

Education Update

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Children with Disabilities

Note from the Editor: Prevention of disabilities is one of the major areas of UNICEF policy. This issue of Education Update, which focuses on the education of children with disabilities, starts first with the need for prevention. Vaccines and improved nutrition, such as an adequate intake of vitamin A and iodine, not only prevent death and disability but provide a foundation for future learning.

Item 1

Major Causes and Consequences of Childhood Disability

By Sadig Rasheed, Director, Programme Division

Prevention: The best medicine

Early detection and early intervention measures can prevent approximately 70% of the childhood disability caused by vaccine preventable diseases such as polio, malnutrition and micronutrient deficiencies and other causes mentioned below, according to WHO. The good news is that between 80% and 90% of the world's children have been reached by the World Summit for Children quantifiable health and nutrition goals for the year 2000. As a result, fewer children would become disabled from polio or due to vitamin A and iodine deficiencies. In addition, access to basic preventive services is a basic human right of all children guaranteed by the Convention on the Rights of the Child.

Malnutrition and its effects

More than half of all child deaths worldwide - a figure unmatched by any infectious disease - are estimated to be caused by malnutrition. Yet it is not an infectious disease. Its ravages extend to the millions of survivors who are left physically and psychologically crippled, chronically vulnerable to illness - and intellectually disabled. It imperils young children, women, families and, ultimately, the viability of whole societies. It is an egregious violation of child rights that undermines virtually every aspect of UNICEF's work, for the survival, protection and full development of the world's children. Yet the worldwide crisis of malnutrition has stirred little public alarm, despite substantial and growing scientific evidence of the danger. Improved nutrition, such as an adequate intake of vitamin A and iodine, can bring profound benefits to entire populations. Child malnutrition is not confined to the developing world. In some industrialized countries, widening income disparities, coupled with reductions in social protection, are having worrying effects on the nutritional wellbeing of children. Whatever the misconceptions, the dimensions of the malnutrition crisis are clear. It is a crisis, first and foremost, about death and disability of children on a vast scale.

In infancy and early childhood, iron deficiency and anaemia can delay psychomotor development and impair cognitive development, lowering IQ of the child by about 9 points. Low-birth-weight babies have IQs that average 5 points below those of healthy children. And children who are not breastfed have IQs that are 8 points lower than children who are breastfed. Anaemic pre-schoolers have been found to have difficulty in maintaining attention and discriminating between visual stimuli. Poor school achievement among primary school and adolescent children has also been linked to iron deficiency. Anaemia has been identified as a contributing factor in more than 20% of all post-partum maternal deaths in Africa and Asia, an estimate many experts regard as conservative. If there were no other consequences of malnutrition, these horrific statistics would be more than enough to make its reduction an urgent global priority as human rights to survival. But the issue goes beyond child survival and maternal mortality and morbidity. Malnourished children, unlike their well-nourished peers, not only have lifetime disabilities and weakened immune systems, but they also lack the capacity for learning that their well-nourished peers have.

"Malnutrition early in life is linked to deficits in children's intellectual development that persists in spite of schooling and impair their learning ability" according to a recent study in the Philippines. The study holds profound implications on a global level: 226 million children under age five in developing countries, nearly 40% of this age group, suffer from moderate or severe stunting. In Russia, prevalence of stunting among children under two years of age increased from 9% in 1992 to 15% in 1994.

Vitamin A and iodine deficiencies

Improved nutrition, such as an adequate intake of vitamin A and iodine, can bring profound benefits to entire populations. Iodine deficiency can damage intellectual capacity and cause varying degrees of mental retardation including cretinism in infants. Vitamin A deficiency, which affects about 100 million young children worldwide, was long known to cause blindness and mild vitamin A deficiency impairs the immune system. High-dose vitamin A supplements for young children have the potential of eliminating 90% of blindness and other ocular consequences of vitamin A deficiency. In 1996, more than half of all young children in countries including Bangladesh, India, Nigeria and Viet Nam, where vitamin A deficiency is known to be common, received high-dose vitamin A capsules.

Impairments and disabilities

Malnourished children have lifetime disabilities including impaired capacity for learning. In young children, the effects of malnutrition impair mental and cognitive developments, thus reducing their interaction both with their surrounding environment and with their caregivers. Micronutrients are important for the physical and the cognitive development of children. Iron deficiency can delay psychomotor development and impair cognitive development in infancy and early childhood. Folate deficiency in expectant mothers can cause birth defects in infants, such as spina bifida; and vitamin D deficiency can lead to poor bone formation, including rickets.

The 1993 World Development Report of World Bank states that in 1990 alone, the worldwide loss of social productivity caused by four overlapping types of malnutrition - nutritional stunting and wasting, iodine deficiency disorders and deficiencies of iron and vitamin A - amounted to almost 46 million years of productive, disability-free life.

In young children, malnutrition dulls motivation and curiosity and reduces play and exploratory activities. These effects, in turn, impair mental and cognitive development, by reducing the amount of interaction children have both with their environment, and with their caregivers. Malnutrition in an expectant mother, especially iodine deficiency, can produce varying degrees of mental retardation in her infant.

The reduction in iodine deficiency, the world's leading cause of preventable mental retardation, is a global success. This achievement began in 1992 and was among the goals adopted at the World Summit for Children, the virtual elimination of IDD was regarded by UNICEF as one of the most achievable. It was estimated that up until 1990, about 40 million of children were born each year at some risk of mental impairment due to iodine deficiency in their mothers' diets. By 1997, that figure was closer to 28 million. In many developing countries, lack of iodine intake has taken a horrendous toll on children - from physical deformities to mental retardation.

Saved from lifetime paralysis

Polio paralysed or killed about half a million people every year at its peak, before the development of a vaccine in 1955. Less than a decade ago, 100,000 children were paralysed in an epidemic in China. In 1998, 450 million children - more than two thirds of all the world's under-fives were protected against polio. Some 32 million children were vaccinated in the Middle East, the Russian Federation, the Caucasus and the Central Asia Republics in 1999.

The depletion of human intelligence on such a scale for reasons that are almost entirely preventable, is a profligate, even criminal, waste. Robbed of their mental as well as physical potential, malnourished children who live past childhood face diminished futures. If the situation not prevented, early detected and remedied, these children become adults with lower physical and intellectual abilities, lower levels of productivity and higher levels of chronic illness and permanent disabilities, often living in societies with little economic capacity for even minimal therapeutic and rehabilitative care.

Item 2

Educating Children with Disabilities

A joint statement by Karin Landgren, Chief, Child Protection Section, Programme Division, and Sheldon Shaeffer, Chief, Education Section, Programme Division

After two decades of global advocacy since the International Year of Disabled Persons in 1981, especially during the UN Decade of Disabled People (1983-1992), the majority of an estimated 150 million disabled children throughout the world remain deprived of learning opportunities. Despite advances in education, in developing countries less than five percent of disabled children are enrolled in schools. Most disabled children are silent and invisible members of many communities. In addition, most disabled children are often at risk of abuse, exploitation and neglect.

At least one child in ten is born with congenital disabilities or acquires physical, mental or sensory impairments due to preventable diseases, accidents and injuries, malnutrition, micronutrient deficiencies and lack of adequate care pre-natal care. In the past five decades, UNICEF and its partners have achieved remarkable gains in primary prevention to reduce death and illness among young children and prevent childhood disability through increased immunization coverage, improved nutrition, reduction of micronutrient deficiencies, and access to clean water and sanitation.

It is important to mention that prevention of disability, early detection and appropriate early interventions to prevent impairments from turning into full-scale disability are essential components of UNICEF's comprehensive programmatic response in the context of early childhood care for survival, growth and development. As part of its global vision for early childhood care and development, UNICEF will focus its advocacy and programming emphasis towards promotion of positive infant and child development that reduces the risk of disabilities.

As part of its primary prevention and the health and nutrition goals of the World Summit for Children, significant progress has already been made in addressing vitamin A and iodine deficiency, which are the leading causes of visual disability, mental retardation and stunting among children. UNICEF has focused its efforts on providing support to national legislation, quality monitoring, assessment of the impact of Iodine Deficiency Disorders and public

information on the benefits of treated salt. Between 1993 and 1996, UNICEF purchased nearly a half-billion high-dose vitamin A capsules that were distributed in 136 countries, helping to bring or keep vitamin A deficiency under control. Other measures, which have had an impact on reducing disabilities among children, include acceleration in polio vaccinations, and progress towards the elimination of guinea worm. For additional details on the major causes of disability and prevention, we draw your attention to the article on "Major Causes and Consequences of Disability" on the front page.

Early detection of impairments, early stimulation and cognitive and psychosocial development of young children, especially at age 0-3, will be among the focus of UNICEF's agenda for the coming years. UNICEF will work with its national partners to enable families to create a caring environment, rich in stimulation, attention and affection and interaction between children and caregivers that is responsive to the needs of growing children, particularly within the first three years of life. UNICEF will work and advocate with its partners to enable families to care for children with disabilities and protect them from abuse, violence and sexual and economic exploitation. UNICEF will assist with development of knowledge, skills and attitudes of caregivers and society in order to engage families in the process of learning and building skills for home-based childcare that enhances children's, physical, emotional, social and cognitive development.

Guided by the Convention on the Rights of the Child, UNICEF advocates for the protection, care, special needs and education of children with disabilities. It has placed emphasis on the need for secondary and tertiary prevention through early detection of disabilities and early intervention measures to reduce the impact of disability on the child. Today more than ever, children with disabilities are realizing their rights to good care and to protection from discrimination and abuse.

All children have the right to access support and services that promote healthy growth and development regardless of where they start in terms of knowledge, skills and abilities and disabilities. The majority of 'disabled children' are able to participate in mainstream schools with their 'non-disabled peers' provided that schools are accessible and that the education system and its institutions encourage curriculum modification, flexibility, adaptability and teacher training to facilitate inclusion of children with disabilities.

Inclusive education for children with disabilities must be part of mainstream national education policies and strategies. The United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities call on governments to provide adequate accessibility and support to meet the needs of children with different disabilities. The Rules call on States to provide special attention to the education of disabled girls and boys from pre-school and primary school age.

The Statement and Framework for Action from the UNESCO World Conference on Special Needs Education, held in Salamanca in 1994, echo the themes that ordinary schools should seek to accommodate all children, regardless of their physical, intellectual, emotional, social, linguistic or other requirements. According to this, national educational policies should stipulate that children attend the same neighbourhood schools they would attend if they did not have a disability.

To accommodate the education of these children, there is obviously need for a clearly stated policy, understood and accepted at the central government level, in individual schools, and by the wider community. There is greater need for curriculum flexibility, allowing adaptation of teaching methodologies and provision of accessible learning resources in the classroom and school libraries. There is also need for trained teachers, ongoing teacher training and additional support teachers to meet the requirements of children with special educational needs. Most of all, physical accessibility of schools and classrooms, in terms of distance, ramps, steps and other needed adaptations, will facilitate inclusion of children with disabilities.

We hope that this issue of Education Update will provide useful information for more responsive assessment of and programming for the needs of children with disabilities.

UNICEF and Children with Disabilities

Convention on the Rights of the Child • Article 23 declares the rights of disabled children to enjoy a full and decent life, in conditions which promote self-reliance, and facilitate the child's active participation in the community. It also states the right to special care, education, health care, training, rehabilitation, employment preparation and recreation opportunities; all these shall be designed in a manner conducive to the child achieving "the fullest possible social integration and individual development, including his or her cultural and spiritual development."

