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MULTI-COUNTRY STUDY ON INCLUSIVE EDUCATION (MCSIE)

Areas of Intervention Mapping (AIM) for Inclusive Education: Nepal

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AOR Name: Kevin Roberts
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ACRONYMS

AIM	Areas of Intervention Mapping
CBM	Christian Blind Mission
CBR	Community-Based Rehabilitation
CEHRD	Center for Education and Human Resources Development
CFM	Child Functioning Module
CRPD	Convention on the Rights of Persons with Disabilities
DFAT	Department of Foreign Affairs and Trade
DPO	Disabled Persons' Organization
EDCU	Education Development and Coordination Unit
EGR	Early Grade Reading
EMIS	Education Management Information System
ETC	Education Training Center
FCDO	Foreign, Commonwealth, and Development Office
FWU	Far Western University
HI	Humanity & Inclusion
IDP	Inclusive Development Partners
KII	Key Informant Interview
LASER	Long-Term Assistance and Services for Research
MCSIE	Multi-Country Study on Inclusive Education
MICS	Multiple Indicator Cluster Survey
MoEST	Ministry of Education, Science, and Technology
MPhil	Master of Philosophy
MU	Midwest University
NAWB	Nepal Association for the Welfare of the Blind
NDFN	National Federation of the Deaf Nepal
NGO	Non-Governmental Organization
NSL	Nepali Sign Language
PFPID	Parents Federation of Persons with Intellectual Disability Doctor of
Ph.D.	Philosophy
PULSE	Partners for University-Led Solutions Engine
R4A	Reading for All Nepal
RC	Resource Classroom
RCRD	Resource Center for Rehabilitation and Development
SDG	Standard Development Goal
SHRUTI	National Association of the Hard of Hearing and Deafened Nepal
SNE	Special Needs Education
TLM	Teaching and Learning Material
TU	Tribhuvan University
UNESCO	United Nations Education, Science, and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VSO	Volunteer Service Organization
WB-IEI	World Bank Inclusive Education Initiative
WEI	World Education, Inc.
WG-SS	Washington Group Short-Set

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LASER PULSE collaborates with USAID missions, bureaus, and independent offices and other local stakeholders to identify research needs for critical development challenges, and funds and strengthens capacity of researcher-practitioner teams to co-design solutions that translate into policy and practice.

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EXECUTIVE SUMMARY

The U.S. Agency for International Development (USAID) Multi-Country Study on Inclusive Education (MCSIE) evaluation team, led by Inclusive Development Partners (IDP), conducted an areas of intervention mapping (AIM) exercise in Nepal to show where and how USAID's Reading for All (R4A) activity is interacting with the existing education system to improve educational outcomes for learners with disabilities. Desk review work began in 2020 and was supplemented by key informant interviews (KIIs) in 2021 and 2022 to help the team focus on deepening their understanding of MCSIE evaluation questions related to (1) the screening and identification of children with disabilities, (2) teacher training models for disability-inclusive education, and (3) instructional practices supportive of inclusive education in Nepal.

The following high-level summary covers key findings from the three domains:

1. **Screening and identification.** The implementation of screening activities, particularly using the Washington Group/UNICEF Child Functioning Module (CFM), has raised awareness in Nepal about disability and the need for services and program supports for children with disabilities. In addition, there has been promising uptake and investment in early screening practices at the local government level and the MOEST is committed to improving this practice at scale. However, such prevalence tools are sometimes being used inaccurately and outside of their intended purpose, which impacts both validity and sustainability. Positive screening practices, which include rigorous training and validated tools other than the CFM, do exist in the country, but are limited in scope and scale and not all are conducive to a school-based model. Hospital or clinic-based vision screening is generally available across Nepal, but hearing screening and, in particular, screening for developmental disabilities related to cognition or learning is less accessible, and the screenings are not free.
2. **Teacher training.** Pre-service training on disability-inclusive education in Nepal is limited but expanding to more universities. Up until the R4A program implemented inclusive in-service training that included general education teachers and addressed a range of disability types, in-service training had focused on resource classroom (RC) teachers who, at present, are limited to teaching students with disabilities in integrated and segregated settings. In addition, the limited curriculum information that is available online indicates the possibility that pre-service training programs may not be preparing teachers to support learners with disabilities in general education classrooms, but more study is needed on this topic. While various stakeholders, including teachers and local government officials, have expressed doubt about the feasibility of full inclusion in Nepal's current context, less is known about the perception among pre-service faculty.
3. **Instructional practices.** Instructional placements in Nepal are moving in an inclusive direction, but data is lacking and integrated education settings may still be highly segregated. In most cases, children with identified disabilities are enrolled in RCs that share a campus with general education schools, where they may have opportunities to interact with peers without disabilities, though this varies widely from school to school. Data is not available to demonstrate that RCs lead to inclusive learning and so such placements may continue to promote segregation. There also remain several systemic barriers to realizing inclusive education practices in Nepal. Teachers working in general

education classrooms lack the training, resources, or supports they need to implement inclusion effectively, and these gaps hinder the system from adopting more inclusive models of instruction. Inaccessible school infrastructure is also a related barrier.

