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MAPPING AND RECOMMENDATIONS ON DISABILITY-INCLUSIVE EDUCATION IN EASTERN AND SOUTHERN AFRICA

REPORT

Mapping of the progress towards disability inclusive education in Eastern and Southern African countries, good practices and recommendations

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Foreword

In a remote valley in Lesotho, St. Johns primary school is a model inclusive school. One of the learners, Rethabile (12), says "I love this school because the teachers know sign language. I am learning together with both deaf and hearing learners."

Inclusive education is a commitment under the Convention on the Rights of Persons with Disabilities. Children in special schools frequently do not have access to a curriculum that is as broad and as in-depth as students in general schools, and segregation in school often translates into segregation in life. Encouragingly, this report demonstrates that not only Lesotho, but all countries in Eastern and Southern Africa are taking steps to make education systems and learning more inclusive for children with disabilities. But there is still a long way to go to see inclusive education on a sustainable and large scale. In Eastern and Southern Africa, only five out of 21 countries have allocated a percentage of the total education budget for special or inclusive education, and the funding is limited. Disability-inclusive approaches are missing in most curricula and assessment methods, and in classrooms with high student-teacher ratios, teachers lack the capacity to support children with disabilities.

As we all work to overcome the wider learning crisis, we must ensure that we are guided by a human rights-based approach to education. Governments must increase their budget expenditure on inclusive education, build accessible school infrastructure and prepare teachers to support all learners in diverse classroom contexts.

UNICEF in Eastern and Southern Africa is committed to supporting governments, partners, families, schools and children and adolescents, to make inclusive quality education a reality for every child. Inclusion benefits all children and builds a more inclusive society. I hope this report will help countries to take a step closer to realizing this vision. In the words of Rethabile's friend and classmate Thapelo (12), "We learn better together."

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Acronyms and Abbreviations

CO	Country Office
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSO	civil society organisations
EMIS	Educational Management Information System
ESA	Eastern and Southern Africa
ESARO	Eastern and Southern Africa Regional Office
GBV	Gender-based violence
MoE	Ministry of Education
NGO	non-governmental organisation
OPD	Organisation of Persons with Disabilities
UDL	Universal Design for Learning
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation, and Hygiene
WG questions	Washington Group Questions

Background

Overview of inclusive education

Every child has the right to learn. Inclusion and equity in education are at the core of the United Nations (UN) 2030 Agenda for Sustainable Development, in particular Sustainable Development Goal No. 4. International conventions and frameworks from recent decades, notably Article 26 of the Universal Declaration of Human Rights (1948),[1] Convention against Discrimination in Education,[2] Convention on the Rights of the Child (CRC)[3] and the World Conference on Education for All (EFA) [4] acknowledge that education is a basic right and no child, regardless of background, should be left behind.

While the concept of inclusive education is about all learners, children with disabilities[i] are among the most excluded from education.[5] Around the world, at least 240 million children have a disability.[6] Recent evidence confirms that globally, children with disabilities, especially those with severe disabilities, are disproportionately less likely to attend school than children without disabilities at primary and secondary levels. When they do access school, they are more likely to repeat a grade or drop out.[7]

Over the past several decades, increasing discourse around inclusive education has created avenues to eliminate barriers for children with disabilities. The Salamanca Statement and Framework for Action was pivotal in drawing particular attention to the education of children and youth with disabilities in mainstream education. [8] In 2006, the adoption of the Convention on the Rights of Persons with Disabilities (CRPD) signaled a growing global commitment to an inclusive education system at all levels for all learners.[9] Ten years later, General Comment No. 4 (CG4) to CRPD Article 24 strengthened the shift towards more disability-inclusive systems by providing governments with a concrete definition and strategic guideposts for implementation (see   ).

Box 1. Key features of inclusive education	
Whole systems approach	Education ministries must ensure that all resources are invested toward advancing inclusive education, and toward introducing and embedding the necessary changes in institutional culture, policies, and practices.
Whole educational environment	The committed leadership of educational institutions is essential to introduce and embed the culture, policies, and practices to achieve inclusive education at all levels: classroom teaching and relationships, board meetings, teacher supervision, counselling services and medical care, school trips, budgetary allocations, and any interface with parents of learners with and without disability when applicable, the local community or wider public.
Whole person approach	Recognition is given to the capacity of every person to learn, and high expectations are established for all learners, including learners with disabilities. Inclusive education offers flexible curricula, teaching and learning methods adapted to different strengths, requirements and learning styles. This approach implies the provision of support and reasonable accommodation and early intervention so that they can fulfil their potential. The focus is on learners' capacities

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[i] This report uses 'children with disabilities'. The research team advocates moving away from using language that promotes 'special needs' and 'special education'. However, if government documentations use such language, such terminologies are retained.

and aspirations rather than content when planning teaching activities. It commits to ending segregation within educational settings by ensuring inclusive classroom teaching in accessible learning environments with appropriate support. The education system must provide a personalized educational response, rather than expecting the student to fit the system.

Supported teachers	All teachers and other staff receive education and training giving them the core values and competencies to accommodate inclusive learning environments, which include teachers with disabilities. The inclusive culture provides an accessible and supportive environment which encourages working through collaboration, interaction and problem-solving.
Respect for value and diversity	All members of the learning community are welcomed equally, with respect for diversity according to, inter alia, disability, race, colour, sex, language, linguistic culture, religion, political or other opinion, national, ethnic, indigenous, or social origin, property, birth, age, or other status. All students must feel valued, respected, included, and listened to. Effective measures to prevent abuse and bullying are in place. Inclusion takes an individual approach to students.
Learning friendly environment	Inclusive learning environments must create an accessible environment where everyone feels safe, supported, stimulated and able to express themselves, with a strong emphasis on involving students themselves in building a positive school community. Recognition is afforded to the peer group in learning, building positive relationships, friendships, and acceptance.
Effective transitions	Learners with disabilities receive the support to ensure the effective transition from learning at school to vocational and tertiary education, and finally to work. Learners' capacities and confidence are developed, and learners receive reasonable accommodation and equality regarding assessment and examination procedures, and certification of their capacities and attainments on an equal basis with others.
Partnerships	Teacher associations, student associations and federations and OPDs, school boards, parent-teacher associations, and other functioning school support groups, both formal and informal, are all encouraged to increase their understanding and knowledge of disability. The involvement of parents/caregivers and the community must be viewed as assets with resources and strengths to contribute. The relationship between the learning environment and the wider community must be recognized as a route toward inclusive societies.
Monitoring	As a continuing process, inclusive education must be monitored and evaluated regularly to ensure that segregation or integration is not happening either formally or informally. Monitoring, according to article 33, should involve persons with disabilities, including children and persons with intensive support requirements, through OPDs, as well as parents or caregivers of children with disabilities where appropriate. Disability-inclusive indicators must be developed and used consistent with the 2030 Agenda for Sustainable Development.

Source: United Nations Committee on the Rights of Persons with Disabilities, General Comment No. 4 (2016) to Article 24: Right to Inclusive Education, 2016.

GC4 conceptualizes inclusion as a process of reforming policies, practices, and cultures at all levels and the provision of reasonable accommodations within general classrooms to include diverse students meaningfully and effectively. [10] For governments to progressively realize inclusion for children with disabilities, the thinking around disability needs to shift from a traditional medical perspective to a more rights-based social model (see Box 2).

Box 2. Models of disability

The **charity model** focuses on the individual and tends to view persons with disabilities as victims, or objects of pity, their impairment being their main identifier. They are seen as recipients and beneficiaries of services. This approach sees persons with disabilities as passive, tragic or suffering and requiring care. It assumes that it is the responsibility of the community and society to arrange all services for these vulnerable people.

The **medical model** also focuses on the individual and sees disability as a health condition, an

impairment located in the individual. It assumes that addressing the medical iillness will resolve the problem. In this approach, a person with a disability is primarily defined as a patient, in terms of their diagnosis requiring medical intervention. Disability is seen as a disease or defect that is at odds with the norm and that needs to be fixed or cured.

The **social model** developed as a reaction against the individualistic approaches of the charitable and medical models. It focuses on society and considers that the problem lies with society, that due to barriers, be they social, institutional, economic or political, persons with disabilities are excluded. This approach focuses on transformingforming society, removing barriers to participation, raising awareness and changing attitudes, practice and policies.

The **rights-based model** is based on the social model and shares the same premise that it is society that needs to change. This approach focuses on equity and rights and looks to include all people equally within society: women and men, girls and boys, regardless of background or any type of characteristic. It is founded on the principle that human rights for all human beings are inalienable and that all rights are applicable and indivisible. It takes the Convention on the Rights of Persons with Disabilities as its main reference point and prioritizes ensuring that duty bearers at all levels meet their responsibilities. This approach sees persons with disabilities as the central actors in their own lives as decision-makers, citizens and rights holders. As with the social model, it seeks to transform unjust systems and practices.