By Gulbadan Habibi, Project Officer, Child Protection Section, Programme Division,
Unicef New York

An estimated 70 per cent of children with disabilities, including children with mild mental retardation, can attend regular schools provided the school environment is physically accessible and willing to accommodate these children. It is not their disabilities per se but the negative attitudes of professionals, parents, teachers and society in general that create barriers to the inclusion of children with special needs. The vast majority of children with disabilities - particularly those living in rural areas - are excluded from most services and have no means of accessing education. There is a consensus among professionals and disability rights organizations that inclusion in the mainstream schooling system is the only way to provide a means for education and learning for the world's 150 million children with disabilities. At present, it is estimated that only 3% of children from developing countries who have disabilities are attending schools.

For UNICEF, the goal is to enable all children to be full participants in the development of their community and society. Meeting the goal of inclusion and full participation requires that all structures and community-based services, transportation, information and communication are accessible to all members of the community without discrimination.

What does 'inclusion' mean for children with disabilities?

- Educating children with disabilities and those without in the same schools;
- Providing services, support and advice for parents of all children in regular settings;
- Training and supporting regular education teachers and administrators;
- Having children with disabilities follow the same schedules as other children;
- Encouraging friendships and mutual respect between all children, with and without disabilities;
- Teaching all children to understand and accept differences, be it race, colour, sex, ethnicity, language, nationality, social origin, religion, disability, property, birth or other status.

What facilitates including children with disabilities?

- Reducing the distance between the child's home and the school;
- Child-friendly classrooms and school environments for children with special needs;
- Adaptation of school curricula to the needs of children;
- Facilitating specific communication needs of children, including lessons in Braille, sign language and use of audio-tapes; and
- Training teachers on how to deal with children who have special needs (see <<http://www.unicef.org/teachers>>).

This issue of Education Update presents examples of programme and project activities, case studies and views from experts concerning inclusion and access for children with disabilities to school systems in countries around the world. We are grateful for the kind assistance of colleagues and contributors who took time from their busy schedules to provide this information. It is our hope that you, the reader, will find this issue stimulating, useful and helpful. We look forward to your responses and contributions on education and other aspects of children with disabilities for use in this and other newsletters, such as One in Ten, a project of Rehabilitation International / UNICEF Collaboration on Childhood Disabilities.

** For copies of One in Ten, contact Rehabilitation International, 25 East 21st Street, New York, NY 10010 USA; Fax: 1(212)505 0871. Contact Gulbadan Habibi by E-mail at ghabibi@unicef.org. Fax: 1(212) 824 6473.

Item 4

Education as a Fundamental Right

By Bengt Lindqvist, UN Special Rapporteur of the Commission for Social Development on Disability

I have now worked as UN Special Rapporteur on Disability for five years. I have visited a great number of countries in developing regions as well as countries in transition. My mission has been to monitor the implementation of the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities and to give advice on how further progress can be achieved.

A dominant problem in the disability field is the lack of access to education for both children and adults with disabilities. As education is a fundamental right for all, enshrined in the Universal Declaration of Human Rights, and protected through various international conventions, this is a very serious problem. In a majority of countries, there is a dramatic difference in the educational opportunities provided for disabled children and those provided for non-disabled children. It will simply not be possible to realise the goal of Education for All if we do not achieve a complete change in this situation.

Inclusive education for children with disabilities is the concept through which the goal of equal educational opportunities for children with disabilities should be realised. 'Inclusive education' means that we include the educational needs of disabled children in the general development efforts in education. All children, without any exception, are the responsibility of the regular school system. With very few exceptions it is possible to organize good educational opportunities for children with special needs in the context of the regular school. Naturally, new schools must be built with accessible classroom and other facilities for children with physical disabilities. Adequate support systems must be provided, and must be based on the actual needs of children. Curriculum flexibility is required in order to cope with the special educational needs of some children. Teachers must be adequately informed and prepared so that they are able to meet the needs of children with different forms of disabilities and other special needs. These measures must be present in a school system designed for all.

It is my sincere hope that we will see many more government initiatives including measures for children with special needs in their regular plans. Likewise, I hope that international funding agencies will understand their responsibility in funding only such initiatives in education, which show concrete efforts to meet the needs of all children.

Bengt Lindqvist, Member of Parliament and former Swedish Minister for Social Services and Family Affairs, is Europe's first visually disabled Cabinet Minister. In his current appointment as the United Nations Special Rapporteur, he is responsible for monitoring of the implementation of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities. For information, write to: P.O. Box 16363, S-103 26 Stockholm, Sweden. Fax: 011-46-8-248-847. E-mail: un-spec.rapp@telia.com.

Item 5

The difference between 'integrated' and 'inclusive' education for children with disabilities

The following diagrams illustrate the definition of inclusion and the distinction between integration and inclusion. They are reprinted with the kind permission of Sue Stubbs, Save the Children UK (s.stubbs@scfuk.org.uk).

Integrated Education

Child as problem:

- Does not respond, cannot learn

- Has special needs
- Needs special equipment
- Cannot get to school
- Is different from other children
- Needs special environment
- Needs special teachers

Inclusive Education

Education system as problem:

- Teacher's attitudes
- Rigid methods, rigid curriculum
- Inaccessible environments
- Many drop-outs, many repeaters
- Teachers & schools not supported
- Parents not involved
- Lack of teaching aids & equipment
- Poor quality teaching

Item 6

Salamanca Statement

The Salamanca Statement of 1994 calls for ordinary schools to include all children, regardless of their physical, intellectual, social, emotional or linguistic or other conditions. Agreed by representatives of 92 governments and 25 international organizations at the World Conference on Special Needs Education in Salamanca, Spain, the Statement reaffirms a commitment to Education for All and recognises the necessity and urgency of providing education for all children, young people and adults "within the regular education system" and adds:

Regular schools with this inclusive orientation are the more effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all; moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system.

Item 7

The Nurturing and Growth of Students with Disabilities: A Strategy

By Gordon Porter, Inclusion International

Schools have changed a great deal in the last decade and one of the most noticeable changes is the inclusion of students with disabilities in regular classes in their neighbourhood schools. This change has attracted considerable attention not only in educational circles but also in the media. In some countries, considerable conflict has resulted between those who favour inclusion and those who disagree with it.

In the last decade, we have learned a good deal about what makes inclusion for children with disabilities a success in our schools. Much of this success is related to creating a community of people who are determined to make it work - in the classroom, in the school and in the larger community itself. We have seen evidence that communities and schools can change and can make inclusion work.

Partnership for change

The move to inclusionary programmes for students with disabilities invariably results from the cooperative efforts of parents, educational administrators and special education teachers. Parents typically provide the initial stimulus for the effort by elaborating the goals they feel most are meaningful for their sons and daughters. Parents need to be empowered to share their vision of a future for their child where participation in the community, in work, in leisure and in citizenship is reality. This vision cannot be accomplished through participation in segregated classes or segregated schools.

It is clearly necessary for the educational professionals to support the parent's vision of inclusion for it to be a success. Teachers and administrators have the capacity to 'make it work' or to 'see it fail' depending on their attitude toward inclusion. In schools where it works, there is a high degree of acceptance and support for the initiative. Promoting direct communication between parents and teachers can enhance support. In this way, the parent's concern that their child have an opportunity to associate with non-disabled peers - and thus be able to learn, play and mature with them - can be made personal and compelling to teachers who must respond to the challenge.

Framework for support

Once the commitment to inclusion is made, it is the responsibility of the school managers to see that teachers have the necessary supports to make it work. Those in leadership positions often struggle to provide what is required. However, over time, the supports can be developed that make inclusion a practical reality.

First, to make inclusive education for children with disabilities successful, teachers need to be supported to develop new and effective practices for their classrooms and their schools. Teaching heterogeneous classes with students with diverse needs is not an easy task. It is also not an area that has received much attention in teacher pre-service training. As a result, education officials must invest significantly in staff training and re-training with the focus on school and classroom issues.

Second, a new role must be created for the Special Education Teacher. Inclusive classrooms eliminate the need for special education classrooms and thus for special education teachers to provide direct instruction to exceptional students. Resources used for segregated instruction must be used to support instruction of students with special needs in regular classrooms. Inclusive education programmes for children with disabilities should not be seen as a way to save money.

In some schools, this new role is described as a 'collaborative support teacher model', where the function is to assist teachers and provide them with advice, assistance and encouragement as they work to meet student needs. This support is particularly important in the beginning as teachers gain experience and confidence teaching students with special needs. Highly effective 'support teachers' are generally regarded as a critical element in many of our inclusive education programmes for children with disabilities.

Third, schools must have a commitment to sustained problem solving efforts as the movement to inclusion goes forward. No matter how committed a school or teacher may be to this approach, difficulties and problems will arise. As a result, it is necessary to develop a variety of approaches to problem solving. One of the most effective strategies has been to get peers - that is other teachers - to provide assistance. Traditionally, many teachers have been reluctant to share with colleagues their need for assistance. However, the challenge of inclusion demands cooperative effort. No one teacher can be expected to know all that is needed to meet the needs of a diverse class of students. Inclusive schools are schools where the teachers are open about their challenges and willing to help each other as required.

The result

Inclusive schooling is a success in many schools in many countries. It is typical to find that students with special needs who are now 'included' have developed a broader range of socially appropriate behaviour; they have increased their language skills; and they have met and surpassed academic goals. Much of this success is a consequence of the exposure of students with special needs to their non-disabled peers. Communication is a constant in regular classroom settings, and all children are exposed to positive language models. Students with disabilities are being given opportunities to form social relationships with other students. Previously, students with special needs only had access to others with disabilities. They are being welcomed into school and community activities to which they had previously

been denied access. Inclusion in schools permits them to be recognised as participating, contributing members of the school community and as valued members of the community at large.

Gordon Porter is the Director of Student Services for School District 12 in Woodstock, New Brunswick, Canada. He is internationally known for both advocacy and leadership in creating inclusive school programmes. He is co-editor of *Changing Canadian Schools: Perspectives on Disability and Inclusion*. Gordon Porter has served as national president of the Canadian Association for Community Living and continues to work actively on educational issues through CACL and Inclusion International. E-mail: gporter@nbnet.nb.ca. Fax: 1 (506) 325.2728.

Item 8

Visually-Impaired Child Attends Mainstream Kindergarten

GREECE

The following example of integration leading to inclusion of the child is from an article by Athena Zoniou-Sideri, Assistant Professor of Special Education, University of Athens, in the joint UNICEF/UNESCO compilation entitled *First Steps: Stories on Inclusion in Early Childhood Education*. Contact: Special Needs Education, UNESCO, Division of Basic Education, 7 place Fontenoy, 75352 Paris 07 SP, France.

The concept of integration was introduced in the Greek education system for the first time in 1974. In 1976, the Ministry of Education assumed sole responsibility for special education. In 1981, Greek legislation established the integration of children with special educational needs, underlining that these children should obtain: 'equal opportunities in education, social integration and preparation for the successful transfer from school to life'.

Education specialists at the University of Athens recognised that legislation itself was not sufficient, but must be accompanied by practical approaches and examples of good practice. An integration project in Athens set out in September 1994 to provide such an example.

The focus of the project was the integration of a five-year-old blind girl who was attending a special kindergarten. The child, known as Maria, was assessed and it was decided that her needs could be met in a mainstream class. Funding for a specialist support teacher was provided by the Ministry of Education; all other expenses were covered by the University. A team of specialists - a psychologist, a speech and language therapist, a kindergarten teacher specialised in special education/integration for blind children, and a social worker - volunteered their services.

