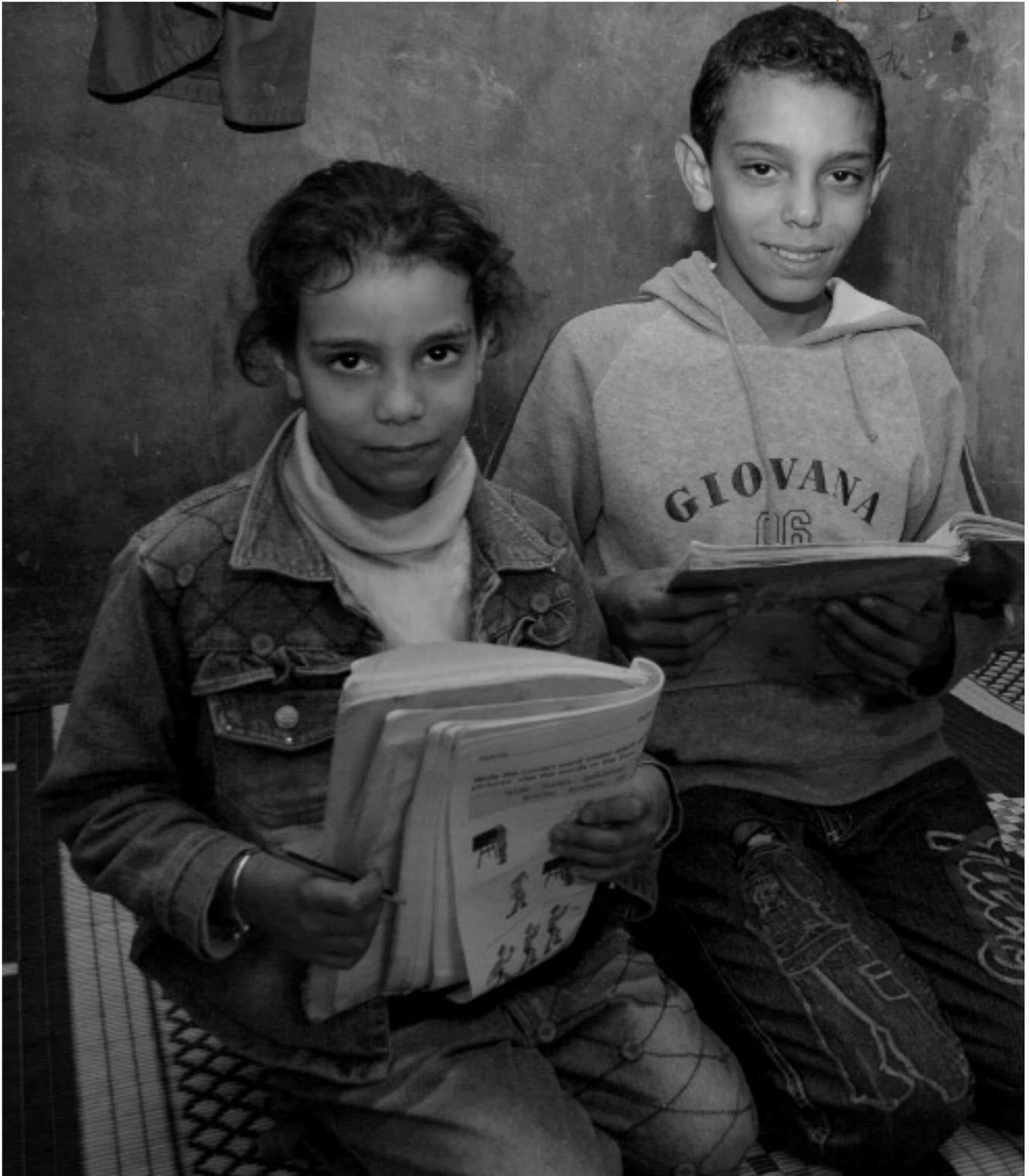
- *Policy environment*: statement of rights of disabled children to inclusive quality education plus awareness raising for policymakers, teachers and other education professionals, and parents/communities.
- *Planning*: development of immediate, transitional and long-term targets and identification of associated capacity and financing needs.
- *Data*: development of basic screening, with option of future two-stage approach; development of EMIS to include disabled children.
- *Service delivery structures*: identification of key delivery and implementation structures e.g. school development plans, clusters of schools, special schools as assessment and resource centres, education and CBR links.
- *Quality and capacity*: targeted ECCE; allowing flexibility in curriculum and assessment frameworks; providing basic teacher training and guides; encouraging low cost changes in classroom environments and organisation and development of low cost and locally adapted materials.
- *Finance*: support/incentive for inclusive schools through additional funding linked to current school financing mechanisms; development of cost analysis and financing projections.
- *Monitoring and evaluation*: identification of effective innovative provision for scaling up; dissemination of promising practice.