The following key recommendations for future consideration stem from the above and other findings in this report:

Consider the ethical implications of school-based screening and identification of disabilities and expand partnerships with the health sector to screen children. Widespread efforts to screen and identify children with disabilities in Nepali schools stem from a desire among government, disabled persons' organizations (DPOs), and non-governmental organizations (NGOs) to generate more accurate national data and to provide children with the supports they need to help them to succeed in school. Yet in practice, neither aim is being consistently achieved with quality or fidelity (particularly with screening in schools, as screeners are often teachers as opposed to health professionals). Ethical issues arise for those children who are identified with a disability but lack access to follow-up support services needed as well as for children who have a disability but are not identified through the screening process. Existing partnerships between eye hospitals and schools in some areas could be expanded nationally to provide vision screening in a camp setting and in collaboration with local education and health units. Hearing screening could also be added to these camps as well. For less visible domains, such as learning disabilities, for which screening and identification can be more complex and less accessible, teachers can be trained to notice indicators that a student is struggling, have a list of referral options to share with families, and be prepared to provide educational supports. Teachers who are able to provide inclusive instruction to all students will already be equipped to support such students in important ways. Linking education and health information management systems should be a long-term goal, but forming Student Assessment Technical Committees (SATC), as mandated by CEHRD and piloted by R4A, can be a positive step toward bringing all relevant parties together.

Scale up more robust pre-service teacher training on inclusive education for all teachers. As mentioned above, pre-service training that focuses on disability-inclusive education is limited in Nepal. In-service training is important for existing teachers, but teacher training institutions need robust support to develop and offer training that follows the latest evidence-based principles of inclusive instruction (e.g., inviting multiple means of engagement, representation, action, and expression from students[1]) and does not assume or promote segregated learning, while being mindful of contextual constraints that currently may limit full inclusion in schools. A review of existing teacher training curricula related to disability would be beneficial for informing next steps in addressing inclusion at the pre-service level.

Consider small-scale pilots of inclusive co-teaching classrooms in general education classrooms. Nepal has many specialist teachers who work in RCs. In many cases, these specialist teachers are working with small groups of learners with disabilities (typically ranging somewhere between 7 to 13 students), yet these learners experience few opportunities to study alongside their peers without disabilities. This presents an opportunity to pilot co-teaching models in general education schools where a general education teacher and specialist teacher can support both students without disabilities and those with disabilities in a single classroom by delivering the services and supports necessary to ensure inclusion. While some training and ongoing support would be required, the staffing resources to enable a two-teacher classroom are

[1] Hayes, A., Turnbull, A., and Moran, N. (2018). p. 5.

already available within existing systems and could promote the progressive realization of inclusive education.[2] Close monitoring and evaluation of such efforts can provide valuable data to determine what works to support scaling this transition.

[2] IDP recognizes that the definition of inclusive education for children who are deaf or hard of hearing differs from other populations, and as such, individuals require access to a sign-language-rich environment.

INTRODUCTION AND PURPOSE

Promoting disability-inclusive education is a key priority area in the U.S. Agency for International Development (USAID) 2018 Education Policy. The policy states that "universal design principles that look at the design of policies, the allocation of resources, the training and support for teachers, the availability of support services, and the overall accessibility of learning materials, infrastructure, transportation, and assistive technologies should inform a holistic approach to educating students with disabilities and fostering learning outcomes" (USAID, 2018).

The USAID Multi-Country Study on Inclusive Education (MCSIE) evaluation team, led by Inclusive Development Partners (IDP), proposed an areas of intervention mapping (AIM) exercise for three USAID inclusive early grade reading (EGR) activities in Cambodia, Nepal, and Malawi to show where and how each USAID activity is interacting with the existing education system to improve reading outcomes for learners with disabilities.

The purpose of this AIM report is to describe how USAID-funded activities, specifically the Reading for All (R4A) project, align with government and donor efforts to provide inclusive education for children with disabilities. The objective of the AIM is to answer the following questions about disability-inclusive education in Nepal:

1. What other methods/models were in place prior to/during the USAID activity?
2. How does/did the method/model work (i.e., successes/challenges/barriers)?
3. Where and how do actors in each area of intervention interact with other actors in the system?
4. What do actors in each area of intervention perceive as the biggest assets and needs within the system?

This mapping captures what is currently in place by examining the existing inclusive education efforts related to MCSIE's evaluation topics: (1) the screening and identification of children with disabilities, (2) teacher training models for disability-inclusive education, and (3) instructional practices supportive of inclusive education in Nepal.

AIM findings are meant to:

- Assist USAID to determine how their education activities in Nepal fit into and contribute to strengthening existing inclusive education efforts in the country;
- Provide all education stakeholders with actionable recommendations for future programming in Nepal related to screening and identification, inclusive education teacher training, and instructional practices; and
- Draw attention to the areas in which there is under-investment or limited coordination between actors involved in promoting inclusive education.

METHODS

The MCSIE evaluation team began conducting a desk review for the AIM in 2020 and ultimately reviewed over 34 reports, evaluations, grey literature, and other documents (see Annex B for the full document list). The team produced a matrix of major activities related to screening and identification, training, and instruction and referenced other prior mapping exercises, including the MCSIE literature review previously conducted in 2019 for Nepal. To fill in gaps in the literature, IDP evaluators also conducted 15 key informant interviews (KIIs) with relevant stakeholders in the areas of intervention, both in person, once COVID-19 pandemic travel restrictions were lifted, and virtually. See Annex A for an overview of the AIM KII stakeholders.