Source: Al Ju'beh, K., Disability Inclusive Development Toolkit, CBM, 2017.

Changing paradigms around disability is vital because it influences who are included in legislation and eligible to receive support services, and how programmes are designed. Governments subscribing to the medical model are more likely to focus their efforts on addressing impairments, without consideration of environmental barriers that disables the person, and would often provide services in segregated settings. Aligning with the social model is more likely to result to responsive and inclusive systems.[11,12]

Purpose of the mapping

In light of the current challenges in the region, updated evidence on existing policies and practices in disability-inclusive education in Eastern and Southern Africa is needed to inform strategic planning in UNICEF's regional and country offices, as well as that of partner governments. This study will build on the baseline findings presented in the 'Eastern and Southern Africa regional study on the fulfilment of the right of children with disabilities' published by UNICEF in 2016.

In general, the mapping study aims to:
1. Map the progress of countries and UNICEF programmes in Eastern and Southern Africa in advancing inclusive quality education for all children, with a particular focus on children with disabilities at pre-primary, primary and lower secondary levels.
2. Undertake a review of inclusive quality education policies and practices in ESAR to identify successful practices, innovative approaches, and gaps.
3. Inform the development of a roadmap for UNICEF's regional work on inclusive quality education, focusing on the rights and needs of children with disabilities based on the experiences in the countries. The roadmap will outline key action points to advance the inclusive education agenda in the region, highlighting priority areas and countries where support is most needed.

Research design and methodology

The overall methodology for the review employed a mixed-methods approach drawing on key background documents at country and regional levels, a small-scale survey, and focus group discussions.

Scope and limitations

Geographically, the mapping covered all 21 countries in ESAR including (1) Angola, (2) Botswana, (3) Burundi, (4) Comoros, (5) Eritrea, (6) Eswatini, (7) Ethiopia, (8) Kenya, (9) Lesotho, (10) Madagascar, (11) Malawi, (12) Mozambique, (13) Namibia, (14) Rwanda, (15) Somalia, (16) South Africa, (17) South Sudan, (18) the United Republic of Tanzania, (19) Uganda, (20) Zambia, and (21) Zimbabwe.

While the concept of inclusive education is broad and encompasses all children, the mapping focused on children with disabilities of pre-primary, primary and lower secondary school age. The study mapped out current policies, practices, and strategies for providing formal and non-formal learning opportunities[ii] for children and youth with disabilities. It highlights promising practices, and areas of strength, while also drawing attention to remaining challenges. Where available, disaggregated data are presented to point out disparities, if any.

Due to limitations in resources, the mapping was designed to not include empirical research at the school level, hence, cannot ascertain the quality of educational provisions for children with disabilities, unless documented in published literature. Some promising practices in the schools in select countries are documented through case studies but this will not provide a regional overview.

Theoretical framework

The theoretical framework (see Appendix A)is informed by the instructive guidance provided by General Comment No. 4 to Article 24 of the CRPD in establishing inclusive education systems. It is an adaptation of the frameworks used in the 2016 ESAR regional study on the fulfilment of the right of children with disabilities[13] to enable comparative analysis and establish progress between 2016 and 2021; as well as three regional inclusive education mapping reports recently published by UNICEF on East Asia Pacific Region (2020),[14] South Asia (2021)[15], and the Pacific (unpublished draft).

The resulting framework theorizes the conditions necessary to fulfilling the rights of children with disabilities to education, through four main domains and dimensions or key change strategies:

1. **Enabling environment.** This includes conditions that facilitate an inclusive education system including legal framework, sector plan and financing, the conceptualization of disability, data on children with disabilities, and governance.
2. **Supply.** This domain focuses on the availability and accessibility of educational and support services for children with disabilities.
3. **Demand.** Demand-side conditions pertain to social norms, awareness and attitudes, and participation of persons with disabilities and their families in inclusive education.
4. **Cross-cutting issues.** In this study, cross cutting issues look at gender and humanitarian situations that, in interaction with disability, cause further exclusion of children with disabilities from quality education.

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ii The study does not cover Technical and Vocational Education and Training for youth with disabilities.

Moreover, the analysis examined the intersectionality of disability with issues that often exacerbate the exclusion of marginalised populations such as children with disabilities. These include gender and humanitarian situations and emergencies. Where data is available, the impact of socio-economic conditions on disability inclusion will be analyzed and presented.

The framework illustrates a holistic view of inclusion and underscores the interrelatedness of the factors enabling or hindering the progress towards inclusive education. Detailed research questions are outlined in Appendix A.

Data collection methods

The study utilised a range of approaches and data sources as outlined below:

Literature review

The desk research included legislative frameworks, policy documents and strategic plans, prominent global, regional, and country reports from national and international development agencies and non-governmental organizations, country reports on the implementation of the CRPD, programme documents and reports, census and household survey reports, and peer-reviewed journal articles, and major grey literature on children with disabilities and inclusive education. A literature review matrix organized around the domains and dimensions in the theoretical framework guided the review.

Survey

Different sets of survey questions were used to collect evidence of current policies, practices and approaches to inclusive education implemented by government and development partners. Survey Monkey was used as the survey platform and analysis software.

Survey Title	Description/Approach	Respondents
SURVEY A Government policies, systems, and practices in inclusive education (Appendix B)	General information on the government's inclusive education policies, programmes, resources, approaches, successes, key challenges, and strategic ways forward	39 national focal points for special or inclusive education, and disability affairs from the government
SURVEY B Inclusive education initiatives by non-state actors (C)	Inclusive education initiatives implemented by non-state actors, including successes, key challenges and strategic ways forward	83 non-state actors contributing to advancing inclusive education include international development agencies, NGOs, CSOs, and OPDs
SURVEY C Disability-inclusive education progress review (Appendix D)	Assessment of national progress in inclusive education implementation per country using an analytical matrix based on the requirements of the GC4	8 countries conducted a joint assessment meeting participated by UNICEF and the Ministry of Education. 10 countries conducted a multi-stakeholder workshop facilitated by UNICEF and participated by national and subnational levels of the MoE, the ministry responsible for disability affairs, OPDs, NGOs, CSOs, mainstream and special schools, parents' groups,

support services providers, international development agencies, etc.

3 countries opted not to participate (Note: The consultants provided the progress ratings based on the data gathered in the desk review and survey).

A five-level scale progress review framework (see Figure 1) was adopted from the Education for Every Ability Report to guide governments and partners in reflecting on the current developments in the country in inclusive education.

Championing
Strategies are institutionalized through policies and implemented widely. There is strong evidence of large-scale positive impact.

Establishing
Strategies are in place and institutionalized through policies and strategic plans. Implementation is ongoing, but the scale is limited. Promising results are emerging.

Developing
Strategies for inclusion are being developed and piloted. There is a range of ongoing efforts and interventions toward full inclusion.

Initiating
Planning and discussions are ongoing to initiate reforms.

No intervention
There is no strategy in place. The system remains rooted in the medical model.

Figure 1. Progress markers

Focus group discussions

To ensure representation of the voices of children and youth with disabilities, focus group discussions with youth with disabilities were conducted. Due to limitations in time and resources and restrictions brought about by the COVID-19 pandemic, not all countries were able to conduct FGDs. A total of 6 countries were able to successfully conduct FGDs: Comoros , Eswatini, Kenya, Lesotho, Madagascar, and Zimbabwe. The participants included 63 boys and girls with disabilities attending secondary school, identified through a convenience sampling method by the UNICEF country office, government, and active organizations or development partners working in the disability or education sector. The FGDs were facilitated by UNICEF country office staff with support from the international consultancy team (see Appendix E).

Since FGDs do not provide a representative sample for each country and the region, a regional analysis based on the FGD results was not applicable. FGD results were embedded in the discussions to provide specific examples based on the lived experiences of children with disabilities and support the findings of the study. These can be found in yellow boxes entitled 'Children's Voices' under related sections in domains 2 Supply and 3 Demand.

Documentation of promising practices

The report includes brief thematic documentation of promising practices. Identification of practices was founded on the findings of the desk review, FGD, and surveys. The case studies put into spotlight current practices that have demonstrated to be or showing promise to be effective in mainstreaming inclusion in the countries (see blue boxes throughout the report).