**10.22** There is also a need for focused studies, including across countries, to evaluate particular approaches or initiatives and to fill knowledge gaps and for information exchange, as recommended in the next section.

training, and impact on livelihoods and social participation, since as noted earlier, in the country case studies, outcomes seem to be particularly relevant to parents' willingness to send their children to school and invest in education.

*Hearing and speech  
impaired children  
progressing in education,  
Lebanon*

**photo:** Jessy Chahine



# II recommendations to the FTI Partnership

## a) overall recommendations

**11.1** The role of the FTI, not only in relation to endorsement and funding, but as a policy catalyst and hub for information exchange, makes it a critical contributor in relation to improving policies, provision and practice for disabled children, and ensuring the millions of disabled children still out of school are seen as an integral part of the challenge to achieve UPC by 2015. Given its influence as a policy platform, the FTI Partnership can both promote the inclusion of disabled children within the Partnership and be an inclusion 'champion'. The Partnership should also pay particular attention to strengthening the endorsement and review process and facilitating information sharing and improvements in knowledge.

**11.2** It is therefore recommended that the FTI Partnership play a greater role in catalysing greater responsiveness to disability by:

- promoting policy dialogue and promising practice within the Partnership, with both partner countries and donors;
- acting as a policy 'champion' for inclusion, advocating the critical importance of the participation of disabled children to the achievement of UPC, in order to increase both political and funding commitments to ensuring their inclusion.

**11.3** In addition, the FTI Partnership can help to close gaps in data, policy, capacity and financing, for example, by:

### *Data:*

- supporting, through the EPDF, country-based and international studies on the number of disabled children enrolled in or out of school;
- providing guidance to countries on strategies to identify and monitor the progress of disabled children, including the use of EMIS;
- using the EPDF to fill other critical knowledge gaps.

### *Policy:*

- ensuring the FTI endorsement and review process pays attention to disability and inclusion;
- disseminating examples of effective inclusive policies, strategies and practice.

### *Capacity:*

- identifying critical capacity needs within partner countries and using the EPDF to identify, develop and disseminate effective responses, for example in relation to teacher training;
- identifying innovative approaches and good practice, and how these can be scaled up through effective service delivery structures and improved partnerships with non-state providers and communities.

### *Financing:*

- supporting, through the EPDF, country-based and international studies on the costs of inclusion of disabled children;
- advocating for, and contributing to, the additional financing required.

**11.4** It is also recommended that the FTI Partnership set up a Task Team or Working Group to consider this report and develop the response. This Task Team could focus on disability and inclusion or be a sub-group as part of a wider Task Team on all aspects of inclusion, to facilitate policy links and lesson learning.

**11.5** The agenda for such a Task Team or Working/ Sub-Group could include the following:

- a) developing a Partnership policy statement on disability and inclusion, including links to other equity initiatives;
- b) taking forward proposals for amendments to the appraisal process to reflect the importance of policies and strategies for disabled children, including requiring that all country donor assessments for endorsement should evaluate such policies and strategies;

- c) taking forward proposals for revisiting endorsed plans, including sector Annual Review processes, to strengthen their support for disabled children as part of the Partnership's current review of quality assurance procedures and in support of the ratification by countries of the UN Convention on the Rights of Persons with Disabilities;
- d) identifying how the EPDF can help to fill critical data and other knowledge gaps;
- e) taking forward proposals to develop the EPDF as a mechanism for policy and capacity development, and information and practice exchange, particularly at regional levels, in relation to the inclusion of disabled children in education;
- f) advising how the Partnership can assist with the development of a database of technical expertise and other resources on disability and inclusion to support country planning, implementation and evaluation;
- g) dialogue with donor members of the Partnership on their policies on disability, inclusion and education, to enhance alignment and harmonisation.