The choice of kindergarten was critical. Factors considered in the selection process included choosing a school in Maria's neighbourhood so that she could socialise more easily with the local children, selecting a kindergarten that was physically accessible, and choosing a kindergarten with the right kind of teacher. This kindergarten teacher would need to be able to collaborate with a specialist support teacher to develop new approaches according to Maria's needs.

Once the kindergarten was selected, the team's psychologist and social worker made a presentation about the project to the parents of the other children in Maria's new school. They were given information about her abilities and were encouraged to discuss the issues related to children with special educational needs as well as children from other cultures. Particular emphasis was placed on this aspect of the project so that assumptions were addressed in advance and understanding was increased. Children at the kindergarten were prepared through play and other activities that enabled them to understand and accept the 'difference' of the blind child. They exchanged visits with the children at the special kindergarten where Maria was attending school at the time.

Before her transfer, Maria visited the mainstream class in order to become familiar with the environment. She attended a course on Braille and a course for mobility orientation. Her status was assessed and the specialist support teacher created the teaching material and framework that Maria would need in order to follow the National Curriculum. Maria's classroom-based activities included a focus on certain areas:

- social learning - creating an environment of acceptance, team acceptance, and friendships through play and educational interactions);
- intellectual development - introducing skills such as pre-number, pre-writing and pre-reading skills);
- psychokinetics - emphasis on the teaching of space and autonomy;
- creativity - participation in plays, drama and role-play activity.

A team of specialists met every 15 days to assess Maria's performance. The specialist support teacher who was with Maria every day provided feedback about her social and educational progress. The team kept Maria's parents informed and offered them continuous support. Members of the school and the local neighbourhood were also informed about Maria's needs and progress.

Evaluating the project

In the area of social development, Maria was able to make friends with the children, not only in the classroom environment, but also outside the school environment. She also was voluntarily involved with interactions with the school staff. She felt free to express her feelings in a variety of ways.

Maria also achieved success in other key areas. Maria was autonomous in her movement within the school environment; she was self-sufficient and independent (psychokinetics). Maria followed the kindergarten's curriculum without difficulty and the teaching methods were adapted to her needs (intellectual development). She showed an increasing desire to participate in her peer group and a reduced interest in individual activities (social learning). And she also showed improvement in her imagination (creativity), which was developed through painting, music and drama.

The other children, Maria's classmates, showed a greater degree of acceptance of and empathy with children with disabilities than they had when the project began. Families also benefited from participation in the project. Whereas in the initial phase there were a number of negative reactions from the parents, a questionnaire completed by the parents a year later demonstrated that the majority had positive feelings about the experience. They also expressed admiration for Maria's abilities. Teachers who were at first somewhat hesitant about the project became involved and not only supported but also helped develop its goals. They reported that their teaching of all children had improved. Today, Maria is attending a mainstream primary school and her assessment shows progress in all areas of development.

Sidebar for Item 8

Integration project targets

The integration in a mainstream school of a blind child who was selected based on her cognitive and social ability to function in an ordinary school environment. Her integration was based on the premise that a child with special needs should be considered a 'whole person' and not just labelled and treated as a 'special need';

- The establishment of measures concerning the early intervention and integration of children with special needs in kindergarten;
- The development of a quality school environment, good teaching practices and relevant materials;
- The evaluation of the integration programme, focusing on the difficulties of implementing integration strategies, and including the school's and teachers' reactions, the community's attitudes, financial considerations and the need for adequate structures; and
- The development of the educational policy and procedures concerning the national and local agents involved in integration.

Item 9

Including Children with Disabilities in Public Schools

BRAZIL

Garren Lumpkin, Former Senior Programme Officer, UNICEF Brazil - Newly appointed Regional Education Adviser, UNICEF TACRO

Brazil is nearing the achievement of universal primary education, but many issues remain. The quality of primary education continues to be a concern, reflected in the significant levels of repetition, dropout and poor learning achievement. A significant number of the most at-risk children continue to be excluded. The State Education Secretariat of Ceará, Antenor Napolini said that "in addition to the quality problems of primary education, one of the main issues today is inclusion, not access."

Increased efforts are being made to guarantee access for all and the quality improvement of primary education. National mobilisation efforts have been undertaken and concrete actions initiated to achieve quality improvement at the school level. In addition, special attention by federal, state and municipal governments has been given to over-age, working and rural children. The Ministry of Education has launched an important national initiative for the inclusion of children with disabilities in public schools, but the response of state and municipal education secretariats has been gradual.

Decisions and efforts to achieve inclusion of at-risk children have achieved important results, but the issue of children with disabilities still faces significant challenges. Numerous problems have limited advancement towards inclusion.

One problem is that organizations providing services for children with disabilities have not joined forces with other rights movements. Advances made for street and working children have not produced significant impacts for children with disabilities. A clear effort has been made to link child rights and education actions for street and working children, whereas efforts for inclusion for children with disabilities are often hidden and lack unity between key actors.

The development of more flexible and responsive methodologies within public schools - 'child-centred approaches' - has not incorporated specific experiences for children with disabilities due to the limited collaboration and sharing between education systems, schools and disability programmes of NGOs.

The term Special Education still generates within the formal education sector a traditional vision of 'special' services for children with disabilities, although the National Special Education Secretariat supports strategies and policies for inclusion.

Although international funding agencies such as Inter-America Development Bank and The World Bank have increased support for at-risk children (especially for street and working children), limited funding and policy discussions have been directed towards the rights and needs of children with disabilities.

Emerging experiences in Brazil have demonstrated clues for the promotion and achievement of inclusion, which depends on action such as the following:

- Achieving greater public awareness about the rights of all children, and systematically mobilising all sectors of society to create greater demand and participation;
- Developing strategies that promote more 'child-centred' approaches that allow greater flexibility to respond to individual needs of all children, especially the most excluded;
- Addressing misconceptions, prejudices and discriminatory practices that exist within the classroom and school environment that exclude children;
- Expanding parent support and training to strengthen family capacity to demand their rights and to increase family participation in the multiple aspects of their children's development.

The emphasis on child rights is essential and must permeate all levels of the education system, influencing decisions and actions of policy makers, managers, teachers and students. Promotion of inclusion must start during the early stages of life and must emphasise family support and participation, preventive actions to attack the underlying factors leading to exclusion, and expansion of early childhood care for survival growth and development (ECC-SGD) initiatives with the inclusion of children with disabilities.

As a new decade begins, there are new opportunities to place the rights and needs of children with disabilities on the international and country level political agenda as the World Summit for Children and Education for All are reviewed.

A clearer and united effort must be made by all key agencies to mobilise and support the rights of children with disabilities as part of a global process to guarantee Education for All.

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Item 10

New Initiative for Including Children with Disabilities

ARMENIA

JoAnna Van Gerpen, UNICEF Representative in Armenia (at the time of submission of this article)

Most children with disabilities in Armenia live very isolated lives, either in their homes or in institutions. Community services for children with disabilities do not exist and very few have opportunities for normal social interaction since most do not attend regular public schools. The lack of any community support and resources that families need for raising children with disabilities adds to the isolation.

Challenges to inclusive education for children with disabilities

Armenia inherited a tradition of long-term placement for children with disabilities in institutional care and in isolation from society. Education for the 7,500 children with disabilities is available only through enrolment in boarding institutions.

In 1998, the Ministry of Education and Science adopted a progressive strategy to de-institutionalise children and strengthen their educational opportunities. UNICEF is collaborating with the Ministry to support efforts to improve policies and to strengthen resources for mainstreaming disabled children into the public school system through teacher training and the creation of resource centres. Efforts also include supporting parents and advocacy groups, and implementing activities that raise awareness of the rights of disabled children and change public attitudes.

Implementation strategies

The inclusive education project for children with disabilities will be implemented through the capacity building for pre-service and in-service training of teachers and public awareness raising. The implementation of the project will be institutionalised in the Ministry of Education and Science, which are considered the centres for educational reform.

According to data from the Ministry of Health, there were 7,510 children with disabilities registered in 1997, of whom 4,808 (64 per cent) were boys and 2,702 (36 per cent) were girls. The total number of children with disabilities in Armenia is significantly larger, however, as Ministry of Health data do not include the many children with disabilities who are not registered for social benefits. The prevailing causes of disability among registered children are neuro-psychological disorders (51 per cent), diseases of the internal organs (18 per cent), infections (15 per cent) and tumours (8 per cent).

The situation is perhaps worst for the nearly 3,000 children with disabilities living in specialised institutions. Conditions in these institutions are grossly inadequate. They suffer severe shortages in specialised equipment and properly trained personnel, and many are in a state of serious disrepair. Institution staff and management have little awareness of or appreciation for the rights of children with disabilities. The treatment and care provided at the institutions generally do not vary according to type and severity of impairment, despite the vastly different needs and potential of different groups of children with disabilities. Children with only minor impairments are deprived of opportunities for socialisation and adequate education along with more severely disabled children.

With UNICEF support, the Ministry of Social Security in Armenia is creating a national database for children with disabilities.

Future areas for action

Promoting inclusive education for children with disabilities: To help include children with mild disabilities in regular schools, it is envisaged that support will be directed towards actions such as the following:

- Conduct introductory training workshops on the concept of inclusive education for Ministry of Education (MOE) officials, school directors and teachers from pilot schools, and trainers from the Pedagogical Institute and the in-service training facilities;
- Develop pre- and in-service training modules designed to equip teachers with the skills needed to work with children with disabilities in the mainstream classroom;
- Conduct workshops on systems for assessing the learning needs of children with disabilities, and for determining which children are able to attend mainstream schools and which ones are best-served in special institutions;
- Conduct workshops on the development of differentiated teaching methodologies for supporting children with disabilities in institutions and in mainstream schools; and
- Develop and evaluate a pilot inclusive education project for children with disabilities in selected schools, for the purpose of policy development on inclusive education and eventual large-scale replication.

Family support: It will also be important to develop support mechanisms for families of children with disabilities, many of whom currently have no outside forms of assistance or sources of information. Support to families will also include awareness raising, parent counselling, psycho-logical and social support and the empowerment of family groups.

Advocacy for the rights of children with disabilities: Support will be extended to the development and implementation of training programmes designed to provide parent groups, policy-makers, groups of persons with disabilities, and other organisations working on disability issues with the knowledge and skills needed to effectively advocate for the rights of children with disabilities.

Special education for children with severe disabilities: To improve the quality of learning and rehabilitation for children with severe disabilities in special education institutions, it will be important to:

- Develop systems for assessing the learning needs and capabilities of children with disabilities for improved admission procedures in special education institutions;
- Introduce modern approaches and methodologies for working with children with various types and levels of multiple disability; and
- Provide specialised learning materials, supplies and equipment for children with disabilities.

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Item 11

Limited Resources for Disadvantaged Children

AZERBAIJAN

By Akif Saatcioglu, UNICEF Assistant Representative, Azerbaijan

Who are the disadvantaged children?

Today in Azerbaijan an estimated 14,560 children are considered to be disadvantaged, some due to disabilities. This number includes 4,000 mentally and physically disabled children in special schools, home-based schools and special boarding schools; 2,200 orphans; and 6,700 children of poor families. It also includes 1,400 refugee children in institutions and 260 children who lost at least one parent in the Karabakh war.

Secondary education is compulsory for all children in Azerbaijan, including children with disabilities. The exception is mentally disabled children, who gain essential knowledge equal to primary education level. There is no national policy on inclusive education for children with disabilities in Azerbaijan. There are few opportunities for training in this area with very little appropriate resource materials and funding.