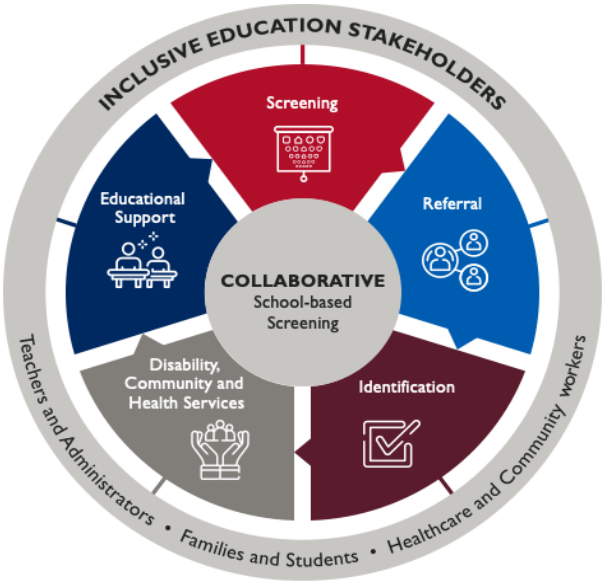
FINDINGS

AREA ONE: SCREENING AND IDENTIFICATION

For this area, evaluators examined existing and prior efforts (within the past five years)—apart from the R4A activity—to screen and identify children with disabilities both in and outside of the school setting, how screening data has been used, and how these activities connect to referral systems. Ultimately, this review demonstrated that there is a large commitment to more accurately and universally identify children with disabilities in Nepal with the intent to better support these children. While districts or municipalities have government-sponsored assessment centers, these do not provide screening for all types of disability. Anecdotally, if a child does not possess a disability ID card, the typical practice for tracking disability data for school-aged children is that school personnel gather and enter disability data by informally assessing, through direct observation, whether or not a child has a disability. Then, school personnel indicate the disability type in the child's education management information system (EMIS) record (options to select include: physical, mental, deaf, blind, low vision, deaf and blind, speech impairment, multiple disability, and none).[3] The R4A project is replacing this informal practice with screening via the Washington Group/UNICEF Child Functioning Module (CFM) and an updated EMIS platform. Aside from school-based screening, many organizations and implementers are also providing screening services. However, there is a widespread lack of rigor around validity testing to ensure the screening tools are accurately and effectively identifying children. In addition, school-based screening requires collaborative support and participation from multiple stakeholders[4] to ensure success, which can be challenging to coordinate (see Figure 1).

[3] See https://www.youtube.com/watch?v=RXU5oMdYyj8 for more information.
[4] In Nepal, these stakeholders include the Min. of Health for primary health care services, the MOEST for school based screening, the Ministry of Women, Children and Senior Citizens for providing a Disability ID card after diagnosis, and social allowances through the local government.

Figure 1. Collaborative School-Based Screening



Summary of findings: Currently, there is widespread use and general acceptance of the CFM as the screening tool of choice in Nepal. This 24-question tool was developed by the Washington Group on Disability (WG) and UNICEF in 2016 as an expansion of the six-question WG Short-Set (WG-SS) tool to more comprehensively identify children with disabilities. The CFM was designed to be administered to mothers or primary caregivers in the context of a national household survey,[5] and the first such use in Nepal took place in 2019 as part of the United Nations Education, Science, and Cultural Organization's (UNESCO's) Multiple Indicator Cluster Survey (MICS) study (UNICEF, 2020).

However, the increasingly widespread use of the CFM by organizations and project implementers in Nepal appears to stem from a 2016–2017 pilot activity (predating the MICS) when Humanity & Inclusion (HI) and the Resource Center for Rehabilitation and Development (RCRD), along with World Education, Inc. (WEI) and the United Nations Children's Fund (UNICEF), used the WG-SS tool in conjunction with "direct observation and simple assessment tests to check [students'] eyes, ears, and mobility" to screen over 2,800 children in 40 schools across four districts of Nepal (UNICEF, 2017). This was the first instance in the country where classroom teachers served as respondents for a screening exercise. Children flagged for a potential functional limitation went on to receive medical assessments.

The Ministry of Education, Science, and Technology (MoEST) supported this pilot and accepted the results as indicative of the tool's validity. While screening and identification tools require a rigorous process of testing and validation to ensure they are appropriately measuring and capturing the intended population (USAID, 2020), reports available on the pilot are unclear about how the tool's validity was tested and established. Since then, many organizations have used the

[5] Washington Group on Disability Statistics. (n.d.) WG/UNICEF child functioning module (CFM). Retrieved September 8, 2022 from https://www.washingtongroup-disability.com/question-sets/wgunicef-child-functioning-module-cfm/

WG tools—either the WG-SS or, more commonly, the CFM. The R4A activity conducted two rounds of validity testing (a second took place after a first attempt suffered from delays that impacted the data) and found the CFM reached standard measures of validity only for vision and physical disabilities. In order to further support and scale screening efforts, in November 2022, the Center for Education and Human Resources Development (CEHRD) formed a technical team to review the CFM. The team simplified and standardized the Nepali language within the CFM questions and updated screening guidelines overall and for each question. The CFM teacher version (TV) also underwent validity testing in 2023 (results forthcoming).