**11.6** The Partnership should also link disability to other inclusive education initiatives for disadvantaged and marginalised groups, for policy and lesson learning, and give more consideration to early years and non-formal education provision.

## b) specific recommendations

### Task Team

**11.7** It is recommended that the Task Team comprise representation from:

- the World Bank;
- bilateral donors with interest/experience in disability and inclusion (e.g. Norway, Finland, DFID, USAID);
- the UNESCO Flagship on Education for All and the Rights of Persons with Disabilities: Towards Inclusion;

- countries with experience of implementing policies on disability and inclusion (e.g. Ghana, Kenya or Mozambique from Africa; Vietnam from Asia; Djibouti from North Africa/ Middle East region; Guyana from South America region);
- the GCE and GPDD, representing civil society organisations;
- the OECD (unit/department concerned with disability, inclusion and education).

**11.8** The terms of reference for this group or team would be drawn from the key recommendations above, in particular:

- *Policy*: developing a policy statement on disability and inclusion, including links to other equity and inclusion initiatives; and encouraging donor partners to review their policies on equity and inclusion.
- *Endorsement and review*: considering whether the Indicative Framework should include a benchmark related to inclusion; making amendments to the Appraisal Guidelines to emphasise the importance of policies and strategies for disabled children and ensure that all donor assessments for endorsement reflect this; and developing criteria for revisiting endorsed plans, including sector Annual Review processes, to strengthen their support for disabled children as part of the FTI's intention to strengthen review as part of its improvement of quality assurance and in support of the ratification by countries of the 2006 UN Convention on the Rights of Persons with Disabilities.
- *EPDF*: developing the EPDF as a mechanism for policy and capacity development, information and practice exchange; and for filling knowledge gaps in relation to the inclusion of disabled children in education.
- *Information and resources*: supporting the development and maintenance of a database of technical expertise on disability and inclusion to support country planning, implementation and evaluation; developing a resource base of documentation; and developing information on disability and inclusion on the FTI website, with links to other organisations and knowledge sources.

**11.9** Such a group or team should also foster, and link with, other organisational remits, networks and resources

related to disability and inclusion. For example, it could be agreed that the Partnership would work with the UNESCO Flagship as lead in relation to developing further documentary guidance on country policies, teacher training and other capacity development and on holding a database of expertise; with the GCE and GPDD on advocacy to secure more funding to support inclusion; with the OECD on data/information; and with websites such as that of EENET in relation to documentation of initiatives and practice.

## FTI policy

**11.10** A Partnership policy would help to both demonstrate and crystallise support for the development of disability and inclusion. Such a policy would also be the basis for advocacy and for endorsement of country plans. The process of policy development might also assist with the recommendation that donors review their particular policies with a view to greater harmonisation and alignment. An indicative statement is suggested in Box 20.

## Endorsement and review

**11.11** Endorsement depends on a credible plan to achieve UPC, including:

- benchmarking against the Indicative Framework;
- policy actions to improve equity, quality and efficiency;
- implementation issues and capacity constraints and strategies to address them;
- financial framework and costs;
- monitoring and evaluation indicators and processes.

**11.12** Appraisal should include strengths and gaps in relation to policy, data, capacity and financing. Currently, the Appraisal Guidelines (2006) do refer to disability, primarily in relation to the Indicative Framework. However, they do not highlight disability sufficiently. It is recommended that the endorsement process be strengthened in two ways, namely:

- more reference to disability and inclusion in the Appraisal Guidelines;
- an expectation that donor assessments report on key issues in relation to policy, data, capacity and financing.

### Box 20: FTI Policy - Indicative Statement

*The EFA FTI is committed to:*

- the right of disabled children to education and to provision in non-discriminatory ways;
- the responsibility of schools to educate all children in ways which address and respond to the diversity of needs of all learners;
- identification and removal of attitudinal, environmental and institutional barriers to participation and learning;
- provision of appropriately differentiated responses to the broad spectrum of learning needs in formal and other education settings, through changes and modifications in content, approaches, structures and strategies;
- securing additional resources to achieve improved participation and learning by disabled children;
- development of partnerships with parents, communities, civil society organisations and non-state providers;
- enabling policy makers, teachers, learners and their families, and other stakeholders, to see diversity as a challenge rather than a problem and inclusion as a way of benefiting all children.