The country has five special schools—four for mentally disabled and one for children with speech difficulties. In addition, there are 12 boarding schools for children with cerebral palsy, hearing, speech, visual and mental disabilities.

A joint health-pedagogical commission including specialists from the Ministry of Education and Ministry of Health test children to identify the disability and place them in appropriate special institutions.

Fewer pre-schools, strained kindergartens

Traditionally, most early childhood education was provided through kindergartens. In recent years, however, the situation at kindergartens has become desperate as many of them are starved of resources. The number of pre-school institutions has been steadily decreasing from 2185 in 1990 to 1664 in 1999. Thus, the formative role kindergartens used to play in early childhood care and development has been shifted to families. This situation affects all children, including the disadvantaged or disabled.

In addition to the 12 boarding schools, Baku has five special kindergartens without boarding facilities for children with cerebral palsy, hearing, vision, speech and mental disabilities. Children with mild disabilities are enrolled in regular kindergartens and all children receive the same educational programme. Specialists say that early inclusion helps to ease integration to the normal schools.

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Item 12

Assessment for Early Intervention and Inclusion for Children with Disabilities

JAMAICA

Jamaica has a good foundation in educational services for all age groups, including pre-schoolers (85 per cent of 4-year-old children attend school). Government-sponsored special education services and teacher training began in 1976. In the following article, Dr. Marigold J. Thorburn traces the evolution of assessment for early intervention and inclusion in Jamaica.

By Dr. Marigold J. Thorburn, 3D Projects,
Kingston, Jamaica

The first early intervention project

The first early intervention project for children with disabilities, called the Early Stimulation Project, began in Kingston in 1975. This project relied on several components that were unusual at that time but have subsequently been validated by extensive experience: Parents became teachers of their children, the home was used as the site for intervention, previously untrained women from the community helped supervise the home programme, and the curriculum was a holistic development and behavioural approach adapted from the Portage Guide for Early Education (Bluma et al, 1975).

The Portage Guide is an early intervention 'package' comprising a check list of developmental skills (approximately 600) from birth to 6 years, a curriculum and card file with many teaching suggestions, accompanied by a manual of instruction. In Jamaica, we modified it in 1976 and called it the Jamaica Portage Guide to Early Intervention.

The assessment procedures for the Early Stimulation Project were in two parts. All children received an assessment carried out by a nurse or doctor, a teacher or psychologist, and a community worker. It included a history, a physical examination and other specialist assessments as necessary such as physiotherapy, psychological or audiological. It also included the Denver Developmental Screening Test (DDST), a well-known developmental screening test covering birth to 6 years that is much shorter than the Portage checklist. Based on this information, a decision would be made whether or not to admit the child for an early intervention programme. If the child was admitted, the second level of assessment, developmental, using the Portage Guide checklist would be carried out. This would then form the basis for the design of an individualised programme plan, which would then be implemented in the home by a community worker using the Portage curriculum.

Expanding services, improving assessment

From 1985, the scope of early intervention services was expanded to rural areas by 3D Projects, the first community-based rehabilitation (CBR) programme in Jamaica and later, by other organizations. CBR incorporated the early intervention approach developed by the Early Stimulation Project, but gave more responsibility to community workers in assessment and programme planning.

In 1987, Jamaica's involvement in the International Epidemiological Study on Childhood Disability brought about more appropriate screening and assessment procedures. Models were developed for different levels of personnel including community workers, doctors, nurses, teachers and social workers. The simplified approach for the first stage of assessment by community workers included the following

- Ten Questions Screen (TQ), a simple 10 question interview for mothers to identify the disability;
- A developmental screening checklist adapted from the DDST to ascertain the child's developmental level;
- The Activities of Daily Living Questionnaire to determine the main areas of handicapping; and
- A standardized individual programme plan.

This assessment is the foundation upon which the community workers base their decisions on the type of intervention programme needed. For many children, the Jamaica Portage Guide to Early Education is a widely used intervention procedure that community workers in the 3D Projects' CBR programme learn to use after they have been working in the programme for at least one year. Other children may need a physiotherapy programme, behaviour management or sign language, for example, depending on the type of disability.

Over the past two decades, Jamaica's children have benefited from a number of individual intervention projects. But these valuable experiences do not necessarily add up to a clear direction for assessment procedures for children with disabilities going into mainstream education programmes.

Assessment for inclusive education for children with disabilities

The need for inclusive education is very often encountered in the CBR programmes, because when the child is ready for school, we want to place him or her in a neighbourhood school. Through the CBR programme, community workers try to integrate children with disabilities into mainstream pre-schools and primary schools. 3D's programme also runs a short five-day training course for pre-school teachers. It is featured in a video training package entitled 'Teacher Orientation to Childhood Disability' that includes the text 'Introduction to Developmental Disabilities' (Thorburn and Chernesky, 1981).

Assessment for inclusive education is a challenge because the procedures used in early intervention programmes are time consuming. How much can be done to individualise programming in the face of meagre resources, large classes (often over 30 children) and teachers with short periods of training? The training courses for pre-school teachers described above have been experimental testing grounds for what appropriate assessment should be for this group of professionals and children.

Many questions remain, although some proposed answers are on the table:

Where should assessment take place? Assessment could be done in two places: (1) the CBR programme, where it could be more comprehensive and include the home, and (2) in the pre-school classroom.

Who should do the assessment? Any competent doctor or nurse practitioner should be able to confirm the disabilities and to make sure the child gets attention for any health problems. A CBR programme should be able to provide a developmental assessment of the type outlined above, and to pass on guidelines and hints to the pre-school teacher. The pre-school teacher must also be able to make her/his own assessment. This assessment can be made using the simple tools developed for community workers in the CBR programme, which the pre-school teacher may also learn, but it does not give as much information as the Portage assessment.

Fundamental questions about assessment itself are a cause for debate. How far does this have to go? To what depth? Is it really necessary to use evaluation tools such as the Portage Guide, which take about two weeks to learn and 30 to 45

minutes to use on a child? Or is it sufficient to use the simplified tools developed for CBR community workers such as the play activities programme from the WHO Manual 'Training for the Disabled in the Community'?

Some feel that it is necessary to use evaluation tools such as the Portage Guide. They feel that that pre-school teachers should get this training because of the widespread benefits of understanding the detailed process and the holistic aspects of development of the child from 0 to 6 years of age and the many useful suggestions for teaching provided by the curriculum.

Perhaps the constraints of time, personnel and technology of the educational system will dictate what form of assessment is chosen, but here is an area urgently in need of research to determine what kind of assessment tool will best serve the interests of all children. It is important to find answers to these questions because assessment is important. The teacher must know where the child is going, the objectives are for the child, and the needs of the child and family. The teacher must be able to decide how she/he will individualise the classroom programme and management in response to these children. As there are many children in pre-school classes with individual developmental differences, this process may benefit all of the children in a classroom. ?

Marigold Thorburn, M.D., is consultant to and was formerly director of 3D Projects, a community-based rehabilitation programme in Jamaica, where she has lived and worked since 1960. She also is an associate lecturer in the Faculty of Medical Sciences at the University of the West Indies. Fax: (1 876) 926 1619.

Sidebar for Item 12

Ten Question Screening Test

1. Compared with other children did the child have any serious delay in sitting, standing or walking?
2. Does the child have difficulty seeing?
3. Does the child appear to have difficulty in hearing?
4. When you tell the child to do something, does he/she seem to understand what you are saying?
5. Does the child have weaknesses and/or stiffness in the limbs and/or difficulty in walking or moving his/her arms?
6. Does the child sometimes have fits, become rigid, or lose consciousness?
7. Does the child learn to do things like other children his/her age?
8. Does the child speak at all (can he/she make him/herself understood in words: can he/she say any recognizable words)?
9. Is the child's speech in any way different from normal (not clear enough to be understood by people other than his/her immediate family)?
10. Compared with other children his/her age, does the child appear in any way backward, dull, or slow?

Item 13

Children with Disabilities in Mauritius

MAURITIUS

By Mariam Gopaul, Information/Communication Officer, UNICEF Mauritius

In Mauritius official statistics report that 6,000 children are in need of special education. There is a great deal of under-reporting, however, suggesting that this government figure on the number of children with disabilities is probably a gross underestimation. Some disabilities are hidden for social reasons, because disability generates a great deal of stigma and shame for the disabled and his/her environment and embarrassment in the general public. This is mainly due to the invisibility of children with disabilities - most families tend to hide these children as they view disabilities as a taboo or curse on the family.

The government's action plan for education, published by the Ministry of Education in 1998, defines measures that will be taken to improve the educational opportunities for two categories of children:

- Children who can still go to normal schools but who require additional facilities such as easy access, hearing aids, optical aids, specially designed furniture, additional classroom assistance and transportation, specially trained teachers.
- Children who need specially built places.

For the second group, special education schools are to be constructed. The government will support their de-centralization efforts and expand their activities. Training for teachers in special skills will be provided within the training programme of the Mauritius Institute of Education.

UNICEF supports information campaign

While the integration of children with disabilities in pre-primary and primary schools is the focus of efforts by the Ministry of Education, UNESCO, specialised agencies and NGOS, a national information campaign is being launched by UNICEF. The campaign, included in the Plan of Action in 1999, targets parents and the general public and promote the rights and needs of children with disabilities. UNICEF will also assist with an evaluation of the number of disabled children, in coordination with the Government of Mauritius Central Statistical Office.

Aims of the national information campaign are:

- To promote and protect the rights of children with disabilities in line with Article 23 of the Convention on the Rights of the Child;
- To change the perception of the population towards children with disabilities; and
- To achieve school and social integration of children with disabilities.

Special attention will be directed towards social workers, paramedical offices and those who are in contact with the families in need of help. The campaign will also aim to raise parents' awareness about the need to offer their disabled child the same care, love and stimulation as any other child. Efforts to sensitize parents will be carried by UNICEF, the Government of Mauritius and NGOs.

A set of three video productions have been developed. The first programmes highlights the needs and rights of all disabled children, the responsibilities of their parents and the action required on behalf of children. The second video focuses on the education needs of disabled children and their access to education, and the third addresses the needs of disabled children for socialisation, play with children of their age and the support of the community.

In this initiative, UNICEF is providing support to the Association des Prents d'Enfants Inadaptes a l'ile Maurice (APEIM) and is collaborating with the National Council for the Rehabilitation of Disabled of the Ministry of Social Security.

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Item 14

Assisting the Most Vulnerable in Refugee Camps

TANZANIA

By Lyndsy Bird, Emergency Education Coordinator, UNICEF Tanzania

Kasulu, a remote town, home to nearly 120,000 Burundian and Congolese refugees, is a few hours away from the shores of Lake Tanganyika where disheartened Congolese refugees wait for a truck to take them to the forest camp deep in the heart of Kasulu's hinterland. In this camp, among the trees on a cold, windy afternoon in December, a line of dancing, singing women, children and guitar strumming men wound their way towards the compound of the CBR (community based rehabilitation) programme. They appeared as any other group of celebrants on a special occasion, but with a difference: many of them had severe mental and physical disabilities. This was a celebration for the International Day of the Disabled on the 3rd December - a day when the disabled refugee community performed together with the non-disabled refugees to highlight concerns of disabled people in their community.