It is unclear whether other organizations using the tool have tested it for their own specific use or if they are assuming its validity based on the pilot and the Government of Nepal's (GoN's) approval as well as the perception that the tool has been universally accepted for all uses. Generally, validity testing of screening tools is not typically practiced by implementers in Nepal. This creates a risk for the potential misuse of screening tools, which raises ethical concerns, including missing children with disabilities during the screening process or referring students without disabilities, which can cause more harm than benefit and has an economic cost on the family (Hayes et al., 2018). Due to difficulties in accessing medical assessments to verify disability status, projects, including R4A, may rely on inaccurate or incomplete screening data when implementing project activities.

Key takeaways:

- **The implementation of screening activities has raised awareness about disability and the need for services and program supports for children with disabilities.** AIM KII respondents noted that the screening exercises in Nepal have helped to build awareness of both the need to provide referral for diagnosis and services to students once they have been flagged and the need to help children gain access to assistive devices when applicable.
- **Prevalence tools are being used inaccurately and outside of their intended purpose.** Tools such as the WG-SS and CFM, which were designed for use in national household surveys and census research, are being used for screening in schools and camps, and training for administrators of the tools varies widely. The tools also lack established validity or validity testing. This could lead to children being missed or flagged for functional limitation incorrectly.
- **Qualified technicians conduct ear and eye health screenings in country. Additional developmental screening also takes place for ages 0-6, but has not been formally validated or adopted by the GoN; thus is limited in scale.** Some organizations have historically used qualified technicians to conduct ear and eye health screenings, including Christian Blind Mission (CBM) and the Nepal Association for the Welfare of the Blind (NAWB), but these screenings were not provided universally, and are limited to specific types of disabilities, particularly vision and hearing. The Portage Rehabilitation Association of Nepal (PRAN), initially with support from a UK organization and UNESCO, adapted and has long used the Portage Checklist tool to track developmental milestones among children from birth to age 6, including in the cognitive domain, and refer identified children to preventative or rehabilitation supports. PRAN has historically provided extensive training to community workers, but the tool has not been formally adopted by the GON and it is unclear what validity testing of the tool may have originally taken place, after it

was adapted for use in Nepal. While promising approaches are emerging in Nepal, additional validation and inquiry is necessary.

- **Implementation of the CFM in school settings varies from project to project, which may impact both validity and sustainability.** All interviews with government officials confirmed that the use of the CFM is sanctioned for use in schools to provide more accurate disability data for the EMIS. With any new approach, extensive training and oversight is required to ensure tools are implemented accurately and with consistency. Key informant interviews indicated differing implementation protocols for the CFM; some stated that students themselves respond to the questions in the tool, while others said the teacher responds. Officials did not mention parents as typical respondents for school-based screening. However, when the CFM is used at screening camps—for example, those held at district assessment centers by various implementers and organizations—caregivers typically bring their children and are present to answer questions. Additionally, in many districts, schools lack the capacity to enter screening data into the EMIS and instead rely on project support. These schools then have limited insight into the screening results and how these results translate into educational supports. Many school administrators also said they did not anticipate continuing early screening without project support.

- **Hospital or clinic-based vision screenings are generally available across Nepal, but hearing screenings and cognitive assessments are less accessible, and the screenings are not free.** Each province's headquarters has at least one eye hospital, and some district headquarters have eye clinics. However, hearing screening is only available at provincial hospitals, though screening is not available at the hospital in Karnali province. This means that a child with hearing difficulties in Karnali, one of Nepal's most impoverished provinces, is unlikely to access screening and subsequent supports. For families who do have access to a provincial hospital, they would typically have to spend NPR 1500-2000 (USD $10-15) for transportation to the hospital, another NPR 2000 (USD $15) for accommodation and food, and NPR 1000-1500 (USD $7-11) for the tests, totaling NPR 4500-5500 (about USD $35-40). This is a substantial sum for many families, and sometimes, families have to make the trip multiple times. Assessments for developmental disabilities related to cognition or learning are even more challenging to access, as they are mostly only available in Kathmandu and not in the provinces.

Table 1. Summary of Screening Tools in Nepal

Tool Name	Type of Tool	Validation[6]	Organizations Involved	Screening Administered By	Known Use
Washington Group-Child Functioning Module (WG-CFM)	Prevalence; used as screening to guide referrals	Validated internationally	1. UNESCO 2. HI, WEI, UNICEF 3. USAID (HI, WEI) 4. Plan International 5. Foreign, Commonwealth, and Development Office (FCDO), Volunteer Service Organization (VSO) 6. World Bank Inclusive Education Initiative (WB-IEI)	1. 4-person team made up of a doctor, an orthopedic technician, a community-based rehabilitation (CBR) supervisor, and the Director of RCRD, with teachers as respondents along with direct observation/mini assessments 2. Trained enumerators with mothers/caregivers in household as respondents 3. School-level staff with parents and/or teachers as respondents 4. Plan International and Education Development and Coordination Unit (EDCU) personnel 5. Administered by teachers with teachers and parents as respondents 6. School-level staff with parents and/or teachers as respondents	1. Piloted by HI, UNICEF, WEI in schools within 4 districts (2016–2017) 2. UNESCO MICS for national household survey (2019) 3. USAID R4A project in schools across 10 districts; data entered into EMIS (2019–2022) 4. Screening camps for out-of-school children (alongside "other tools") primarily to identify physical disabilities 5. Identification and referral in schools and homes in 3 districts (2020–2024) 6. General flagging of potential disability
Portage Checklist	Developmental milestones	None known	PRAN	Female community health volunteers, social workers, teachers, parents/caretakers	Assess early childhood milestones (since 2002)

[6] When the validity of a new or adapted screening tool is being established, that screening tool's yielded outcomes are initially inspected to see whether outcomes correspond to what are regarded as definitive indicators (i.e., a "gold standard" diagnostic test) of the same target conditions to determine if the screening tool measures what it is supposed to measure. Generally, it is important to assess a screening tool's sensitivity (e.g., the ability of a test to correctly identify children with disabilities) as well as a tool's specificity (e.g., the ability of a test to correctly identify children without disabilities). This establishes a tool's validity. See: American Educational Research Association, American Psychological Association, & National Council on Measurement in Education (Eds.). (2014). Standards for educational and psychological testing. American Educational Research Association.