*It will:*

- ensure endorsement and review processes reflect disability and inclusion;
- foster policy and capacity development through the EPDF;
- facilitate dialogue on policy and practice, and information dissemination and exchange, through the EPDF and other mechanisms;
- advocate the need for additional donor funding to secure inclusion.

**11.13** For example, the Appraisal Guidelines could mention disability more frequently as an exemplar in relation to issues such as unit and additional costs and consultations with civil society. Strengthening of the Guidelines could also include an Indicative Framework benchmark related to inclusion, of which disability would be a component, since the benchmarks are the element of appraisal referred to most explicitly and frequently in country plans. However, the value of such a benchmark depends on having sufficiently robust data, such as the number of disabled children in the population and in and out of school, and may be best developed once better data are available in more countries.

**11.14** Donor assessment in-country is now the most important aspect of FTI endorsement. However, as noted in a recent review of quality assurance by the FTI Secretariat (2007b), the Appraisal Guidelines and benchmarks are applied incompletely or inconsistently. Assessments may not sufficiently challenge difficult policy issues and/or may lack commentary on certain technical aspects. In addition, annual education sector review processes in-country may vary in respect to foci and quality. It has therefore been proposed that Review Guidelines be developed to complement the Appraisal Guidelines. This offers a particular opportunity to strengthen policies and their implementation in relation to disability and inclusion in countries which currently have weak or non-existent plans in this area, and to collect and disseminate information on effective strategies for inclusion.

**11.15** Ratification by countries of the UN Convention on the Rights of Persons with Disabilities, which commits countries to developing inclusive education, could also be used as a further entry point for developing and reviewing policies.

**11.16** As noted earlier in this study, a number of country plans locate their policies and strategies on disability/special educational needs within the wider context of increasing access, equity and inclusion for a range of disadvantaged and marginalised groups. Some also see particular value in developing early childhood education for such groups,

### Box 21: Suggestions for Development of the Appraisal and Review Guidelines

- Evaluation of strategy for UPC should refer explicitly to disabled children.
- List of main documents to be analysed should include inclusive education/special educational needs policies and their links to international commitments.
- Appraisal of targets and planning trajectories should include comments on any specific targets related to disability and inclusion.
- Evaluation of capacity development should address training, particularly of teachers, in relation to disability and inclusion.
- Comments on school infrastructure development should include disabled access.
- Analysis of unit and other costs and of budget projections should include key current funding categories and levels for special and inclusive provision, a projection of costs related to enrolling more disabled children and any planned future funding mechanisms and incentives to encourage enrolment and make schools more inclusive.
- Any existing statistics on enrolment and student flow related to disabled children should be summarised and comments made on plans to improve data and integration with EMIS.
- Issues and processes for monitoring and evaluation should include reference to disabled children and making schools more inclusive.

including disabled children, as a way to increase enrolment, prepare children for school and provide family and other support. As countries move to 8-9 years basic education (the trend in most developing countries) it is also important to look at transition to lower secondary schooling and beyond. Both early childhood and post-primary provision are particularly relevant to disabled

children, the former for early intervention to support particular learning needs and the latter to strengthen future employment opportunities and thus encourage families to invest in the education of disabled children. Although the main remit of FTI is UPC, the Appraisal Guidelines could be developed to include advice and commentary on these issues.

#### Box 22: Additional Issues for Appraisal Guidelines

- How plans for disability/special educational needs relate to wider policies/provision on disadvantage and inclusion.
- If/how early childhood education is being used to encourage and support enrolment by disabled children and if there are any links to health and other early care.
- Support for transition to, and continued participation in, secondary schooling by disabled students.

**11.17** Appraisal and review should be based on promising approaches to policy development in developing countries as outlined previously in this study. However, given the range of issues which need to be addressed in country plans and in appraisal and review, it is important to focus on critical aspects of disability and inclusion. These are:

- *equity*: to reflect commitments to disabled children's rights and to achieving UPC;
- *quality*: to ensure effective participation in schooling and improved learning and other outcomes.

Disability and inclusion can then be integrated in appraisal so they can be analysed alongside, and in relation to, gender, income, spatial and other inequities while provision and capacity can be evaluated in relation to quality improvements in general, recognising that making schools and teachers more responsive to disability will have an impact on the quality of education for all children. The focus on these two key aspects of policy can then be related to critical strengths and gaps in policy, data, capacity and finance, with reference to both the specific country plan and lessons

from international practice and experience and with a particular emphasis on strategies which are realisable in the immediate and medium term in the country concerned (see Table 4 overleaf).