During the plays, songs and games of the day, issues emerged about education in the refugee context. The attitude prevailing in refugee communities, as in most communities, is that disabled children cannot participate in a normal school environment. Thus, many, if not most, disabled refugee children remain at home, stunted cognitively and psychologically by their isolation from their peers and lack of access to education. This is even more so for mentally disabled children, whose erratic behaviour is seen as too disturbing to allow them to participate in the regular school system. There is still much ignorance and superstition surrounding mental disability, and some children are attributed with mental disability when they are suffering from epilepsy or are profoundly deaf. Although many physically disabled children often have more opportunities to go to school than others, they too face many struggles to become accepted and treated as ordinary members of a class or school.

Nine camps in Tanzania house a total of 338,000 refugees, including 86,000 school children. Education has played a major part in bringing some normality and stability to the lives of children whose world has been disrupted by violence and war. It should not be denied to children with disabilities who suffer equally from the traumatic effects of their plight. Like the camp that celebrated the Day of the Disabled, some camps have started activities for disabled children. Many physically disabled children have been integrated into the mainstream classes. The provision, however, in most cases is woefully inadequate. No comprehensive survey has determined the status of disabled children in the camps or the adequacy of the existing provision made for them. Efforts have been largely ad hoc attempts to tackle deep-seated problems of attitude and resources.

How much support should go towards the education of disabled children? Some argue for increased support, relying on the willingness of communities to assist in initiating, constructing and running centres for children, perhaps attached to primary schools (this was a success in Karagwe refugee camps for Rwandese refugees). In such cases it would be expected that some external support should be provided on an ongoing and regular basis. Others disagree, however, insisting that the focus should be on the majority of children; ensure that you have captured the many before concentrating on the few, they say. Related concerns are many: How far should projects go? Is it possible to assist all those who require it? Should blind schools be set up in the camps? Among the many debates and questions, one measure has emerged: educate the community so that there is acceptance, tolerance and inclusion of disabled people into all activities. This does not require establishing an expensive alternative structure but simply reinforcing what already exists. The challenge is to undertake the reinforcement with limited resources and expertise.

During 1995, one of the Karagwe camps for Rwandese refugees established a model for integrating disabled children into primary school. Nearly all the disabled children in this small camp were attending school, including a blind girl and a deaf boy. The philosophy of the school highlighted the fact that these children were better off at school, even if they only followed 30 per cent of what was being taught. An additional class for mentally disabled children was also established in the school grounds. From a moral, social and psychological viewpoint, the head teacher of this school believed it was possible to include these children, and it was. It is certainly possible to replicate this model, if funds were available to the implementing NGOs.

The ad hoc efforts in camps thus far have been largely due to lack of funds and the subsequent inability of agencies to promote a coordinated approach to the education of disabled children. Now that the provision for basic education for the majority of children has been well established, the hope is that this year it will be possible to promote more effective and comprehensive support for children with special needs. ?

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Item 15

Disabled Learners in Sri Lanka

By Hiranthi Wijemanne, Senior Programme Officer, UNICEF Sri Lanka

Although education is compulsory by a January 1998 law (which also applies to children with disabilities), inclusive and special education has not been implemented throughout the island.

In the nine provinces of Sri Lanka, several governmental institutions are involved in the care and education of disabled children: the Ministries of Social Services, Education and Higher Education and the Special Education Section of the National Institute of Education. The government works with international agencies and NGOs for the development of education, in particular The World Bank, Asian Development Bank, GTZ, SIDA, DFID, JICA, UNESCO and UNICEF.

Since 1975, special education teachers have been trained in two-year training programmes at Maharagama College. Classrooms for children with special needs are made of groups of 25 students in each of the following special needs areas: hearing impaired and deaf, visually impaired and blind, mentally disabled, and physically disabled. With the ratio of one teacher for 25 students, only 10,000 children with disabilities are receiving an education. In addition, there are 24 special schools in seven provinces and 12 per cent of all mainstream schools have a special unit for disabled pupils.

Sri Lanka has a population of 500,000 disabled persons including children according to a study conducted in 1992 by the Educational Statistics Division of the Ministry of Higher Education. The data also revealed lack of access to educational facilities for children, lack of technical devices, and lack of mediums of alternative communication such as hearing aids, eye-glasses, sign language, Braille and large print textbooks, or audio-tapes - there was also a lack of readiness among teachers to teach children with different needs. In addition, children in the northern region of Sri Lanka (Jaffna Peninsula), children who become disabled by landmines lack access to prosthetics, artificial limbs, rehabilitation services and other services. ?

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Item 16

A Proposed Study on Integrating Children with Disabilities in Mainstream Schools

COTE D'IVOIRE

By Cyril Dalais, UNICEF Representative, Cote d'Ivoire

The Ministry of Education has prepared this proposal for a study to evaluate the experience of integrating a selected group of children in several mainstream schools in Cote d'Ivoire. Information gathered through this study would be shared with several ministries that have now expressed interest in re-positioning themselves in both prevention and care of the children who are at risk and who are living their disabilities, including the Ministries of Health, Social Affairs, the Family and Women's Affairs. The study, which would use interview techniques backed-up by video recordings and photographs of children in their learning and living environment, would pursue the following activities:

- Look at how and what was done to bring around integration of a selected group of children in a couple of schools in Cote d'Ivoire;
- Look at the role of the Ministry of Social Affairs and the Ministry of Education (one ministry works with the parents while the other works with the teachers);
- Evaluate the response offered by the school through the head teacher, teachers and the specialized teacher who visited the school to lend support to the teachers and evaluate how successful integration was in learning achievement of the disabled pupils;
- Evaluate the responses and support offered by the home - parents and other siblings - who had to collaborate with the disabled child in getting her/him to school and evaluate the level of support that was actually offered by the Ministry of Social Affairs;

- Assess the feelings, attitudes and progress, if any, of the disabled child who was put through this exercise: how did s/he lived this experience?

Several components that already exist could help to develop the approach of the study. These components include specially trained teachers/educators who are institutionally based at the Ministries of Education and Social Affairs, an embryonic School Health Service, and special services for the rehabilitation and guidance of children who have learning difficulties. Also, associations of parents of disabled children have been established and federated. They are now ready to explore and support inclusion of their children, if only existing schools could be provided with adequate supportive services.

Thus far, UNICEF has linked all parties concerned in a network that is looking at additional issues such as including more advocacy at several levels to encourage political dialogues well as focusing on prevention and early intervention as part of UNICEF's Young Child Programme. In several regions of Cote d'Ivoire, training is being made available to all young child educators within the various ministries concerned and also via the Parents' Education Programme, which uses the media.

Reaction from any interested donor would be greatly appreciated through the UNICEF office in Cote d'Ivoire. Fax 011-225-5-22.26.48

Item 17

China: Inclusion in Practice

In 1996, China launched an ambitious national plan on inclusive education for children with disabilities. Some 1.8 million school places for children with disabilities will be created over the next five years. A number of successful integration initiatives such as the Golden Key Project are already a reality.

Reprinted from EFA 2000, No. 32, July-September 1998

Long Lin is a remote village situated in a poor mountainous province in western China. Only a walking path connects the village to the outside world, and it takes more than two hours to walk to the nearest village.

Forty-nine people live in Long Lin. There is one school with one female teacher, Wu Weigou, and five pupils. In 1996, a new classmate arrived, Lan Rue, a 10-year-old girl who was born blind.

It was the Golden Key Project that got Lan Rue into school. Wu Weiguo, who had been trained by the project during her summer vacation, heard about Lan Rue and through daily visits, she slowly gained her trust. Wu Weiguo then convinced skeptical villagers of the importance of sending the blind child to school and they volunteered to repair the path that she uses to walk to school.

School has changed Lan Rue's life radically. Before, she was hidden away and unable to speak. Today, she loves to talk, writes her own diary, goes to school with the help of a cane, and helps her parents feed the chickens and make bamboo baskets.

Lan Rue is one of nearly 2,000 visually impaired children whom the Golden Key Project has integrated into mainstream schools since the project started in 1996. The goal is to integrate the majority of blind children, who live in the nine poorest provinces of China, before the year 2005. Only 500 of these children were enrolled in school in 1994.

The project functions in the following way: each blind child is guided by a personal instructor - so far some 2,000 mainstream teachers have been trained. The blind pupils follow, to the extent possible, the same curriculum as their classmates. The project provides resource materials to teachers, as well as Braille books, writing boards and cassette recorders to the blind pupils. Supervision and administration networks have been established, and a school for the blind has been converted into a resource centre.

However, the most impressive achievement of the project is its impact on the lives of blind children. The Golden Key Project has sensitized communities and teachers, raising awareness and mobilising support for these children. And, as in the case of Lan Rue, when blind children enter school, they are able to dispel traditional attitudes by showing their peers, teachers and parents that they can make an active contribution to their communities.

The Golden Key Project is run by the Golden Key Research Centre, which is responsible for overall planning, teacher training, and fund-raising; and the Education Commission of the Guangxi region, which is responsible for running the project. It is part of a larger project, Inclusive Schools and Community Support Programmes, that was launched by UNESCO in 1995 to reaffirm the principles of the Salamanca Statement. The success is evident, and plans are already in place for continuation and expansion of the project to neighbouring provinces.

Until 1984, China had no national policy on special needs education. At the time, large-scale surveys indicated that some 3 million disabled children were not attending any form of school. In 1990, China adopted a law on the protection of disabled people ... Six years later the government launched an ambitious plan to provide school places for 80 per cent of disabled children.

Item 18

10 Messages for Teachers About Children with Disabilities

1. Prevent stereotypes and negative attitudes about children with disabilities by avoiding negative words. Instead of 'disabled', 'crippled' or 'handicapped' use 'a child with a physical or movement disability'; instead of 'wheelchair bound' use 'a child who uses wheelchair', 'deaf and dumb' becomes 'a child with hearing and speech disability'; 'retarded' becomes 'a child with mental disability'.
2. Depict children with disabilities with equal status as those without disabilities. For example, a student with a disability can tutor a younger child without a disability. Children with disabilities should interact with non-disabled children in as many ways as possible.
3. Allow children with disabilities to speak for themselves and express their thoughts and feelings. Involve children with and without disabilities in the same projects and encourage their mutual participation.
4. Observe children and identify disabilities. Early detection of disabilities has become part of early-childhood education. The earlier a disability is detected in a child, the more effective the intervention and the less severe the disability.
5. Refer the child whose disability is identified for developmental screening and early intervention.
6. Adapt the lessons, learning materials and classroom to the needs of children with disabilities. Use means such as large print, seating the child in the front of the class, and making the classroom accessible for the child with a movement disability. Integrate positive ideas about disabilities into class work, children's play and other activities.
7. Sensitise parents, families and caregivers about the special needs of children with disabilities. Speak to parents in meetings as well as on a one-to-one basis.
8. Teach frustrated parents simple ways to deal with and manage their child's needs, and help them to have patience to prevent abuse of the disabled child.
9. Guide siblings and other family members in lessening the pain and frustration of parents of children with disabilities by being helpful.
10. Actively involve parents of young children with disabilities as full team members in planning school and after-school activities.

These suggestions about how to help children with disabilities learn in a safe and equitable environment are available online at Teacher's Talking About Learning, a UNICEF Internet resource for teachers: <http://www.unicef.org/teachers>

Item 19

Reaching Out to the World via the Internet: Physically disabled girl creates award-winning Web site

Hero Joy Nightingale, age 13, is a composer so formidable that she attended the Royal College of Music at 7 and studied with undergraduates at the Royal Academy of Music at 8; a writer so creative that her Internet magazine after only four issues won an international award; a girl so profoundly disabled that she is unlikely ever to be able to walk, speak, feed or care for herself. Hero suffers from 'locked-in syndrome', a neuro-developmental disorder of unknown aetiology. She is able to communicate through a complex system of hand gestures that equate to the alphabet. Hero spells with her 'waggly hand' and trained interpreters trace her movements. She has trained 10 'enablers' over the years, including four in the complete waggly hand method.