2 Enabling Environment

1.1 Policy and legislative framework
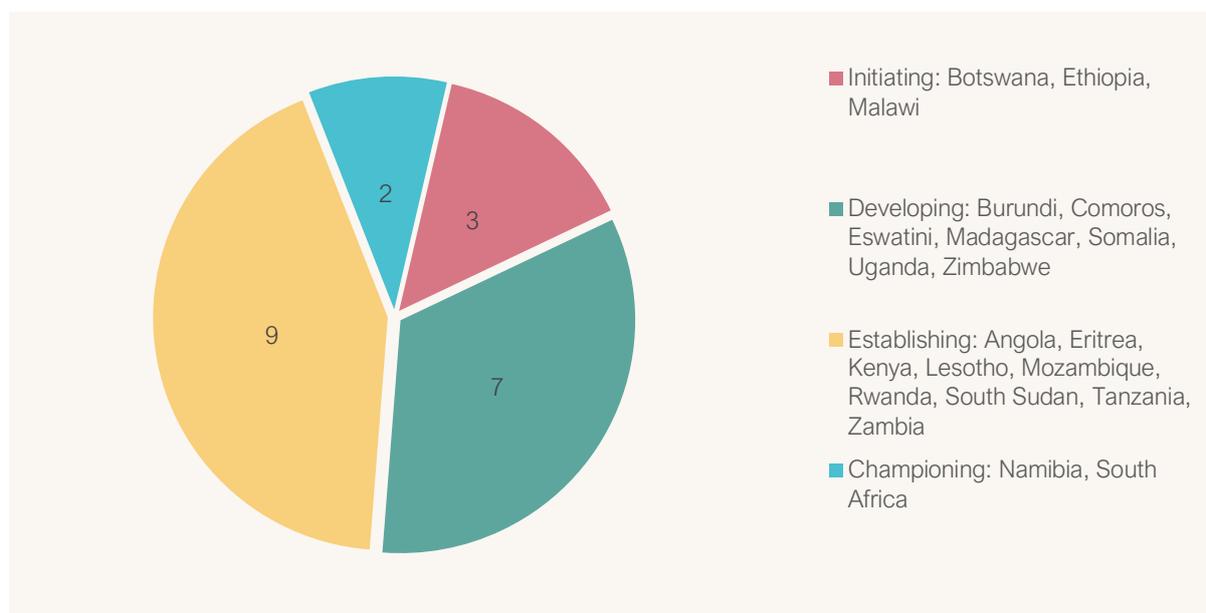
Figure 2. Progress of ESA countries in establishing inclusive policies and legislative framework

1.1.1 Ratification of international frameworks related to disability-inclusive education

There is an increasing commitment in the ESA region to safeguard the rights of persons with disabilities. The ratification of international conventions related to disability-inclusive education signifies the State parties' recognition of and commitment to the right to education of persons with disabilities. Countries that have ratified the CRPD and CRC are mandated to develop and implement necessary laws and actions to ensure accountability, proper enforcement, and monitoring mechanisms are in place at the national level.

In the Eastern and Southern African Region,19 countries have ratified/acceded to the CRPD while all 21 countries ratified/acceded to the CRC (see Table 1). In Eritrea and South Sudan, discussions regarding the ratification of the CRPD are ongoing in the respective governments.

Table 1. Status of ratification of the CRC and the CRPD in the ESA region

Country	CRC	CRPD
Angola	1990	2014 (a)
Botswana	1995 (a)	2021 (a)
Burundi	1990	2014
Comoros	1993	2016
Eritrea	1994	Not ratified

Country	CRC	CRPD
Eswatini	1995	2012
Ethiopia	1991 (a)	2010
Kenya	1990	2008
Lesotho	1992	2008 (a)
Madagascar	1991	2015
Malawi	1991 (a)	2009
Mozambique	1994	2012
Namibia	1990	2007
Rwanda	1991	2008 (a)
Somalia	2015	2019
South Africa	1995	2007
South Sudan	2015 (a)	Not ratified
Tanzania	1991	2009
Uganda	1990	2008
Zambia	1991	2010
Zimbabwe	1990	2013 (a)

Source: "Ratification of 18 International Human Rights Treaties" OHCHR Dashboard. United Nations Human Rights Office of the High Commissioner, 2014. https://indicators.ohchr.org/.

1.1.2 Constitutional provisions for disability-inclusive education

Although a specific reference to persons with disabilities is lacking, the constitutions of all countries recognise the rights of all citizens to have access to equal and quality education. Angola's constitution specifically mentions special education for learners with disabilities.[iii] Lesotho[iv] and Namibia[v] ensure that primary education is compulsory and accessible to all thus having only general education provisions articulated in their constitutions.

There is a strong emphasis on protecting persons with disabilities against discrimination, violence, and exploitation in the constitutions of 8 countries. This is evident in Botswana,[16] Burundi,[17] Comoros,[18] Eritrea,[19] Eswatini,[20] Kenya,[21] Malawi,[22] Rwanda, and Uganda[23]. Non-discrimination and anti-violence and exploitation clauses in the constitution enforce that the government and development partners to take strategic actions to promote equity and ensure equal treatment for persons with disabilities in different spheres of life.

1.1.3 Definition of inclusive education in education laws and policies

Definitions of inclusive education in the region are gradually including other marginalised groups and are not only focused on persons with disabilities. According to General Comment No. 4 to Article 24 of the CRPD, inclusive education is a fundamental human right of all learners.[24] It means the process of eliminating barriers to education through

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iii Republic of Angola, "Constitution of the Republic of Angola," (2010).

iv The Kingdom of Lesotho, "The Constitution of Lesotho," (Lesotho1993).

v Ministry of Education, "Sector Policy on Inclusive Education," (Namibia2013).

continuous and pro-active commitment to transforming culture, policy, and practices in schools to "effectively include all students". [25]

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Box 3. Examples of definitions of inclusive education
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South Sudan (Broad)
Inclusive education is a constantly evolving process of change and improvement within schools and the wider education system to make education more welcoming, learner-friendly, and beneficial for a wide range of people. It involves changes and modifications in educational content, approaches, structures, and strategies, with a common vision that covers all children of the appropriate age range and a conviction that it is the responsibility of the regular system to create social cohesion in schools and in society.

Ethiopia (Disability-focused)
"Inclusive education implies educational arrangements in regular schools, in and out of classroom settings, that children and youth with special educational needs can be taught integrated with others with particular support provided according to their needs."

Source: Ethiopia, A Master Plan for Special Needs Education/Inclusive Education in Ethiopia 2016-2025, 2016; South Sudan Inclusive Education Policy, 2021

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Out of the 21 countries in the region, 12 (see Table 2) have adopted broad definitions of inclusive education which espouses education for all, including other groups of children who are often marginalized such as, but not limited to, ethnic minorities, rural populations, and those affected by HIV/AIDS.[26] Disability-focused definitions were found in the laws and policies of 8 countries, while Zimbabwe is yet to define inclusive education in legal documents.

Table 2. Definition of inclusive education in laws and policies

Country	No. of Countries	Countries
Broad (covers multiple marginalised groups)	12	Botswana, Eritrea, Eswatini, Lesotho, Madagascar, Malawi, Namibia, Rwanda, Somalia,[vi] South Africa, South Sudan, Tanzania, Uganda
Disability-focused	8	Angola, Burundi, Comoros, Ethiopia, Kenya, Mozambique, Zambia
No definition	1	Zimbabwe

With the absence of a definition of inclusive education in some education laws and policies, institutions such as schools may experience difficulties in providing necessary reasonable accommodations, as they are mandated to do[27] for all students needing support. Clearly articulating a definition based on the CRPD will facilitate the formulation of strategic actions to address exclusion. Approach to education provision for children with disabilities based on disability laws and policies.

1.1.4 Approach to education provision for children with disabilities based on disability laws and policies

Special education remains the most common educational approach for children with disabilities based on disability laws and policies. For instance, ten countries have laws and

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vi Applies to Somalia only, not other regions

policies that mandate special education for children with disabilities (see Table 3). Angola, Eritrea, Eswatini, and Rwanda explicitly mentions special education as a means for children with disabilities to access education. Special and inclusive schools are run in parallel, wherein special schools cater to children with blindness, hearing disabilities, and severe intellectual disabilities. [28]

In Angola, the Law on Persons with Disabilities of 2012 mandates the provision of special education for children with disabilities. The provision of learning resources and other materials for learning and communication must be accessible in inclusive schools.[29] Eswatini's Persons with Disability Act of 2018 protects the rights of children with disabilities in accessing special education without discrimination.[30] Eritrea's National Disability Policy 2021 ensures mandatory primary, junior, and secondary education for children with disabilities and guarantees a "single system of education" in inclusive settings. However, special needs education is promoted in the same policy for learners "who may not benefit much from the regular education system".[31]

While special education accommodates some of the needs of children with disabilities, it still promotes segregation as they are separated from their peers without disabilities and often use a different curriculum. This does not align with Article 24 of the CRPD which encourages children with disabilities to be included in the general education system and have equal access to the curriculum children without disabilities are taught. While providing access, albeit in special education settings, is a critical first step, disability laws and policies must aim for inclusive education and ensure meaningful participation in general classrooms.

Some disability laws and policies promote inclusive education. Rwanda, South Africa, Uganda, Zambia, and Zimbabwe strongly support inclusive education, as evident in their laws and policies. Uganda's Persons with Disabilities Act of 2020 obliges schools to provide an inclusive environment and reasonable accommodations for learners with disabilities enrolled in regular schools.[32] The existence of inclusive education as an educational approach for children with disabilities in disability laws and policies is a huge step in fulfilling the provisions stated in Article 24 of the CRPD. This ensures the government's commitment to providing quality academic and social support responsive to the needs of children with disabilities.