Tool Name	Type of Tool	Validation[6]	Organizations Involved	Screening Administered By	Known Use
	checklist (adapted for Nepali context)				
CBM: "Tumbling E" eye chart	Vision assessment	Based on tool that has been validated internationally	CBM	CBM: Disabled person's organization (DPO) and development group partners; community workers, in collaboration with government	Early identification in schools for referral and treatment/support (ongoing)
Unknown	Vision assessment	Unknown	Karuna Foundation	Local health center workers	Early identification in schools for referral and treatment/support (ongoing)
Unknown	Congenital disorder assessment	Unknown	Karuna Foundation	Local health center workers	Screening of infants for congenital disorders within first month after birth for referral and treatment/support (ongoing)
Ear Scope	Ear exam (detects inflammation, disease, wax, etc.) to guide referral	Validated internationally	CBM Karuna Foundation	CBM: Disabled person's organization (DPO) and development group partners; community workers, in collaboration with government Karuna: Local health center workers	CBM and Karuna: Early identification in schools for referral and treatment/support (ongoing)
Unknown	Prevalence; used as physical disability screening/ diagnostic	Validated internationally, but not for use by teachers	CBM Karuna Foundation	Teachers as proxy respondents for students	Early identification in communities for referral and treatment/support (ongoing)
Unknown	Mental health assessment	Unknown	CEHRD-EMIS, school personnel		Early identification in schools for referral and treatment/support (starting in 2022)

AREA TWO: TEACHER TRAINING

Nepal has broad challenges related to teacher training. With few professionals having higher education degrees in inclusive education (received from other countries), progress in pre-service training is limited to select coursework in only a few university programs. Government officials also recognize the lack of pre-service training as a systems' issue because, at this time, teachers only need a general education degree to be hired.

In-service teacher training on inclusive education is slightly more common, but at a national scale, development of this training is still in the early stages. Implementers and their programs are described in further detail in Table 2.

Finding: Pre-service training on inclusive education in Nepal is limited, and existing programs are not always aligned with the latest international best practices. Up until the R4A program implemented inclusive in-service training that included general education teachers, in-service training has focused on resource classroom (RC) teachers in segregated settings.

- **Pre-service introductory coursework on inclusive education remains limited for most teachers**. Those seeking pre-service education to prepare for the teaching profession can receive training on special needs education (SNE)[7] at Tribhuvan University (TU), Far Western University (FWU), and Mid-West University (MU). These universities have received support to provide SNE programming from partner institutions in South Korea and Norway and offer bachelor and/or master level degrees. However, faculty expressed a need for more resources, funding, and expertise related to inclusion, and one SNE student noted that the curriculum does not currently include information related to identifying and supporting struggling learners who may not have a formal disability diagnosis. See Annex C for a list of courses.

- Outside of USAID's programming, **in-service training has been sporadic and largely focused on RC teachers, who, at present, are limited to teaching students with disabilities in integrated and segregated settings**. In the last decade,[8] only USAID's R4A activity has provided in-service inclusive education training to general education teachers that covered a broad range of disability types. Additionally, the CEHRD partnered with the National Association of the Hard of Hearing and Deafened Nepal (SHRUTI) to develop training and a resource book for general education teachers of children who are hard of hearing. Through Nepal's seven Education Training Centers (ETCs), the CEHRD is mandated to provide 45 days of training on disability for RC teachers when they begin teaching students with disabilities. However, during interviews with RC teachers who participated in R4A's targeted training on reading instruction, many said they had not received any specialized training or professional development for many years, and some

[7] SNE is the term used by these universities.

[8] From 2007–2011, HI implemented a project wherein teachers were trained on inclusive education and methods for teaching children with disabilities. Teachers and community disability workers supported schools that participated in the project to develop individualized education plans.

said they had never received in-service training. RC teachers have also not received training on how to support the inclusion of their students within general education classes, which, if provided, could be helpful in supporting the country's commitment to transitioning to an inclusive education system. Disabled persons' organizations (DPOs), such as the National Federation of the Deaf Nepal (NDFN) and NAWB, have supported targeted teacher trainings as well, but these were also not focused on inclusion within general education settings. However, a short course on inclusive education, funded by Australia through Queensland University of Technology, trained 17 Nepali professionals from both the GoN and NGOs. Some of these participants currently work within the CEHRD Inclusive Education Section, and interviewees noted there are plans to scale up in-service training packages produced through R4A.