Hero has created an Internet magazine, *From the Window*, that includes writings from famous authors and leaders such as Margaret Atwood, and John Tavener and Kofi Annan, Secretary General of the United Nations. For the magazine, Hero was honoured with an international award from Cable & Wireless and Childnet - a charity committed to encouraging enterprising children's projects on the World Wide Web. The prizes went to schools, non-profit organisations and adult individuals. The projects are for and including children but not on the whole initiated and run by them, Hero explained. She decided to extend the trip to collect the prize at a ceremony in Sydney, Australia, with visits to Kenya, Tanzania, Bangladesh and New York. The trip was from 29 January to 9 March 1999.

For this issue of *Education Update*, Elaine Furniss, Editor, wrote to Hero and asked her to share her ideas about international development and children's participation, a little about her life, and her Web initiative. To read more about Hero's travels, interests and aspirations, visit *From the Window* at:

<http://www.rmplc.co.uk/eduweb/sites/hojoy> or <http://atschool.eduweb.co.uk/hojoy/>

E-mail: hojoy@rmplc.co.uk; Fax: 44 1227 459 962

Please tell us about yourself and your efforts to make your voice heard.

I am profoundly, utterly, horridly, uniquely disabled; unable by myself even to cry out in shocking pain, unable to speak. They call it a type of locked-in syndrome. So what. That's the way it is. There's a darn sight more to me than a dud useless body. I am 13. I am dependent upon others for all my care, dependent upon hands-on help even for communication and defecation. Yet I am no passive child. I must bellow my voice loud. I invented a Webzine, *From the Window*, that has restored my energy and optimism where clinical psychologists couldn't, taught me huge amounts about journalism and IT, connected me to many who also enjoy considered prose.

I have passion, not passivity, demand a right to participate, to grow into a contributing member of our global society, to be an artist, whether that be a poet, composer, or installation artist. *From the Window* recently won a prize. I raised £12,000 in 6 weeks from a lot of generous sponsors so that I could travel through Kenya, Tanzania and Bangladesh - where I was hosted by international schools - en route to the prize-giving ceremony in Australia.

Why did you decide to travel to developing countries?

I yearned to visit with people beyond Europe but did have not a lot of dosh available for such sojourns. This year I raised the money for my first big journey and changed my life immensely. My meetings with all manner of unfortunate or disadvantaged individuals are indelibly scorched in my mind - abused street boys, abandoned CP kids (children with cerebral palsy), child labourers with disabilities, a crippled beggar-man (sic), men with broken necks and backs, kids in the malnutrition rehabilitation unit, kids in the cholera hospital, ordinary slum dwellers. All sorts of people who were upset by me - a white kid - being crippled (sic). Now they all live on with me, marching through my days alongside the many admirable altruistic people that I met along the way.

What concerned you most about the people and places you visited?

My self-imposed agenda is to agitate for adequate water supplies and drainage facilities in the poorest nations. It horrifies me that hard-working honest nice people can be living with electricity in their homes and access to free health services for the treatment of cholera and dysentery and WITHOUT access to safe clean water. It upsets me that they want it and can't have it. Would you rather go to hospital to have your diarrhoea treated or be able to avoid dire dreadful debilitating and mortal diseases? It upsets me that we windsurf, shop 'til we drop, etc. etc. while this situation goes on. If there is not the will, the infrastructure, the taxation system, the wealth in wages to tackle this from inside the country, logic and humanity dictates that aid must be given so that it is achieved. It was a target for the UN through the 70s and 80s. It should be the target for the new millennium. It is far from being achieved. Victorians sorted it in the UK and we take it for granted. Australia was but recently settled and they take it for granted. It is absurd that so much depends upon the luck of where one is born. I was not born more deserving than a kid in Moshi, but I take for granted a quite different standard of living and life expectancy.

I was naive enough to set off expecting to feel inspired by a grand landscape, a wilder place. I think I expected poverty to look like something basically comfortable but lacking the trimmings, i.e. simple not desperate, austere not luxurious. What I found is that people who are poor are not bad and deserving of their poverty (a stereotype I had heard before), they are not oblivious of the possibilities, unaware of what they are lacking. And o boy worst of all of course it is very basic stuffs that they lack, it is necessities.

How has the trip affected you?

It is quite simply unbearably not fair, not fair for me to squander my life away on trivial pursuits rather than work for the greater good. It is very inspirational to see services in the hands of committed and caring people. The development of such services is as much an act of creativity as a theatrical production or a sculpture. It's just that the product is not art but something else. I want to be part of that creativity. I have a sense of responsibility, a sense that I must make myself useful, a sense that others must understand their responsibility too.

Could you tell us some examples from your recent travel experience?

One day I went shopping and wandering the streets, which is where I met the only beggar I encountered and of course I gave him something. How could I be wheeled by a man who rolls through the dust because he has legs even more buckled than mine? I am told the local shopkeepers look out for him (in a kindly way). Someone must see he's OK.

In Dhaka, I went to visit Mollie (a new friend) in her slum and meet five teenagers who had been rescued from toil and poverty five years ago by being given cameras to record their lives and the means to market their results. Her home. One room maybe 10 feet x 10 feet, dark, one small window. Most of the floor space was occupied by a bed that was of hard wood with no mattress. Mollie shares this home with her four siblings and her two parents. A neat shelf with cooking pots and a cupboard with cups and plates, a shelf with books, a small table that could be used for doing one's homework, racks with clothes hung on them, an electric light and ceiling fan. What it lacked of course was a kitchen and a bathroom. Cooking could be done out in the yard. We had seen the drainage, just an open ditch. I inspected the water supply, a concrete well, quite big, maybe as much as 4 feet by 4 and 15 feet deep, totally open for any passing person to fall into and at the bottom green murky water supplied from some source I didn't quite understand but not a straightforward and independent well. Did she think it fair? No. Was it down to luck or was it the result of bad management that she lived like this? It was nothing unusual, it's just how the poor people live. Of course she'd like a tap, or wow, a bathroom.

Here's another example. I visited a centre for (mostly abused) homeless children/street boys, the Mkombozi Centre in Moshi, a big town in northern Tanzania. Some had never seen a person like me before and all the usual questions popped up like how do I communicate, do I wish I could walk, what's my favourite subject at school. I became very, very hot and asked for my cloth which I kept wet down my back between me and my plastic covered wheelchair to be soaked as it had dried out. There was no water available. All the water had to be fetched from the river using a handcart and yellow plastic containers. There was not a drop of water available 'til they'd made another trip to the river, not a drop stored in a complex housing 70 kids. Nothing brings home the poverty of a country more than this sort of thing.

How was your meeting with Kofi Annan?

I asked Kofi Annan if we could meet when I was in New York - he had previously contributed to my Webzine - and discussed with him the hurts I felt because of my journeying, and my wish to be taken seriously as proactive and unstoppable, unable now to consider a lifetime spent 'merely' being an artist (which is what I considered myself to be before I traveled to Tanzania and Bangladesh). I must ensure that some of the basic inequities of the world are eradicated. Mr. Annan is egging me on to campaign and agitate vigorously, raise awareness of the problems.

What activities are you busy with now?

I can now claim a Website readership in 89 countries. I've had over 900 E-mails in the last three weeks (I'm trying to answer each and every one of them). Some people say that I am an inspiration (an awful lot better than an object of pity); I am the subject of class projects and a master's dissertation. The journalist in me grows. I have had my first 'Shorts' (two minute films directed by me) shown on the BBC on my first canoeing trip, and on my Granny who died of Alzheimer's last year. I have been interviewed by the press and TV a dozen or more times and recently was featured on the Associated Press wire. My evidence to the House of Commons Inquiry into Highly Able Children was published in their Final Report. I have been invited to meet the Secretary of State for Education; invited to speak at a national disability conference; and to write for radio shows in Canada and at home.

What advice would you give to people working for children with disabilities?

Inclusion in mainstream life means seeing a disabled person as more than just their disability. Equipping children to be proactive, resilient, determined, considerate and innovative in areas of problem-solving and social skills, and educating adults in their responsibilities in very, very basic ways are essential. Adults need to know that people with disabilities do not need to be given cuddly soft toys and endless bars of chocolate; people with disabilities are not invalids; people with disabilities are not to be feared; people with disabilities are not different in their needs for love, warmth and friendship.

People with disabilities do need to have their talents developed and vulnerabilities acknowledged, and to be given help to lessen the impact of disability on their lives. Those who are professionally concerned in their care and education need to realize that inclusion means a life that is as independent and self-determining as possible, and to see their role as facilitators. For me, heightening awareness of what people with disabilities are capable of is fine but what I really want is to be taken seriously even if I am not discussing disability.

Item 20

Education for All? Central and Eastern Europe and the former Soviet Union

Imagine a school system in which all the history books need revision overnight and where compulsory courses in the prevailing ideology of society are suddenly obsolete. This situation affects millions of children in Central and Eastern Europe and the former Soviet Union, as reported in the recent Regional Monitoring Report No. 5 of the MONEE Project, released by the UNICEF International Child Development Centre (see <<http://www.unicef-icdc.org>> for further research findings). The MONEE Report concludes that the region is - and was - far from that goal.

By John Micklewright, Head of Research, and Albert Motivans, Consultant, UNICEF International Child Development Centre, Florence, Italy

Education is important not only to the nearly 115 million children in Central and Eastern Europe and the former Soviet Union, but to all persons living in the 27 countries concerned. Education is vital for the region's economic growth and for individual outcomes. And schools and other institutions of education are vehicles for the creation and transmission of society's values, and for the maintenance of social cohesion. This is clearly central to a transition process that aims to develop societies in the region that are fundamentally different to those that went before. In many countries, transition

involves the building of new nations - the 27 countries in the region today have been born out of only eight countries that existed at the end of the 1980s. Education has an essential part to play in this change.

Was there education for all?

Is education in need of reform, or did the 'cradle-to-grave' support of previous communist regimes offer a quality of education worth preserving? The communist regimes certainly attained levels of access to education that were far beyond those in many other countries at similar levels of economic development. But a closer look at figures on enrolment, and at the type and quality of education, tells a rather different story. From good quality early childhood development to education beyond the compulsory level, access to programmes was often unequal and showed many of the differences associated with social class background found in Western countries.

The quality of education left much to be desired, even in the academic stream of secondary schooling. There was great emphasis on learning facts, and much less on acquiring skills that allow knowledge to be applied in real-life situations. This shortcoming is especially significant in the move away from a planned economy to a market economy that requires greater individual responsibility and flexibility. Teaching methods were generally rigid and authoritarian, with insufficient attention paid to the needs of individual children. Schools were far from having the 'child-centred' focus envisaged in the UN Convention on the Rights of the Child.

In several senses, therefore, there was not 'education for all' under communism, and much needed to be done at the start of the 1990s. The urgency for reform to the inherited systems, rather than their mere maintenance, is exemplified by considering the teaching of history and social sciences. Imagine a school system in which all the history books need revision overnight and where compulsory courses in the prevailing ideology of society are suddenly obsolete.

The economic background

Educational reform in the region has had to take place against a backdrop of great economic and social change. The economies of most countries are now growing, but there remain many huge shortfalls in measured output from levels at the start of the transition. In half the countries in the region, real GDP in 1997 was still 40 percent or more below that in 1989.