Table 3. Approach to education provision for children with disabilities based on disability laws and policies

Country	Disability Law/Policy	Special Education	Integration or Mainstreaming	Inclusive Education
Angola	Law on Persons with Disabilities, 2012	✓	x	✓
Botswana	National Policy on Care for People with Disabilities 1996	x	x	x
Burundi	Law No. 1/03 of 10 January 2018 on the Promotion and Protection of the Rights of Persons with Disabilities in Burundi	x	✓	✓
Comoros	Law No. 14-037 or Law of Security and Promotion of Persons with Disabilities 2014	✓	✓	x
Eritrea	National Disability Policy 2021	✓	x	✓
Eswatini	Persons with Disability Act 2018	✓	x	x

Country	Law/Policy			
Ethiopia	No disability law/policy[vii]	x	x	x
Kenya	Sector Policy for Learners and Trainees with Disabilities 2018	✓	✓	✓
	Persons with Disabilities Act 2003	✓	x	x
Lesotho	Persons with Disability Equity Act 2021	✓	x	✓
Madagascar	Law No. 97-044 of 19 December 1997	x	x	x
	Decree No. 2001-162	✓	✓	x
Malawi	Disability Act 2012	x	x	✓
	National Disability Policy 2019 (Draft)	✓	x	x
Mozambique	Disability Policy of 1999 Resolution No. 20/1999	✓	✓	x
Namibia	National Policy on Disability 1997	x	x	✓
	Basic Education Act,2020 (Act No.3 of 2020)	x	x	✓
Rwanda	Law Number 01/2007 of 20/01/2007, relating to Protection of Disabled Persons in General (Codes and Laws of Rwanda)	✓	x	x
Somalia	National Disability Policy of the Republic of Somaliland 2012	✓	x	x
South Africa	Policy on Disability	✓	✓	✓
South Sudan	South Sudan Disability Act 2012	x	✓	✓
Tanzania	Persons with Disabilities Act 2010	✓	x	x
	Persons with Disabilities Act 2020	x	x	✓
Zambia	Persons with Disabilities Act #6 of 2012	✓	x	✓
Zimbabwe	National Disability Policy 2021	x	x	✓

1.1.5 Approach to education provision for children with disabilities based on education laws and policies

The promotion of inclusive education as an educational approach for children with disabilities is evident in the region. This is a promising initial step towards meeting the goal of ensuring children with disabilities have access to quality inclusive education. Fifteen of 21 countries in the region have inclusive education provisions for children with disabilities in their education laws and policies (see Table 4). However, 11 out of the 15 countries, still promote special education and integration of children with disabilities in mainstream classes, without articulating the necessary educational support. Six countries only have special education, or integration or mainstreaming as an educational approach accessible for children with disabilities. Although special education is the most dominant approach, the

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vii Although there is no disability law or policy, the Ministry of Labour and Social Affairs' (MOLSA) National Plan of Action for inclusion of Persons with Disabilities (2010-2020) promotes inclusive education.

reference to inclusive education in most countries' education laws and policies is promising. This may suggest that these countries are aiming to transition from special education to inclusion. Its successful and full implementation is yet to be seen on the ground. Some examples of these policy provisions are the following:

- Eritrea's 2008 Policy and Strategy on Inclusive Education aims to institutionalise inclusive education to improve and provide diverse learning opportunities for children with disabilities through building an education support system, developing a curriculum and assessment framework relevant to the diverse needs of learners, and empowering schools and communities for them to support the learning needs of children with disabilities effectively.[33]
- Lesotho's Inclusive Education Policy 2018 aims to provide an environment where children with and without disabilities can learn together, resulting in a positive relationship between children with disabilities with their peers without disabilities.[34]
- Malawi (National Strategy on Inclusive Education 2017-2021),[35] Namibia (Sector Policy on Inclusive Education 2013),[36] and Tanzania (National Strategy on Inclusive Education 2021/22-2025/26)[37] ensure that children with disabilities have equitable access to inclusive education.
- The Sector Policy on Inclusive Education of Namibia is instrumental in ensuring that children with disabilities can fully learn and participate in inclusive settings without discrimination and stigma.[38]

Table 4. Approach to education provision for children with disabilities based on education laws and policies

Country	Education Law/Policy	Special Education	Integration or Mainstreaming	Inclusive Education
Angola	National Policy for Special Education Oriented Towards Inclusion 2017	✓	✓	✓
Botswana	Inclusive Education Policy 2011	x	x	✓
Burundi	Education Act of 2013	✓	x	x
Comoros	Education Orientation Law, 2021	x	x	✓
Eritrea	2008 Policy and Strategy on Inclusive Education	x	x	✓
	National Education Policy 2010	x	x	x
Eswatini	National Education and Training Sector Policy 2018	✓	✓	✓
	Standards for Inclusive Education 2019	x	x	✓
Ethiopia	Ethiopian Education and Training Policy,1994	✓	x	x
Kenya	Basic Education Act	✓	x	x
Lesotho	Lesotho Inclusive Education Policy 2018	✓	✓	✓
Madagascar	Decree No. 2009-1147	x	✓	✓
Malawi	National Strategy on Inclusive Education 2017-2021	x	x	✓
Mozambique	Law 18/2018, of 28 December National Education System Law	✓	✓	✓
Namibia	Basic Education Act 2020	x	x	✓
	Sector Policy on Inclusive Education, 2013	✓	✓	✓
Rwanda	Revised Special Needs and Inclusive Education Policy 2018	✓	✓	✓
Somalia	Special Educational Needs Disability and Inclusive	✓	✓	✓

Country	Education Law/Policy	Special Education	Integration or Mainstreaming	Inclusive Education
	Education (SEND and IE) Policy 2018			
South Africa	South African Schools Act 1996	x	✓	x
South Sudan	General Education Act, 2012	✓	x	x
	The National Inclusive Education Policy 2021	x	x	✓
Tanzania	2014 Education and Training Policy	x	x	x
Uganda	International Standard Classification of Education (ISCED) 2011	✓	x	x
	Education Act (Pre-Primary, Primary and Post-Primary) Uganda 2008	x	x	✓
Zambia	Education Act 2011	✓	✓	✓
Zimbabwe	Education Act of 1987	x	x	x
	Secretary's Circular No. P36 of 1990	✓	✓	x

1.2 Education sector plan and financing
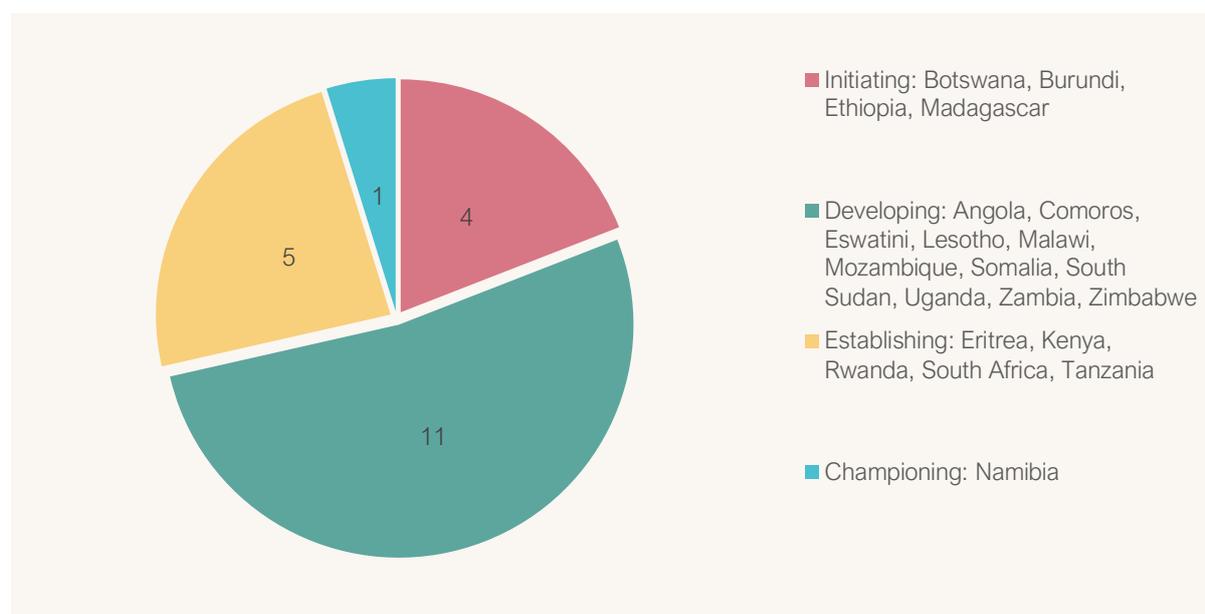
Figure 3. Progress of ESA countries in disability-inclusive education sector planning and financing

Including children with disabilities in education sector plans (ESP) is critical in ensuring governments prioritise and implement disability-inclusive programmes, allocate resources for inclusive, quality education, address the needs and barriers children with disabilities face in education, and facilitate cooperation among relevant stakeholders. In addition, a disability-inclusive analysis of the education sector feeding into planning processes will enable policymakers to craft responsive, relevant, and inclusive strategic plans.