## EPDF

**11.18** It is recommended above that the EPDF be developed as a mechanism for policy and capacity development, information and practice exchange, and for filling knowledge gaps in relation to the inclusion of disabled children in education.

**11.19** In respect to policy and capacity development, funding could be offered to support the improvement of plans which are weak or non-existent in relation to disability and inclusion and for developing capacity, particularly for planning at different levels of the education system and in relation to teacher training.

**11.20** The EPDF could also be used for studies to fill knowledge gaps, for evaluating critical aspects of policy and practice, and for information exchange. Key knowledge gaps and evaluation topics include:

- the most reliable but practical approaches to screening and identification, and linking child and student data and monitoring to EMIS;
- pre-service and in-service teacher training;
- effectiveness of particular service delivery structures such as support centres for school clusters;
- finance, particularly costs associated with special and inclusive provision; effective financing mechanisms to encourage and support schools to be more inclusive; incentives and support for students and families;
- impact of early years provision on subsequent participation and learning in school.

**11.21** EPDF funding could also be used to:

- support the development of a database of technical expertise on disability and inclusion to support country planning, implementation and evaluation (e.g.

**Table 4: A Model for Appraisal and Review**

Equity and Quality			
Policy strengths and gaps	Capacity strengths and gaps	Data strengths and gaps	Funding strengths and gap
<p>Links to UPC strategy.</p> <p>Links to other equity policies.</p> <p>Links to international commitments on disability and inclusion.</p> <p>Inter-ministry/sector coordination.</p> <p>Approach to family/civil society participation and partnership.</p> <p>Frameworks for diversity and flexibility (e.g. curriculum and assessment) and for basic standards (e.g. buildings access).</p>	<p>Identification of key service delivery structures e.g. support for cluster of schools.</p> <p>Effective approaches to teacher training.</p> <p>Accessibility of, and low cost changes in, school environments.</p> <p>Provision of low tech assistive devices and of more specialised instructional resources with encouragement to develop additional local materials.</p>	<p>Estimate(s) of prevalence.</p> <p>Development of screening approach to record individual children and incidence at local and system levels.</p> <p>Plan for development of data collection and analysis on enrolment and student flows.</p> <p>Use of EMIS.</p> <p>Pilots and key national initiatives monitored and evaluated.</p>	<p>Analysis of unit costs and provision and training budgets.</p> <p>Projection of financing required to enrol disabled children and make schools more inclusive.</p> <p>Incentives/mechanisms for making schools more inclusive and for families/students to encourage enrolment.</p>

expertise in screening, policy, planning, curriculum and assessment, teacher training, assistive and other technology, parental/community support and partnerships);

- develop resource bases of documentation (e.g. country inclusive policies; teacher training courses);
- develop the FTI website and its links (e.g. posting of documentation related to inclusion, links to UNESCO Flagship and EENET websites).

### Links with other Task Teams

**11.22** The most important links with other Task Teams would seem to be on capacity development and on fragile

states. For example, the Guidelines being developed on capacity could be used to consider how capacity can be developed to implement policies on disability, inclusion and education. In relation to fragile states, particularly those emerging from conflict, the Task Team, which has been concerned in particular with development of a Progressive Framework to complement the Indicative Framework and the Guidelines for assessment of country plans could give some consideration to disability issues in relation to both the Progressive Framework and the main guidelines (for example, the donor assessment of Sierra Leone's plan, which has just been endorsed, does make reference to the need to give more consideration to disability issues).

## Donor alignment and harmonisation

**11.23** The majority of recommendations above refer to changes in Partnership processes and in country plans. However, it is also recommended that dialogue and review is developed with and between donor members of the Partnership in relation to their policies on disability, inclusion and education. The main purpose would be to enhance alignment and harmonisation, and thus the effectiveness of in-country and global support. Such review would also ensure the principles of the Paris Declaration on Aid Effectiveness are applied in relation to work on disability and inclusion.

**11.24** It is therefore recommended that as part of contributing to improved FTI processes, and better support for country education sector development, donors should consider:

- whether their current institutional policies on disability, inclusion and education are sufficiently explicit and appropriate, particularly in the light of the UN Convention on the Rights of Persons with Disabilities;

- which donors might take lead advocacy, policy, programme and review roles, both globally and in particular countries, bearing in mind both current interests and expertise and the need for an appropriate division of labour;
- how funding can be increased, both in-country and internationally, to meet the additional costs likely to be involved in enrolling all disabled children and making education systems more inclusive.