This shrinking in size of the national 'cake' is the first aspect of economic change that is relevant to discussion of education. It affects, for example, the ability of governments and households to finance school costs, and the labour market opportunities for graduates and school-leavers. The second aspect reflects changes that have occurred in the distribution of income - the way the cake is divided up. Inequality has risen, with the result that an increasing number of households have fared worse than the average. The third aspect is the changes in government revenue - the slice of the cake that is taken to finance the activities of the public sector, including the provision of education. In some cases this has shrunk enormously. Georgia is an extreme example, with government revenue as a share of GDP down from 34 per cent in 1991 to 5 per cent in 1995.

Thus, educational reform is happening in countries that are typically poorer, more unequal, and where the ability of the state to finance its activities has often fallen even more than national income.

Key trends in education

Unquestionably, some educational reforms have been positive. And many people, in both the teaching profession and in government and administration, have struggled hard to maintain or improve matters. But many changes in educational systems - some unintended - have added to the challenges inherited from the communist period. What are they, and what has been the consequences for educational access?

The costs to families of educating children have gone up, often sharply. Kindergarten fees have risen; fees have been introduced on occasion for upper secondary schools, and are becoming more common for tertiary education. Reports abound in some parts of the region of parents paying for extra lessons or to get their children into good schools. Textbooks are now frequently charged for, and have often become hugely expensive in relation to family incomes. Clothing and shoes - necessary to attend school - are no longer subsidized as before. Grants for students living away

from home have fallen sharply. All of this takes place at a time when family incomes have declined and inequality has risen.

The quality of schooling has fallen. Huge reductions have taken place in many countries in real public expenditure on education - by almost three-quarters, for example, in Bulgaria. Teacher morale has often fallen alongside pay, with negative consequences for the quality of instruction. Buildings and equipment have suffered disproportionately from spending cuts, and there are schools in many countries that are in a dire state of disrepair. Heating schools in winter has become a serious problem in a number of countries, for example, Kyrgyzstan, Moldova and FYR Macedonia.

Enrolment and attendance have often dropped, especially in the less-developed parts of the region. This has been partly due to rising costs and falling quality, which have depressed demand. But the supply of school places has also fallen. For example, more than 30,000 pre-schools closed in the countries of the Commonwealth of Independent States between 1991 and 1995. In the Caucasus and Central Asia, near-universal enrolment in basic education has fallen sharply.

Social support from schools is down. The provision of meals and the supervision of children after school have fallen. Health and dental checks are less common; for example, 250,000 basic grade children in Georgia received a health check-up in 1996 compared to 670,000 in 1989.

War due to ethnic strife or other reasons has severely disrupted the education of thousands of children in countries such as FR Yugoslavia, Bosnia-Herzegovina, Croatia, Georgia, Azerbaijan and Tajikistan, and the aftermath continues for refugees and internally displaced families.

These developments imply a marked increase in educational disparities. The general level of education has often declined. But not all children have been affected in the same way. Those most affected include children from some ethnic minorities and from families caught up in war. Children from poorer families unable to meet the rising costs of education have obviously suffered, as have children from many rural areas, where school quality has been hit by shrinking local resources. Disparities within countries have increased in richer as well as poorer countries. For example, learning achievement among children in Hungarian villages has fallen, while that in cities has improved. Disparities between countries have also got worse; the educational systems in the Caucasus and Central Asia have suffered far more than those of Central Europe.

Policy towards education for all

What policies are needed to improve this situation? The Report identifies six areas of action to improve educational systems in general, and, in particular, to increase the opportunities and the quality of education for less-advantaged children.

Financial resources and their distribution:

Governments must reconsider the amount of money being put into public sector education and how well that money is being spent, with special attention to schools in poorer areas. More money is needed for buildings, equipment and pay for teachers.

Parental and community participation:

This is one way to break free from excessive reliance on weak state funding and institutional inertia. Parents can help to organize after-school activities, restore aspects of the social support once provided by schools, and stimulate and help maintain the quality of schooling.

Content and methods of teaching and learning:

Curriculum reform is important in promoting ethnic tolerance and civil values, and an overhaul of old fashioned methods must be reflected in revised examination methods to ensure selection according to merit, rather than income.

Combating marginalisation:

The language of instruction is one important factor in full inclusion, and it is important to involve ethnic minorities in the governance of the local school system. Information on children with disabilities is needed to promote integration into mainstream schools.

Early childhood care and development:

Public policy should not focus exclusively on formal kindergartens, to which children from rural and low-income families may have little access. Schemes should include parental education, public health campaigns and the stimulation of local community action for self-help schemes.

Control of methods and standards:

While the reduced role of the State has many positive aspects, the central government needs to address pitfalls related to a lack of local resources, quality control issues and education standards - all part of protecting the child's right to education.

While policies may be debated, it is clear that the education of children in the region is facing serious challenges. Education has a vital role in fostering the development of all children, including recognition of their rights and responsibilities as young citizens. In strengthening this role, reforms to education are an integral part of the transition in the region to more humane societies enjoying a better quality of life.

Item 21

RESOURCES

Young People with Disabilities: UNICEF Programme Division Working Paper

Prepared by Nora Ellen Groce, Ph.D.,

Yale School of Public Health, September 1999

The paper summarizes the results of the Young People and Disability Project undertaken by Yale University in collaboration with the Child Protection and Health Sections of the Programme Division of UNICEF New York. The purpose of the project and this publication was to ascertain, globally, the current status of adolescents and youth with physical, psychological and intellectual disabilities, with particular attention to their status in light of the Convention on the Rights of the Child. Copies may be requested from Falaq Abdool-Raman, Child Protection Section, UNICEF, 3 UN Plaza, New York, NY 10017.

Let's Communicate - A handbook for people working with children with communication difficulties

WHO/UNICEF and the Ministry of Health in Zimbabwe, 1997

The manual is intended for mid-level rehabilitation workers who are involved in helping children with communication difficulties and their parents. The important topic of play (Section 9) is dealt with thoroughly and there is also detailed discussion and information on using everyday situations (Section 10) to encourage communication and linking it to education (Section 12). The overall aim of the manual is to improve the quality of service provided for children with communication difficulties and ultimately to improve their quality of life. For copies, contact the World Health Organization, 20 Avenue Appia, CH-1211, Geneva 27 Switzerland.

First National Forum for Youth with Disabilities: Review of Results

State Welfare Organisation and UNICEF Tehran, 1998

More than 100 young people aged 12-18 with a range of hearing, visual, or physical/motor impairments gathered in July 1998 to discuss their concerns and recommendations for action with national authorities. The report is a source of first-hand information from adolescents with disabilities regarding their educational, employment, leisure and social opportunities.

Hearing impaired youth, for example, pointed out that sign language varies from province to province, resulting in difficulties for students moving through the national education system. They recommended a national standardisation of teacher education in sign language. Young people with physical/motor disabilities spoke of discriminatory treatment at school by peers and teachers, who routinely underestimate their capabilities. The visually impaired group called for a

greater role by the mass media in addressing societal attitudes toward persons with disabilities. Copies of the report may be requested from Foroogh Foyouzat, UNICEF Tehran. Fax: 98 21 222 0295.

The Community Based Rehabilitation and Reintegration of Disabled Persons (in French)

Brigitte Gautron, UNICEF Consultant, Abidjan - Ivory Coast

This book illustrates the importance of social and economic integration of people with disabilities. It presents a community based approach by allowing the disabled persons to participate and contribute to its development at a social and community level. It also serves as an advocacy tool with the public, Government and donors. Copies may be obtained from International Development Consul-ting, 18 BP 2707 Abidjan 18, Cote d'Ivoire.

What are we waiting for? Education for All

Mary B. Anderson, UNICEF 1992 (ISBN: 92-806-2016-9)

Copies may be obtained from UNICEF Documents Center, Division of Communication, 3 UN Plaza, New York, NY 10017 USA.

The Standard Rules on the Equalization of Opportunities for Persons with Disabilities

United Nations, 1994

Rule 5 on Accessibility and Rule 6 on Education are especially relevant and important. Copies may be obtained from the Disabled Persons Unit, Department for Social Policy Coordination and Sustainable Development, United Nations, New York 10017 USA. Fax: 1 212 963 3062.

Training in the Community for People with Disabilities

E. Helander, P. Mendis, G. Nelson and A. Goerd, World Health Organization, 1989

The package includes three guides (one is for school teachers) and 30 booklets covering different disabilities and activities for training parents and community workers in addition to training disabled persons. Booklets 26, 27, 28 are on Play Activities, Schooling and Social Activities. For copies, contact the World Health Organization, 20 Avenue Appia, CH-1211, Geneva 27 Switzerland.

Including Persons with Disabilities: A Directory of World Bank Projects

Social Protection Unit, Human Development Network, The World Bank, June 1999

The publication is a summary of projects for activities that address the needs of persons with disabilities carried out in partnership with government agencies, NGOs and other multilateral and bilateral institutions in the project countries. In the education area, examples include initiatives that assist primary school teachers in the project districts in identifying, assessing and developing inclusive education for children with disabilities in India; support inclusive education for children with mild disabilities in primary schools in Nepal; and finance subprojects for vocational training and rehabilitation of persons with disabilities in Yemen. In addition, the directory provides examples from countries including Chad, Djibouti, Latvia, Lithuania, Malawi and Romania. For information, contact Louise Fox. E-mail: lfox@worldbank.org

Nothing About Us Without Us

David Werner, Health Rights, 1998

This idea book of stories about people's creative search for solutions is written for disabled persons and their relatives, friends and helpers. The book explores the development of innovative aids and equipment that can be made at low cost at home or in a small community workshop. It also considers how to achieve fuller integration of disabled people into society. Examples of Child-to-Child activities show how disabled and non-disabled children can work, play and learn together, to enrich one another's lives. For copies, contact Health Rights, P.O. Box 1344, Palo Alto, CA 94302 USA.

Disabled Village Children

David Werner, Hesperian Foundation, 1988

This book of information and ideas is for all who are concerned about the wellbeing of disabled children, especially for those who live in rural areas where resources are limited. The book gives a wealth of clear, simple, but detailed information concerning most common disabilities of children including many different physical disabilities, behaviour problems and developmental delays. It provides suggestions for simplified rehabilitation, low-cost aids and ways to help disabled children find a role and be accepted in the community. For information on education (at home, at school and at work) refer to part 2, chapter 53 and for playgrounds for all children refer to part 2, chapter 46. Contact the Hesperian Foundation, P.O. Box 1692, Palo Alto, CA 94302 USA.

Coordinator's Notebook: An International Resource for Early Childhood Development

No. 22 - 1998 on Inclusion, Edited by Dr. Judith L. Evans

The general goals of the Notebook are to (a) increase the knowledge base, (b) to serve as a catalyst, (c) to build bridges and (d) to serve as a sounding board. Important collections in this issue are inclusive early childhood care and development and a collection of experiences from Guyana, Lao PDR and Portugal - a fair start for all children, supported by related list of resources. For copies, contact Dr. Judith L. Evans, Editor, Nassau Dilleburgstr, 30 2596 AE Den Haag, Netherlands. Tel: 31 70 324 7735; Fax: (31 70) 324 7737; E-mail: info@ecdgroup.com; Web site < <http://www.ecdgroup.com> >.

Towards Inclusive Education - The Vietnamese Experience

Radda Barnen, Swedish Save the Children, 1996 (ISBN 91- 88726-30-4)

The focus of this report is how inclusive education for children with disabilities has been developed in Vietnam between 1991 and 1995. The report describes and documents experiences of Radda Barnen and Gotenborg University (Sweden), Department of Special Education. For copies, contact Radda Barnen, 107 88 Stockholm, Sweden. Fax: (46 8) 698 90 12.