This dimension investigates the extent to which the education of children with disabilities is included and prioritized in Education Sector Analysis (ESA) reports and ESPs in the region.

1.2.1 Disability inclusion in education sector analysis

The review has found limited focus on children with disabilities in ESA reports. Available data related to disability is limited to the number of children with disabilities either attending school or not in school. Out of 21 countries, 10 ESAs[viii] were reviewed, and nine out of 10 ESAs had mentioned disability (Eritrea, Eswatini, Kenya, Lesotho, Malawi, Somalia, South Sudan, Tanzania, and Zimbabwe).

Governments must endeavour to include disability inclusion in sector-wide reviews to understand the current policy environment, resources, data, capacities, approaches to education provision, needs and barriers faced by children with disabilities and to be able to formulate disability-inclusive ESPs.

1.2.2 Disability inclusion in education sector plans

Most countries in the region have education sector plans focusing on improving educational access for children with disabilities and ensuring their participation in school. All ESPs have identified disability-inclusive education as a critical priority. Most ESPs demonstrate strategic action points to shift from special education to inclusive education by promoting equitable access and opportunities for children with disabilities on the same basis as children without disabilities. Table 5 summarises key aspects of inclusive education identified in the ESPs as priorities.

Table 5. Disability inclusion in education sector plans

Country	Extent of disability inclusion															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Angola	x	x	x	x	✓	x	x	✓	✓	✓	x	✓	x	✓	✓	x
Botswana	✓	x	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	x	x	✓	x
Burundi	x	x	x	x	x	✓	✓	x	✓	x	x	✓	x	x	x	x
Comoros	x	x	x	x	✓	x	x	✓	✓	✓	x	x	x	✓	x	x
Eritrea	x	x	x	✓	✓	✓	✓	✓	x	x	✓	✓	x	✓	x	x
Eswatini	✓	✓	✓	✓	✓	x	x	✓	✓	✓	✓	✓	x	x	✓	x
Ethiopia	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	x
Kenya	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	x
Lesotho	✓	✓	x	✓	x	x	x	✓	✓	x	✓	✓	✓	✓	✓	x
Madagascar	x	✓	x	✓	x	✓	✓	x	✓	x	x	x	✓	✓	x	x
Malawi	✓	x	✓	✓	x	x	✓	✓	✓	x	✓	✓	x	x	✓	x
Mozambique	x	x	✓	✓	x	x	✓	✓	✓	✓	x	x	✓	✓	x	x
Namibia	x	x	x	✓	x	x	x	x	✓	✓	x	✓	x	x	x	x
Rwanda	x	✓	✓	x	x	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x
Somalia	✓	✓	x	x	x	x	✓	✓	✓	✓	✓	x	✓	x	x	x
South Africa	✓	✓	x	x	x	x	x	x	x	x	x	x	x	x	x	x
South Sudan	x	✓	x	✓	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tanzania	✓	✓	✓	x	x	x	x	✓	✓	✓	✓	✓	x	✓	x	x
Uganda	x	✓	x	x	x	x	✓	✓	✓	✓	✓	x	✓	x	x	x
Zambia	x	x	✓	x	x	x	✓	✓	✓	✓	✓	✓	x	✓	x	x

[viii] 11 countries either do not have a recent ESA or the ESA report is not available

| Zimbabwe | ✓ | ✓ | ✓ | x | x | ✓ | x | ✓ | ✓ | x | x | ✓ | x | ✓ | x | x |

Legend
1. Legal/policy reform for the implementation of disability inclusion.
2. Data/data collection on children with disabilities
3. Early identification systems
4. Capacity of key education leaders
5. Partnerships for inclusive education
6. Coordination mechanisms for inclusive education
7. Increasing access to and participation in school
8. Teacher capacity
9. Accessibility of infrastructure and facilities
10. Safe and learner-friendly learning environments
11. Curriculum, pedagogy, and assessment systems
12. Accessibility of learning materials including application of universal design for learning
13. Support services for children with disabilities
14. Increasing awareness of disability and inclusive education and addressing negative attitudes and beliefs
15. Increasing participation in inclusive education of children with disabilities, parents, organisations of persons with disabilities, and the community
16. Inclusion of children with disabilities in education response plan during emergencies (e.g., COVID-19 pandemic)

19 of 21 countries identified building accessible infrastructure and facilities as a priority in their ESPs.
In Botswana, appropriate and adequate numbers of facilities and learning spaces in schools and institutions were identified as one of the main priorities in their ETSSP. This initiative aims to ensure that culturally inclusive services are being provided to better support students with disabilities.[39] Comoros plans to construct disability-friendly schools, which involves building ramps to improve accessibility.[40] Similarly, Eswatini plans to build disability-friendly facilities for a safer and more inclusive learning environment.[41] They plan to modify existing infrastructure and facilities in selected schools to ensure accessibility for students with disabilities.[42] In South Sudan, the government plans to construct low-cost learning spaces that are safe and conducive to learning for children with disabilities. The learning spaces will be temporary, but building permanent ones is also in the pipeline.[43]

16 of 21 countries prioritised providing accessible learning materials for students with disabilities in their ESPs.
Eritrea intends to strengthen special schools by providing them with teaching and learning materials.[44] Kenya plans to provide specialised learning resources, assistive devices, and instructional materials to 334 inclusive schools. They also plan to transcribe print materials for students with disabilities.[45] Rwanda will make teaching and learning materials more accessible by producing ADT materials in various formats, such as large-print books, braille, and simplified texts. They also aim to use easy to understand language and include diagrams and illustrations to make the learning materials interesting and easy to understand.[46] Provision of assistive devices and technology was identified as one of the priorities in Namibia's strategic plan, which they expect to result in improved learning outcomes for students with disabilities.[47]

14 of 21 countries aim to create a safe and learner-centred environment for all learners, including learners with disabilities.
Angola,[48] Botswana,[49] Comoros,[50] Ethiopia,[51] and Somalia,[52] aim to provide an accessible, safe, friendly, and inclusive learning environment for all learners, including learners with disabilities. Ethiopia intends to do this by capacitating schools and training teachers and school leaders on inclusive practices.[53]

An integral step toward improving the quality of education is supporting teachers' continuous professional development. Most countries (17 out of 21) included raising teacher quality in their ESPs.
As a result of children with disabilities having to repeat early grade levels due to teachers' limited experience in inclusive education, pre-service teachers in Eswatini are trained in preparation for teaching learners with disabilities in the general classroom. In Ethiopia, inclusive education practices, child-centred and gender-sensitive

pedagogy are key training topics in their teacher training programmes.[54] In Lesotho, a teacher training module is being developed, and trainers and teachers in six pilot schools will be provided capacity-building support on inclusive education. In Somalia, teacher training aims to equip teachers with the skills to meet the learning needs of children with disabilities effectively.[55,56]

Some ESPs mention increasing access, participation, and learning outcomes of children with disabilities as a priority. For example, Botswana, through the Out of School Education (OSEC) programme, aims to increase access of children with disabilities to quality education. The programme will provide out-of-school children and children who are at risk of dropping out with educational services to complete basic education.[57] In Uganda, inclusive education and skill development programmes will be developed and implemented to increase the participation of learners with disabilities.

Crises and emergencies impact the most marginalized groups, especially children with disabilities. Children with disabilities will not likely receive the education they deserve without reasonable accommodation during emergencies. **While all ESPs have laid down their goals and priorities on the education of children with disabilities, only South Sudan[58] has explicitly included goals to develop emergency response plans considering the needs of vulnerable children in their ESP.**

While important aspects of inclusive education are underscored in ESPs, some areas are still missing in most sector plans which are critical in identifying and sustaining appropriate support services for learners with disabilities. For instance, establishing or improving disability identification systems is not a priority in most ESPs. Support services for children with disabilities and coordination and partnership among government institutions and other stakeholders for inclusive education are also often not highlighted, although this could be within the purview of health or social service sectors. There is less focus on capacitating education leaders in inclusive education, including learners with disabilities in emergency response, and improving disability data collection. Investing in these critical areas will help ensure the effective implementation of inclusive education and that better support is provided for learners with disabilities.

On the whole, all countries have articulated their commitment towards educating children with disabilities in their ESPs, with a common goal of bringing all children with disabilities to school. While disability data is often limited in the 10 ESA reports reviewed, it is evident that all countries, to a certain extent, have identified strategies through which disability inclusion would be addressed. Education sector planning could be strengthened by ensuring that all education programmes are disability-inclusive and designed to address the specific needs of children with disabilities.