## Links with other networks

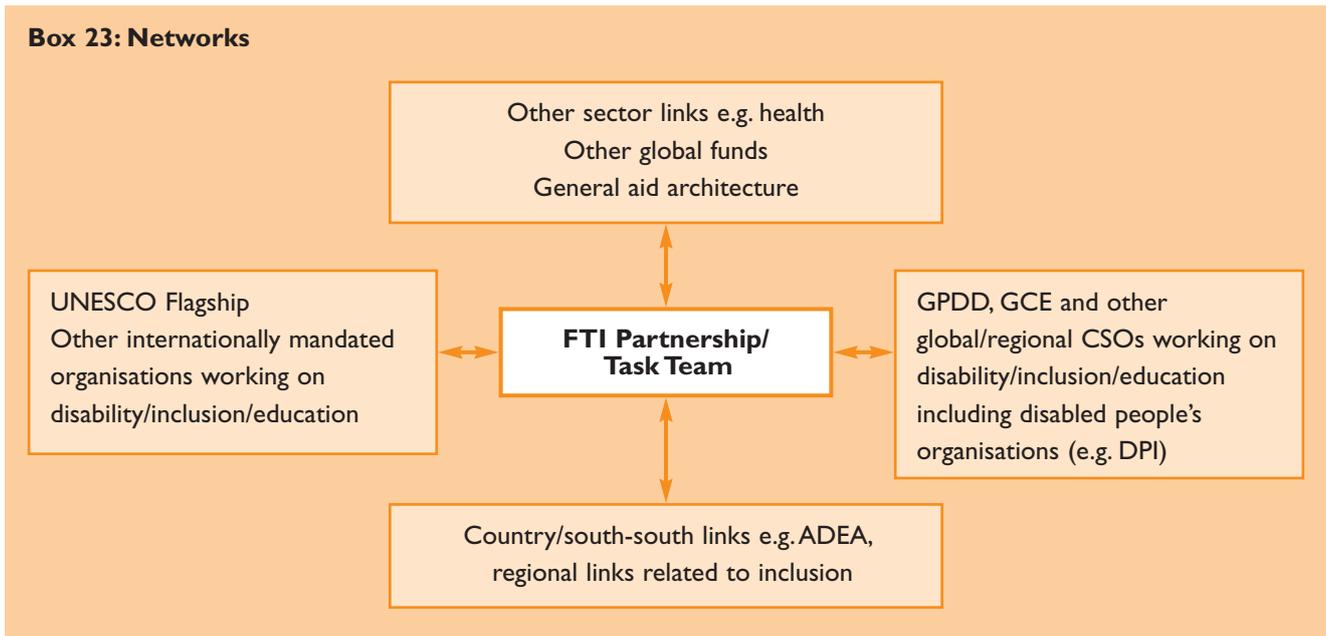
**11.25** The FTI's potential catalytic role in securing better policies and practice in relation to disability and inclusion will be both strengthened and enhanced through development of links between and with other networks. In particular, it is important to strengthen the link between the FTI's future work on disability and inclusion and the remit and work of the UNESCO Flagship on Education for All and the Rights of Persons with Disabilities: Towards Inclusion. Other important links include the global networks of civil society organisations concerned with



*A student answers questions in class, Nicaragua*

**photo:** P Ravelli

**Box 23: Networks**



disability and the development of consideration of disability issues by south-south networks, such as ADEA. Links with other sectors and their global funds are also important in relation to holistic approaches to disability and development, particularly between education and health (see Box 23).

c) conclusion: developing responsiveness

**11.26** The recommendations above may be adopted or may be developed in different ways. The critical issue is policy commitment, with related actions, by the Partnership, rather than any one particular model, though

the Partnership's approach should be informed by both practice in partner countries and international experience more generally. Having then demonstrated its growing responsiveness to disability, the FTI will be able to fulfil a critical role in increasing donor commitments and funding and catalysing and accelerating country responses to disability and inclusion. In addition, given more funding will be needed to enrol disabled children and develop inclusive provision, helping to meet financing gaps will assist the release of resources to both support the implementation of inclusive policies and extend countries' range of priorities and responses.

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