Table 2. Summary of In-Service Teacher Training in Nepal[9]

Implementer/Funder	Focus of In-Service Training	Other Details
CEHRD (MoEST) (ongoing)	RC teachers	Under the supervision of the CEHRD, there are seven ETCs, one for each of the seven provinces in Nepal. ETCs monitor schools under their jurisdiction and organize trainings for teachers. Currently, only RC teachers in integrated schools receive a 45-day training on specific types of disabilities.
R4A/USAID (2018-2022)	General education teachers: inclusive early grade reading (EGR) instruction	The program trained teachers on creating accessible learning environments, child-centered pedagogy, how to identify different learning needs and differentiate instruction, and how to make teaching and learning materials (TLMs) using local materials.
R4A/USAID (2018-2022)	RC teachers: inclusive EGR instruction for children who are/have blind/low vision, deaf/hard of hearing, or have intellectual disability	In addition to above, the program trained teachers on how to provide reading instruction using Nepali Sign Language (NSL) and braille. Trainers were from partners NDFN and NAWB.
CEHRD, National Association of the Hard of Hearing and Deafened Nepal (SHRUTI) (2022)	General education teachers	Produced resource titled *Manual for Teachers who Educate Students with Hearing Loss in Mainstream Schools in Nepal* and provided some in-service training to 23 general education teachers
CEHRD, Parents Federation of Persons with Intellectual Disabilities (PFPID) (2022)	RC teachers of children with intellectual disabilities	Provided training and produced guidance for RC teachers titled *Teaching and Learning Facilitation Book for Persons with Intellectual Disabilities* that includes: 1) Identification of Persons with Intellectual Disabilities (On the basis of observation of

[9] With the exception of the final entry in the table, activities listed are limited to those implemented within the last five years.

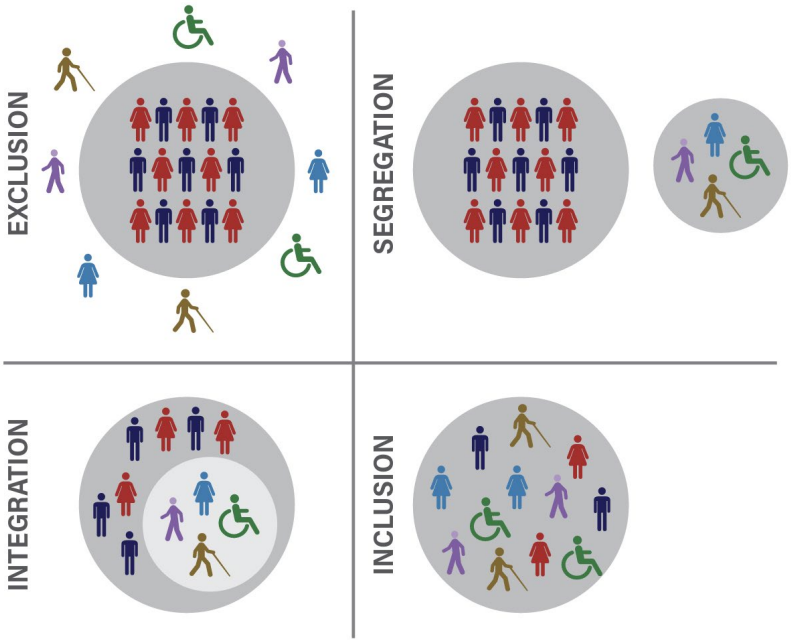
Implementer/Funder	Focus of In-Service Training	Other Details
		ADL and IQ); 2) IEP; 3) Instructional Strategies; 4) Subject focused skill development practice; 5) Intellectual Disability friendly/accessible infrastructure and environment; 6) Safety and security of students with intellectual disability; 7) Health and Therapeutic activities; 8) Parents Education, Open Education, Assistant Teacher
CEHRD, Save the Children, RCRD (2019)	RC teachers	Resource book and training to RC teachers covering topics such as such as history, practice and policies on IE in Nepal, Disability Identification (including identification on the basis of functional limitation), Assessment Centres and process, scholarships for children with disabilities, and services and facilities provided by various organizations.
NDFN/Sense International (2019)	Special education teachers for children who are deaf-blind	The project established a national resource center for people who are deaf-blind and their families and trained 10 special education teachers and 30 family members in providing "quality educational intervention."
Queensland University of Technology/Australian Department of Foreign Affairs and Trade (DFAT) (2016)	Short course on inclusive education practices and policy, taken by 17 Nepali professionals (9 policymakers, teachers, and teacher trainers from government and 8 from disability-specific NGOs)	Participants attended workshops and visited schools and organizations in Australia. Each participant created a return-to-work plan that included action items. The team visited participants in Nepal six months after training concluded, and participants outlined successes and challenges.

AREA THREE: INSTRUCTION

Children with disabilities in Nepal have no specific facilities or mechanisms to ensure they enroll or stay in school. Most teachers do not have the skills to teach diverse learners, and school curricula are not explicitly designed to support inclusion. Few students with disabilities are learning in general education classrooms, and very little data exists on their learning outcomes. According to the National Planning Commission's 2017 assessment of the progress toward Standard Development Goal (SDG) 4, which calls for building and upgrading school facilities to ensure they are child-, disability- and gender-sensitive, most schools in Nepal are still not accessible.

While Nepal works to progressively realize its Convention on the Rights of Persons with Disabilities (CRPD) commitments and expand inclusive education, most children with disabilities who are enrolled in public education learn in segregated settings. Over the last several years, the GoN has worked to convert special schools into RCs, some of which are attached to general education schools in order to facilitate interaction between students with and without disabilities. In Nepal, such schools are referred to as integrated schools, but in practice, instructional time may remain largely segregated (see Figure 2).