1.2.3 Financing inclusive education

GC4 encourages a whole systems approach which mandates governments to ensure "all resources are invested toward advancing inclusive education".[59] SDG 4 urges governments to allocate at least 6 per cent of their GDP to education and/or 20 per cent of public expenditure to education.[60]

Based on a recent study by Plan International, budget allocations for education are substantially below the recommended percentage of 6 per cent of the GDP in 7 countries in the region (see Figure 4). Kenya's budget allocations increased from 2018 to 2020, although only in small increments. Zimbabwe almost reached the 6 per cent recommended proportion in 2019-2020.

However, their budget significantly decreased from 5 per cent to 2.40 per cent in the following fiscal year. There was also no significant improvement in the education budgets of Uganda and Zambia for three consecutive fiscal years. Malawi, South Sudan, and Tanzania allocated a minimal percentage of their national budget to education. Governments must continuously aim to increase their education budget to address inequity and inaccessibility of quality education faced by marginalised groups, including children with disabilities.[61]

Figure 4. Education budget as a proportion of country GDP

	FY 2018/19	FY 2019/20	FY 2020/21
Kenya	4.20%	4.30%	4.40%
Malawi	1.05%	0.84%	0.90%
South Sudan	0.40%	1.30%	1.90%
Tanzania	1.10%	1.00%	0.98%
Uganda	2.40%	2.70%	2.80%
Zambia	2.80%	3.90%	3.20%
Zimbabwe	4.00%	5.00%	2.40%
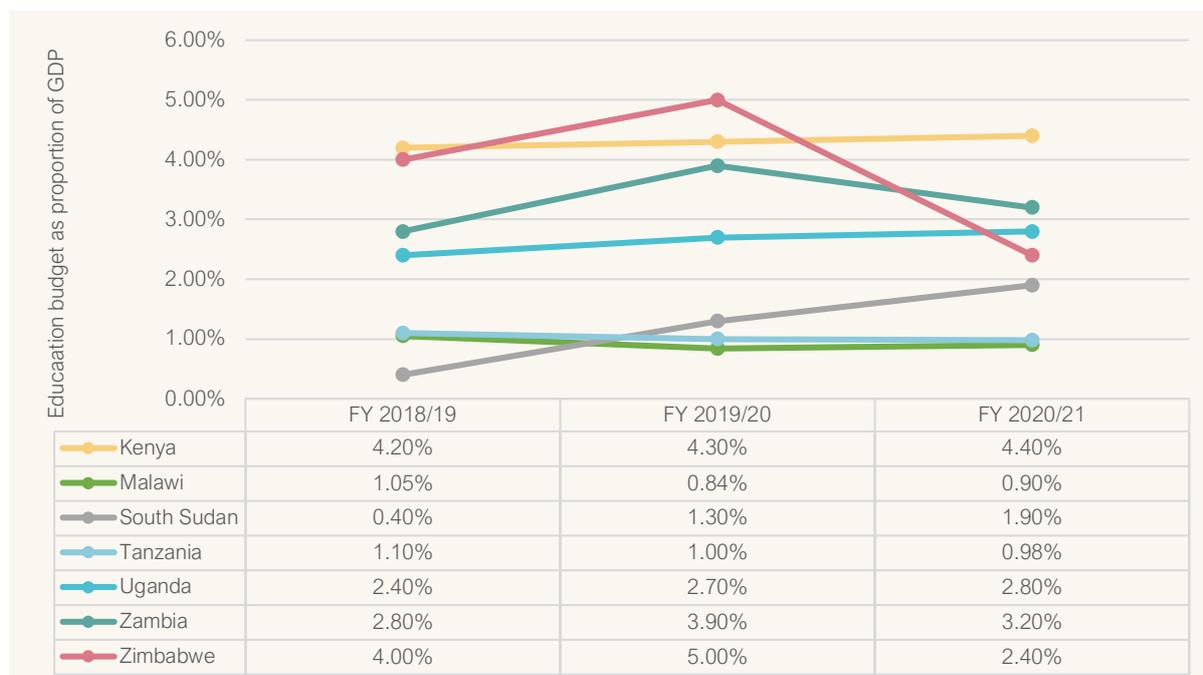
Source: Plan International (MEESA). "Education Investments in Middle East, Eastern and Southern Africa Region: Gaps & Opportunities Towards Sustainable Financing Beyond GPE Commitment." 2022.

Specific to disability-inclusive education, various studies support that investing in children with disabilities is more cost-effective in the long run and doing otherwise will result in substantial economic loss for the country when potential income from persons with disabilities does not materialise.[62]

According to survey results, the governments of Burundi, Kenya, Lesotho, Madagascar, Malawi, Namibia, Rwanda, Somalia, South Sudan, Tanzania, Uganda, Zambia, and Zimbabwe allocate a portion of national budgets for the education of children with disabilities. Malawi has a budget line specifically for inclusive education implementation at primary and secondary education levels. Furthermore, inclusive education is included in its Education Sector Implementation Plan and Malawi Investment Plan.

> **Box 4. School improvement grants help advance inclusive education in Zimbabwe**
>
> In Zimbabwe, school improvement grants from the Ministry of Primary and Secondary Education amounting to $49.07 million from 2013 to 2015 reached 11,228 schools and 5,091,621 children. Ten per cent of the funds were used to address special educational needs. Schools have utilised the funding to support teaching and learning materials, run school costs, and provide sanitary wear, hearing aids, desks and chairs, and minor reparations in the floor and windows of school buildings, among others. Zimbabwe also allocated $450,000

A few countries (5 out of 21) have allocated a percentage of the total education budget for special or inclusive education. However, while resource allocations help support the education of children with disabilities, funding is limited. For example, in Angola, 6.47 per cent of the national budget is allotted to the education sector, and only 0.01 per cent is allocated to special education.[63] In Eswatini, special education shares 0.4 per cent of the total education budget – 15.2 per cent of the total national government budget. Any additional funding needed is augmented by development partners and the private sector.

Across the region, funding is usually directed toward the providing learning materials, capacity building of teachers, workshops, and improving accessibility of school infrastructure and facilities. For example, in Uganda, funds are being used to provide bursaries, transportation, assistive devices, teacher training, support to Ugandan Sign Language interpreters, and funding for six pilot inclusive schools. From 2014-2018, Uganda received a grant amounting to $100 million[ix], where $900,000 was used to improve the quality and service delivery of education for children with disabilities in schools.[64] In Somalia, special grants are given to persons with disabilities to support reintegration into the community. In addition, UNICEF provides 289 scholarships to learners with disabilities.

In some countries, resources allocated for inclusive education are strengthened when supported by development partners such as NGOs and international organisations such as UNICEF, the Norwegian Agency for Development Cooperation (NORAD), and UNESCO, among others. In Namibia, UNICEF is one of the biggest partners of inclusive education and has established an Education Development Fund for students with disabilities. In Ethiopia, Light for the World funds Regional Education Bureaus (Amhara, Southern Nations, Nationalities, and People's Region, Sidama and Addis Ababa) to implement inclusive education programmes at pre-primary and primary levels. Global Partnership for Education (GPE) supported the $550-million General Education Quality Improvement Project (GEQIP 2), which aims to increase resource allocation and reform the curriculum by providing funding of $100 million.[65] In Rwanda, Humanity & Inclusion financially supported the implementation of the inclusive education programme package in 60 model schools. The package includes a wide range of interventions such as a) capacitating parents, teachers and the multidisciplinary team; b) providing teaching and learning materials; c) improving the accessibility of school environments; d) training children with disabilities in TVET schools in Nyamasheke and Rutsiro districts; and, e) assessing the level of inclusiveness of TVET schools.

In conclusion, financial data specific to inclusive education is often limited; hence, the study cannot conclude the extent to which inclusive education is prioritized in government budgets. This gap highlights the importance of improving data on children with disabilities to ensure they are visible in sector plans and initiatives are targeted and costed. The government must also take a twin-track approach wherein initiatives that improve the whole education system are undertaken in parallel with specific interventions to address the diverse needs of children with disabilities. It is also recommended to conduct further studies on equitable financing, specifically

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[ix] US dollar is the currency used throughout this report

on education for children with disabilities, to fully understand the region's situation and to identify necessary actions.