Creating Inclusive Classrooms: Step by Step: A Programme for Children and Families

Ellen R. Daniels and Kay Stafford

Children's Resources International, Inc., in partnership with the Open Society Institute

Step by Step is an early childhood programme for children from birth to 10 years including children with disabilities and their families. It introduces child-centred teaching methods to the well-established systems of early care and education in the countries that implement the programme. The publication describes Step by Step programme that operates in Eastern and Central Europe, countries of the former Soviet Union, and in Haiti and South Africa. For copies, contact Children's Resources International, Inc. 5039 Connecticut Ave, NW, Suite 1, Washington, DC 20008 USA. Fax: (1 202) 363 9550; E-mail: criinc@aol.com. Or, contact the Open Society Institute, 400 West 59th Street, New York, NY 10019 USA. Fax: (1 212) 548 0660; E-mail: osnews@sorosny.org.

Publications from 3 D Projects

3D Projects, 14 Monk Street, Spanish Town, Jamaica

Practical Approaches to Childhood Disabilities in Developing Countries: Insight from Experience and Research Thorburn, M.J. and Marfo, K., 1989

This book contains chapters by many different authors, most of whom have worked in or come from developing countries. It covers basic issues in early detection and intervention, training of personnel, using video, intervention with pre-school hearing impaired children, evaluating programmes, screening for childhood disabilities, modification of tests for early childhood education and several chapters on community based rehabilitation.

Introduction to Developmental Disabilities

Second Edition, Thorburn, M.J., 3D Projects, Jamaica 1990

This is a small book (90 pages) designed for the use of community workers, parents and other non-professionals to give a basic understanding of some of the main issues in childhood disability. It covers terminology, early detection, identifying handicaps, designing an individual programme plan and aspects of causes and prevention. References to other texts are provided.

Recent developments in low cost methods of screening and assessment of childhood disabilities in Jamaica

Thorburn, M.J., Part 1: Screening, West Indian Medical Journal, 1993

This article describes some of the work carried out in the International Epidemiological study of Childhood Disability, specifically the validation of screening tests as well as other simple screening instruments that have not been validated. It is the first of two articles; the second is on assessment.

Publications from UNESCO

UNESCO, Special Needs Education, Division of Basic Education, 7 place Fontenoy, 75352 Paris 07 SP France, Fax: (33 1) 45 68 56 27. Tel: (33 1) 45 68 11 37. L.Saleh@unesco.org or MF.Licht @unesco.org
Web site: <http://www.education.unesco.org>

International Consultation on Early Childhood Education and Special Educational Needs

UNESCO September 1997 (Reference number ED-98/WS/3)

Education of Visually Impaired Pupils in Ordinary School

Guides for Special Education (#6) by J. Kirk Horton of Hellen Keller International, UNESCO 1988 (Reference number ED-88/WS/30)

The Salamanca Statement on Principles, Policy and Practice in Special Needs Education and Framework for Action on Special Needs Education: Report of the World Conference on Special Needs Education: Access and Quality

UNESCO June 1994

Guide to Community-Based Rehabilitation Services

Guides for Special Education (#8) by Brian John O'Toole, UNESCO 1991 (ED-91/WS-6)

Education of Deaf Children and Young People

Guides for Special Education (#4) by the Centre of Total Communication, Copenhagen, Denmark, UNESCO 1987 (Reference number ED-87/WS/6)

Education of Children and Young People with Autism

Guides for Special Education (#10) by Rita Jordan, Birmingham University, UNESCO 1997(Reference number ED-98/WS/7)

Teacher Education Resource Pack: Special Needs in the Classroom

UNESCO 1993

Item 22

WHAT'S HAPPENING

18-21 October 1999

OXFAM meeting on girls' education

Manila, Phillipines

OXFAM has invited UNICEF to assist in developing a strategy for girls' education for the Asian region, and to assess their existing education portfolio in the region. Mary Pigozzi will be working with OXFAM staff, building on earlier work that she and Elaine Furniss contributed to OXFAM's development of a programme on EFA.

24-25 October 1999

ADEA Steering Committee Meeting

Paris, France

The Association for the Development of Education in Africa (ADEA) is a partnership between Ministers of Education and funding agencies. The Steering Committee meets twice a year. This meeting is in preparation for the ADEA Biennale, which will be held concurrently with the All Africa EFA Regional Conference in Johannesburg, South Africa. Mary Pigozzi will represent UNICEF at this meeting and host the annual meeting of the Inter-national Steering Committee of the Alliance.

24-29 October 1999

Central and Eastern European Early Childhood Care and Development Meeting

Budapest, Hungary

This is the first Consultative Group meeting in the region and will be attended by many UNICEF staff and counterparts.

27-29 October 1999

Alliance for Community Action on Female Education

Lusaka, Zambia

Among the participants at the 2nd Annual Workshop on the Alliance for Community Action on Female Education will be Alliance representatives and UNICEF Education Programme Officers from five countries: Ghana, Mali, Tchad, Uganda and Zambia. Attending from UNICEF Headquarters will be Mary Joy Pigozzi, Aster Haregot and Karen Hickson (International Alliance Coordinator).

21-27 November 1999

Regional Workshop on Rights-Based Programming for ECC-SGD and Young People's Health and Development

Istanbul, Turkey

This will be attended by UNICEF staff in the region as well as HQ and will include select outside consultants.

6-10 December 1999

All Africa Regional EFA Conference

Johannesburg, South Africa

This meeting will review EFA country reports for Africa, contribute to the development of the Global Framework for Action, and prepare an accompanying regional action plan for the next decade. Sheldon Shaeffer and Mary Pigozzi will participate in this and the concurrent ADEA meeting. Other UNICEF participants will include representation from Regional and Country Offices.

17-20 January 2000

Asia RTAG

Bangkok, Thailand

EFA 2000 Assessment: Asia Review. The meeting at Queen's Park Imperial Hotel Bangkok is being coordinated by UNESCO PROAP on behalf of the four RTAGs (South, East, Central and Pacific) to review country reports and data for the EFA 2000 Assessment, and to prepare for the Global EFA 2000 Meeting in Dakar, Senegal, in April 2000. The Bangkok meeting will also include eight countries of the CIS region: Caucasus Countries (Armenia, Azerbaijan, Georgia), CARK (Kazakstan, Krgystan, Tajikistan, Turkmenistan, Uzbekistan). E-mail: eatag@unesco.org.

2-4 February 2000

E-9 Meeting of Ministers of Education

Recife, Brazil

This meeting will review EFA country reports from the E-9 countries and prepare an action plan for the next decade. There will be representation from TACRO and HQ at this meeting.

5-6 February 2000

CIES Regional Meeting

Equality of Educational Opportunity at the Dawn of the XXI Century
Teachers College, Columbia University,
New York City, New York, USA

This regional conference will explore the relationship between education and social exclusion. Panel sessions and round-table discussions will address foundational and theoretical issues, as well as the roles of national, international and local agencies, governmental and non-governmental. Presentations from graduate students are encouraged. The conference is organized by Current Issues in Comparative Education, the Harvard Graduate School of Education, Teachers College/Columbia University and UNICEF.

To propose a paper or a group of papers for panel presentation, or to propose a round-table discussion please E-mail an abstract in no more than 250 words, by November 1, 1999 to: CIES-Northeast Regional Conference, c/o Office of International Education, Harvard Graduate School of Education, Cambridge, MA 02138 USA. E-mail: CIES2000@gse.harvard.edu.

The proposal should state how the presentation contributes to the understanding of the relationship between education and social exclusion. Please include the following information: name, affiliation and title, presentation title, E-mail address, phone, fax and mailing address.

6-8 February 2000

CEE (Central & Eastern Europe), Western Europe & North America EFA 2000 RTAG
Warsaw, Poland

24-28 July 2000

Fifth International Special Education Congress
Manchester, UK

Organized by the Center for Educational needs at the University of Manchester. For information, contact: The University of Manchester, School of Education, Centre for Educational Needs, Oxford Road, Manchester M13 9PL, UK. Tel: 44 161 275 3510. Fax: 44 161 275 .3548. E-mail: ISEC@man.ac.uk. See the Web site at < <http://www.inclusive.co.uk> >.

23-25 October 2000

Sixth International Congress on Children with Disabilities in the Community
Edmonton, Alberta, Canada

Organized and hosted by the Canadian Association for Community Living. For information, contact the organizer at 11724 Kingsway, Edmonton, AB, T5G 0X5, Canada. Fax 1 780 453 5779. E-mail: mail@aacl.org. See the Web site at < <http://www.aacl.org> >.

We welcome five new people to the Education Section in New York. Maida Pasic works on the support staff and comes from Sarajevo. Otum Kalu, Makiko Harada, Hikari Mirahara and Camille Harper are working as UNICEF Interns for this semester. Welcome to hard work, long hours and good gatherings!

Education Entrepreneurs

UNESCO Sources, No. 114 July-August 1999

It's not easy being a teacher - especially when you can't even find the most basic textbooks to use in the classroom. Maria Mercedes Rio, a primary school teacher in Lima, Peru, decided to set up her own company to produce and distribute textbooks. Now as reward for her ingenuity, she has won the first prize in UNESCO's "Make Your Business Come True" scheme, which is co-managed with the Peruvian Ministry of Industry, Tourism and International Business Negotiations. The objective is to promote entrepreneurship among young people age 16 to 27 in Latin America.

Education Digitally

<http://www.highscope.org>

High/Scope Resource - A magazine for educators.

This site contains information for teachers on special education in special or regular classes. It also provides information on current resources and events.

<http://www.bbc.co.uk/worldservice/education/disability>

Information on disability is available on this site developed by British Broadcasting Corporation (UK).

<http://www.pitt.edu/ginie>

Developed by University of Pittsburgh (USA), this site is a good source of up-to-date information.

Items from UNESCO Sources, No. 114, July-August 1999

<http://www.unesco.org/cpp/burundi/burundil.htm>

Take a guided tour of Burundi, learn about the people, the customs, the beauty of the country, and the ravages wreaked by the conflict there. This virtual exhibition includes a collection of photographs taken by Christel Martin in January and February 1998, accompanied by text from five Burundian writers.

Internet and computer skills training for disabled in Amman, Jordan

"People who have hearing problems or are visually impaired, people who are housebound, people who are disadvantaged by distance - all can now have access to the world through the Internet. Information technology has broken the shackles," says Martin Hadlow, the director of UNESCO's office in Amman, Jordan. The Amman office has launched special training programmes for the disabled to develop computer skills, to navigate the Internet, and to design Web sites and home pages. The training is being carried out at UNESCO's new Informatics Training Facility. Maher Abu-Khader, a Web-design specialist who is deaf, describes the project objectives: "We hope to give skills to disabled people in the Arab states that will help them find rewarding and interesting jobs and fully participate in the so-called information age. It's a very exciting project."

Telecommunications and the deaf

The 13th World Conference of the world Federation of the Deaf (WFD), held in Brisbane, Australia, in July 1999, emphasized telecommunications. Discussion focused on multi-mode telephony, deaf people and the Internet, deaf computer clubs and the future of telecommunications technology. Phil Harper, International President of WFD Technology Commission says, "I hope that we can bring about better communication, education and lifestyle option through the use of technology."

PHOTO CAPTIONS FOR TRANSLATION

Resources are scarce in many countries for children with disabilities.

What kind of assessment tool will best serve the interests of all children?