Figure 2. Educational Experiences for Students with Disabilities



RCs tend to be specifically designed for students with one type of disability—either blind/low vision, deaf/hard of hearing, or intellectual disability—and most are located on the same campus as general education schools. Officially, RCs are only able to offer 10 scholarships; some have fewer learners and some have slightly more than 10 (typically not more than 13), in which case the school does what it can to stretch the funds and/or seek additional funds. The goal is for children with disabilities to spend a portion of the day in the RC and a portion of the day in general education classrooms and, eventually, be prepared to fully transition into general education classrooms, if possible. However, it is unclear how often this occurs in practice, how students'

time in each setting is distributed, and whether RC teachers work with general education teachers to support inclusion for these students. Anecdotally, according to some educators from such schools, interaction between students with and without disabilities is limited to non-instructional time, such as during sports or dance activities outside, and while it occasionally happens, instructional or other support from RC teachers to general education teachers is rare. Table 3 below shows the documented distribution of students with identified disabilities across types of schools in Nepal. However, with 403 RCs in a country with over 30,000 schools, there are undoubtedly children who are left out.

Table 3. Number of School Types by Disability Type in Nepal (MoEST, 2020)

Type of Disability	Type of School	
	Integrated (with RCs)	Special Schools
Physical	2	0
Intellectual	124	14
Deaf	179	18
Blind	97	1
Low Vision	0	0
Deaf-Blind	0	0
Speech	0	0
Multiple	1	0
Total	**403**	**33**

USAID's R4A activity is the largest effort, to date, to advance inclusive education. The activity developed new and revised teaching and learning materials (TLMs) that are designed to be more accessible to children with disabilities; the MoEST intends to scale these TLMs nationally. Other donors, such as the World Bank and United Kingdom's Foreign, Commonwealth, and Development Office (FCDO), have plans to support this sector as well, but the COVID-19 pandemic has delayed some of these efforts from moving forward. In addition, many of R4A's DPO and NGO partners that were not previously engaged in education-related work have now pledged to continue to support inclusion in their areas of influence.

Finding 1: Instructional placements in Nepal are moving in an inclusive direction, but data is lacking and integrated education settings may still be highly segregated. NGO and government-supported instructional placements span from totally segregated special schools (all of which include boarding facilities), to integrated RCs on the same campus as general education classrooms, to inclusive educational settings. However, inclusive settings are rare and not included in MoEST data sources. As mentioned above, the goal is for RCs within integrated schools to provide support for children to transition into general education classrooms. Unfortunately, data does not exist on how many learners with disabilities have been successfully

supported to transition to fully inclusive classrooms and what educational outcomes they have achieved.[10] There is also an absence of data to measure how many classrooms are actually delivering an inclusive education to learners with disabilities by providing appropriate supports versus how many classrooms merely place learners with disabilities in general education classrooms without providing any supports. Endline data from MCSIE will shed some light on this for a subset of R4A districts, but national-level data does not exist, at least until a new EMIS system is fully functional at scale.

Finding 2: There are several reported systemic barriers to realizing inclusive education practices in Nepal. They are, as described by government officials, DPO/NGO staff, university faculty, and educators, as follows:

- Classroom teachers working in general education classrooms lack the training, resources, or supports they need to implement inclusion effectively, and these gaps hinder the system from adopting more inclusive models of instruction. Inaccessible school infrastructure is also a related barrier. Even in general education schools, there are institutional challenges to scaling up the teaching workforce for disability-inclusion. Very few jobs outside of special school settings are allocated to SNE graduates from Nepal's Teacher Service Commission. This means that new teachers with SNE training can more easily find employment in segregated school settings than in general education/inclusive settings, which only advertise for grade-level or subject-specific teachers and do not seek teachers with training related to disability. In addition, even many RC teachers lack adequate skills to support their students. This is particularly the case in RCs for students who are deaf, as many teachers have limited knowledge of Nepali Sign Language.

RECOMMENDATIONS

After analyzing the above trends and themes related to inclusive education in Nepal, the MCSIE team has developed the following recommendations for USAID and others interested in supporting disability-inclusive education in the country.

Recommendation 1: Consider the ethical implications of school-based screening and identification of disabilities and expand partnerships with the health sector to screen children. Widespread efforts to screen and identify children with disabilities in Nepali schools stem from a desire among government, disabled persons' organizations (DPOs), and non-governmental organizations (NGOs) to generate more accurate national data and to provide children with the supports they need to help them to succeed in school. Yet in practice, neither aim is being consistently achieved with quality or fidelity (particularly with screening in schools, as screeners are often teachers as opposed to health professionals). Ethical issues arise for those children who are identified with a disability but lack access to follow-up support services needed as well as for children who have a disability but are not identified through the screening process. Existing partnerships between eye hospitals and schools in some areas could be expanded nationally to provide vision screening in a camp setting and in collaboration with local education and health units. Hearing screening could also be added to these camps as well. For less visible domains, such as learning disabilities, for which screening and identification can be more complex and less accessible, teachers can be trained to notice indicators that a student is struggling, have a list of referral options to share with families, and be prepared to provide educational supports. Teachers who are able to provide inclusive instruction to all students will already be equipped to

[10] National data on the transition to inclusion from segregated or integrated schools is not known to exist.

support such students in important ways. Linking education and health information management systems should be a long-term goal, but forming Student Assessment Technical Committees (SATC), as mandated by CEHRD and piloted by R4A, can be a positive step toward bringing all relevant parties together.