1.3 Definition of disability
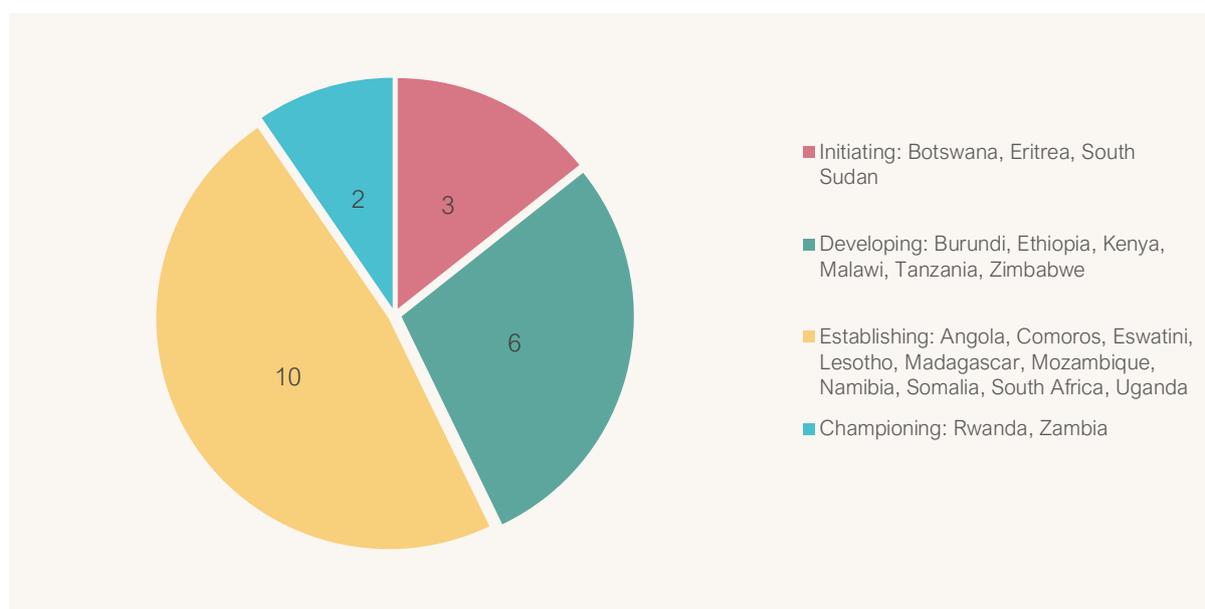
Figure 5. Progress of ESA countries in conceptualizing disability

The conceptualization of disability has a profound influence on legislation and support services for children with disabilities. It provides education actors with a general direction for disability-focused data collection, policy making, planning, and implementation of social support programmes. Disability is often defined based on either a medical or a social/human rights model (see   ). The medical model of disability is seen as a discriminatory and less equitable approach whereas the social model is rights-based and more inclusive.

The CRPD provides an internationally accepted conceptualization of disability based on the social model. Article 1 of the CRPD defines persons with disabilities as **"those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others"[66].**

Definitions of disability in education policy and plans signal a shift towards a more rights-based approach to disability. The ESA region is beginning to move towards a more

social and rights-based concept of disability. Based on available documents reviewed[x], majority of countries (16) have references to both social and medical models of disability (see Table 6). This suggests that the social model definition is not consistent across all policy and government documents and that there is no universal understanding of a social and rights-based disability. However, the conceptualization of disability is evolving. All countries have defined disability in a social model in one or more legislation and census report. Fourteen (14) countries have defined disability aligned with the CRPD's definition which underscores the interaction between a person with a health condition and their environment (see Appendix H for a summary of definitions across ESA region). This emerging shift in the understanding of disability is consistent with the progression of the ESA region in disability-inclusive education programming as evidenced by the findings in this report.

Table 6. Definition of disability based on available reviewed laws and policies in Eastern and Southern African countries

Definition	No. of Countries	Countries
Adopted the CRPD definition	14	Angola, Botswana, Burundi, Eswatini, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, Somalia (Puntland, FGS), South Sudan, Tanzania (Mainland and Zanzibar), Zambia, Zimbabwe
Social model	5	Eswatini, Madagascar, Malawi, Tanzania (Mainland Tanzania and Zanzibar), Zambia
Medical model	0	
Has reference to both the social and medical model	16	Angola, Botswana, Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Mozambique, Namibia, Rwanda, Somalia (Puntland, FGS), South Africa, South Sudan, Uganda, Zimbabwe

While South Sudan have not yet ratified the CRPD, the definition of disability mirrors that of the convention (see   ). The definitions of disability in Madagascar[67], Mainland Tanzania[68] and South Africa[69] are good examples of highlighting the disabling barriers in the environment that affect an individual's participation in society.

Box 5. Examples of definitions of disability from the ESA region

Madagascar
Disability "is a loss or a limitation of opportunities to participate in life standard of the community on a basis egalitarian with others due to barriers physical or social".

Mainland Tanzania
Disability "in relation to an individual means loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical, mental or social factors".

South Africa
Disability "is imposed by society when a person with a physical, psychosocial, intellectual, neurological and/or sensory impairment is denied access to full participation in all aspects of life, and when society fails to uphold the rights and specific needs of individuals with impairments".

South Sudan
"Disability is an evolving concept that results from the interaction between persons with impairments, attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others".

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[x] Data is derived from reviewed documents provided by UNICEF country offices and government stakeholders and additional documents from web search

Source: Madagascar Ministère de l'Education Nationale, "Document De Cadrage Sur L'education Inclusive À Madagascar," (Antananarivo, Madagascar2016), p. 73.; United Republic of Tanzania, Persons with Disabilities Act 2010, p. 7.; Republic of South Africa Department of Social Development, "White Paper on the Rights of Persons with Disabilities," (2015), 17.; Republic of South Sudan Ministry of General Education and Instruction, "The National Inclusive Education Policy," (2020), vii.

In many countries, national data collection systems such as population censuses and household surveys are yet to be aligned with the definition of disability in their legislation. Some countries need to ensure consistency in adopting the CRPD definition across their legislation. Despite having social-model-based definitions of disability, segregatory approaches to education are still the most common practice.

While there may still be challenges in adopting a rights-based concept of disability in education laws, policies, programmes, and services, stakeholders in many countries in the region have identified this gap and are working towards making changes in the education system to make it more inclusive. A unified rights-based definition of disability in legislation lays a solid foundation for this work.

1.4 Data and monitoring
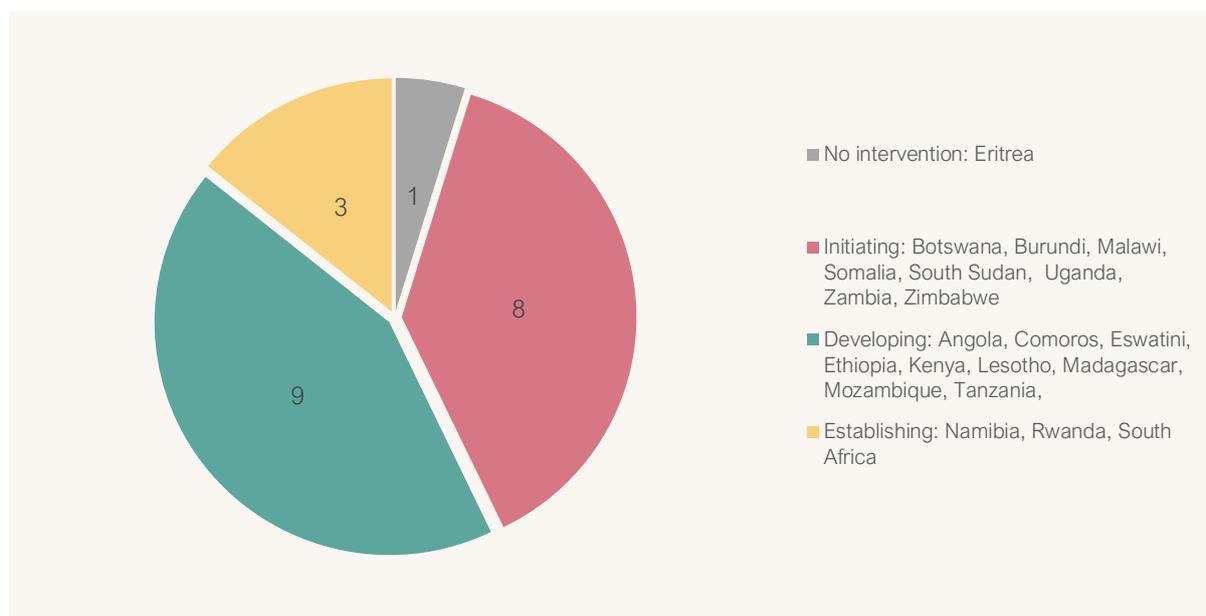
Figure 6. Progress of ESA countries in improving disability data and monitoring

The dearth of reliable disability data is a persistent issue globally.[70,71] Its implications are far-reaching – from children with disabilities being invisible in national priorities and resource allocations to deprivations in terms of access to fundamental rights, including education services and necessary support interventions.