Recommendation 2: Scale up more robust pre-service teacher training on inclusive education for all teachers. As mentioned above, pre-service training that focuses on disability-inclusive education is limited in Nepal. In-service training is important for existing teachers, but teacher training institutions need robust support to develop and offer training that follows the latest evidence-based principles of inclusive instruction (e.g., inviting multiple means of engagement, representation, action, and expression from students[11]) and does not assume or promote segregated learning, while being mindful of contextual constraints that currently may limit full inclusion in schools. A review of existing teacher training curricula related to disability would be beneficial for informing next steps in addressing inclusion at the pre-service level.

Recommendation 3: Consider small-scale pilots of inclusive co-teaching classrooms in general education classrooms. Nepal has many specialist teachers who work in RCs. In many cases, these specialist teachers are working with small groups of learners with disabilities (typically ranging somewhere between 7 to 13 students), yet these learners experience few opportunities to study alongside their peers without disabilities. This presents an opportunity to pilot co-teaching models in general education schools where a general education teacher and specialist teacher can support both students without disabilities and those with disabilities in a single classroom by delivering the services and supports necessary to ensure inclusion. While some training and ongoing support would be required, the staffing resources to enable a two-teacher classroom are already available within existing systems and could promote the progressive realization of inclusive education.[12] Close monitoring and evaluation of such efforts can provide valuable data to determine what works to support scaling this transition.

[11] Hayes, A., Turnbull, A., and Moran, N. (2018). p. 5.

[12] IDP recognizes that the definition of inclusive education for children who are deaf or hard of hearing differs from other populations, and as such, individuals require access to a sign-language-rich environment.

ANNEX A. KEY INFORMANT INTERVIEW INFORMATION

Organization	Date of KII	Mode of KII
United Nations Education, Science, and Cultural Organization (UNESCO)	April 4, 2022	In person
Parents Federation of Persons with Intellectual Disability (PFPID)	April 5, 2022	In person
Nepal Association for the Welfare of the Blind (NAWB)	April 5, 2022	In person
National Deaf Federation Nepal (NDFN)	April 5, 2022	In person
National Federation for the Disabled Nepal (NFDN)	April 6, 2022	In person
Portage Rehabilitation Association of Nepal (PRAN)	April 7, 2022	In person
Nepal Disabled Women Association (NDWA)	April 10, 2022	In person
Center for Independent Living (CIL) Kathmandu	April 10, 2022	In person
UK Foreign, Commonwealth and Development Office (FCDO)	April 10, 2022	In person/email
Christian Blind Ministry (CBM) Global	April 11, 2022	In person
Plan International	April 11, 2022	In person
Tribhuvan University (TU)	April 11, 2022	In person
Volunteer Service Organization (VSO)	April 12, 2022	In person
United Nations Children's Fund (UNICEF)	April 12, 2022	In person
Karuna Foundation	July 28, 2022	In person
Resource Center for Rehabilitation and Development (RCRD)	August 1, 2022	Zoom

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ANNEX C. PRE-SERVICE TEACHER TRAINING IN SPECIAL NEEDS EDUCATION

Tribhuvan University - Master of Education, Department of Special Needs Education

- Semester 1: Fundamentals of Special Needs and Inclusive Education; Socialization and Communication Skills; Psychology and Individual Differences; Learning diversity and disability in Inclusive Classroom
- Semester 2: Education for Children with Visual Impairment; Education for Children with Deaf and Hard of Hearing Impairment; Assessment of Children with Special Needs; Theories and Practices of Behavioral Modification
- Semester 3: Instructional Techniques for Special Needs and Inclusive Education
- Semester 4: *Elective courses* Sports, Cultural and Recreational Activities for Special Needs Children; Multiple Intelligence Approaches to Teaching Children with Special Needs; Education for Children with Multiple Disabilities; Emotional, Behavioral and Autism Spectrum Disorders; Assistive Technology in Special Needs Education

Mid-Western University - Bachelor of Education, Department of Special Needs Education

- Semester 1: 5 subjects, 3 compulsory and 2 Major (Individualized Education Plan and Fundamentals of SNE)
- Semester 2: Assessment of SNE
- Semester 3-5: curriculum under development
- 20 Students are taking classes every year

Far Western University - Master of Education, Department of Special Needs Education

- Semester 1: Dimension educational Thought, Foundation of SNE, Teaching Student with special needs in inclusive setting, Disability Management in Education, Contemporary issues in Education
- Semester 2**:** Research methods in education, Educating students with physical and multiple disabilities, Applied Behavior Analysis, Educating Students with Visual Impairments, Educating Students with Hearing Impairments, Assessing Students with special Needs,
- Semester 3: Education Psychology, Curriculum for the Students with Special Needs, Research Methodology in SNE, Teaching Strategy for SNE, Educating Students with Emotional behavior disorder and Autism Spectrum Disorder, Socialization and Communication Skills for Children with Special needs education
- Semester 4: Assistive Technology in SNE, Educating children with intellectual and learning disabilities, Practical Class (Teaching Practice)/Thesis writing
- Currently in 4th cohort of 20 students