Approximately ten per cent of the world's children with disabilities are in Eastern and Southern Africa.[72] The extent of disability prevalence is unknown[73] and available data from census reports seriously underestimate the proportion of the population with disabilities to be at

an average of 6.7 per cent lower than the estimate by the World Health Organization and World Bank.[74]

Figure 7. Disability prevalence in ESA region
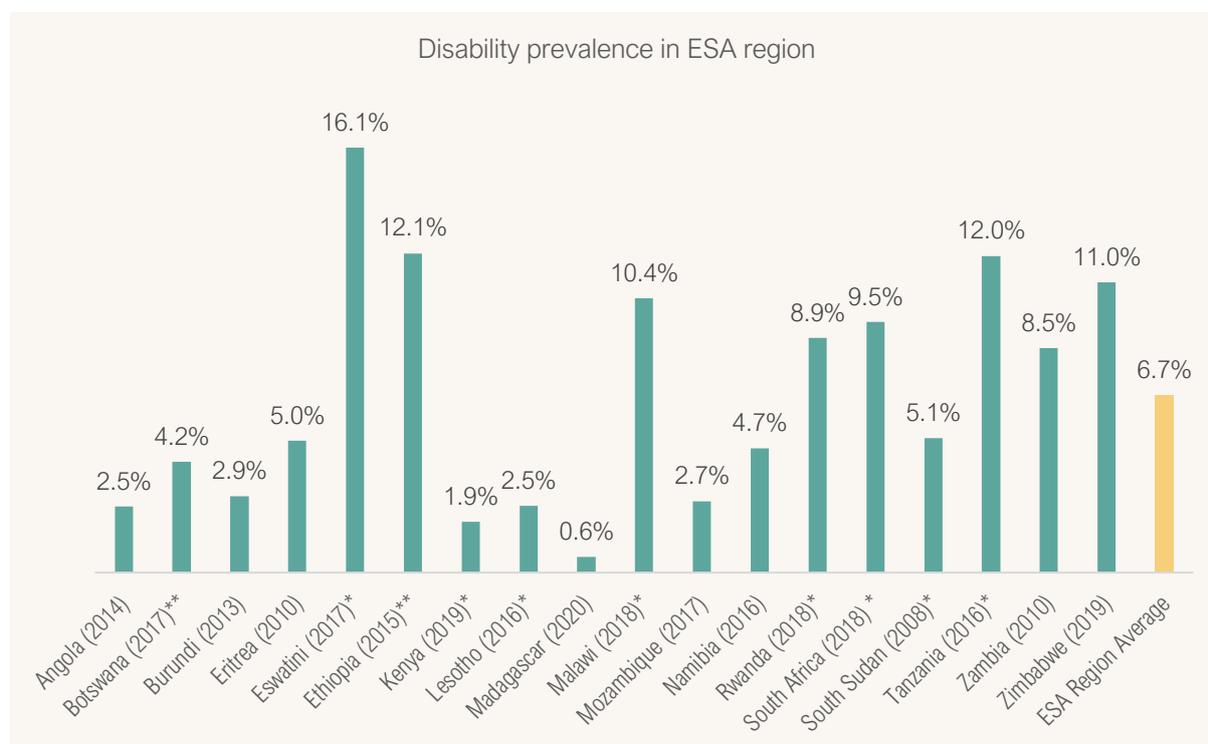
* Used Washington Group set of questions or an adapted version
** Used functional difficulty questions but not the WG

Source: Angola Population and Housing Census 2014; Botswana Demographic Survey 2017; Burundi Household Living Conditions Survey 2013-2014; Eritrea Population and Health Survey 2010; Eswatini Population and Housing Census 2017; Ethiopia Economic and Social Survey 2015; 2019 Kenya Population and Housing Census; Lesotho Population and Housing Census 2016; Madagascar Troisieme Recensement General De La Population Et De L'habitation 2020; 2018 Malawi Population and Housing Census; Mozambique IV Recenseamento Geral Da População E Habitação 2017; Namibia Inter-censal Demographic Survey 2016 Report as cited in Repository on Disability Rights in Africqa (RODRA), Namibia: Country Report; Rwanda Labor Force Survey (LFS) 2018; South Africa General Household Survey (GHS) 2018; 5th Sudan Population and Housing Census 2008; Tanzania National Panel Survey (NPS) 2016; Zambia 2010 Census of Population and Housing; Zimbabwe Poverty Income Consumption Survey 2019

Disability prevalence rates in the region vary significantly, ranging from 0.6 per cent in Malawi to 16.1 per cent in Eswatini (see Figure 7). Latest estimates from a global study show that 28.9 million or one in ten children aged 0 to 17 years in the ESA region have disabilities.[75] Identification systems do not often account for the varying needs of children with disabilities, and no formal identification systems are available in most countries. Limited and inaccurate data on the number of children with disabilities and the absence of a reliable method for disability identification could mean an underestimation of the imperative for inclusive measures. Links between identification and interventions are often non-existent or weak. Overall, statistics are often unreliable due to the differences in the definition and methodologies for measuring disability.

Initiatives to improve disability data and monitoring of the education of children with disabilities are ongoing in most countries in the region, albeit at varying levels of planning and implementation. More recent population censuses and household surveys have adopted the Washington Group of Questions in their methodologies. At

least eight countries used the WG questions as recommended, and two countries adapted the modules (see Table 7). Although not consistently observed across all countries, countries that used the WG questions have generated significantly higher prevalence rates compared to earlier national censuses/surveys. Countries that employed a medically oriented measurement of disability generated lower prevalence rates (less than 5 per cent on average, which is far from the World Health Organization's estimate of 5 to 20 per cent of any population having a disability.

Table 7. Type of disability questions in censuses and surveys

No.	Country	Source[xi]	Type of questions[xii]
1	Angola	Angola Population and Housing Census 2014	Used a list of medical conditions
2	Botswana	Botswana Demographic Survey 2017	Used functional difficulty questions (not WG)
3	Burundi	Burundi Household Living Conditions Survey 2013-2014	Used a question such as "Do you have a disability?"
4	Eritrea	Eritrea Population and Health Survey 2010	Used a list of medical conditions
5	Eswatini	Eswatini Population and Housing Census 2017	Used Washington Group Questions as recommended
6	Ethiopia	Ethiopia Economic and Social Survey (ESS) 2015	Used functional difficulty questions (not WG)
7	Kenya	2019 Kenya Population and Housing Census	Used adapted Washington Group Questions
8	Lesotho	Lesotho Population and Housing Census 2016	Used Washington Group Questions as recommended
9	Madagascar	Troisieme Recensement General De La Population Et De L'habitation (RGPH-3) (Third General Census of Population and Housing)	Used a list of medical conditions
10	Malawi	2018 Malawi Population and Housing Census	Used Washington Group Questions as recommended
11	Mozambique	IV Recenseamento Geral Da População E Habitação 2017	Used a list of medical conditions
12	Namibia	Namibia Inter-censal Demographic Survey 2016 Report	Used a list of medical conditions
13	Rwanda	Rwanda Labor Force Survey (LFS) 2018	Used Washington Group Questions as recommended
14	South Africa	South Africa General Household Survey (GHS) 2018	Used Washington Group Questions as recommended
15	South Sudan	5th Sudan Population and Housing Census 2008	Used Washington Group Questions as recommended
16	Tanzania	Tanzania National Panel Survey (NPS) 2016	Used Washington Group Questions as recommended
17	Zambia	Zambia 2010 Census of Population and Housing	Used a question such as "Do you have a disability?"
18	Zimbabwe	Zimbabwe Poverty Income Consumption Survey 2019	Used Washington Group Questions as recommended

[xi] For countries not listed, census/survey reports that include data on disability prevalence among the population could not be found online.
[xii] The typology of questions was adopted from The Disability Data Portal (disabilitydataportal.com)

In Eritrea, although national disability data collection is limited, administrative data in community-based rehabilitation programmes are robust. In the majority of the countries (17 countries), data collection on and monitoring of inclusive education are at the initial or developing stages, wherein disability modules have either been piloted, introduced, or used in recent censuses and household surveys. In Namibia and Rwanda, for example, the Washington Group questions will be used in the upcoming population census in 2022.

Overall, although some disability data are captured, stakeholders report that these remain limited. For example, in some countries, disability is identified using a list of medical categories. In others, the questions on disability do not include younger children five years old and below. In countries where the Washington Group questions have been adopted, the methodology had not been consistently used across all data collection initiatives, which could help increase reliability.

Nevertheless, improvements are ongoing. For instance, in Malawi, UNICEF supported the piloting of the UNICEF/Washington Group Child Functioning Module. In Zimbabwe, the 2022 census has been designed to include disability data. Angola is developing a new set of tools to collect statistical data on persons with disabilities. In Lesotho, the Bureau of Statistics had included questionnaires focused on disability in their census, while the work on adopting the Child Functioning Module in the Demographic and Health Survey is underway.

A few countries (3) reported being more advanced In promoting disability inclusion in data collection and monitoring. In Namibia and South Africa's recent censuses, the Washington Group of Questions were utilised. In Rwanda, disability data had been captured in the country's 2012 census, Integrated Living Conditions Survey, and intends to do the same in the upcoming 2022 census following the Washington Group Questions. Between 2020 and 2021, the Disability Management Information System (DMIS) was established in collaboration with development partners to support the efforts of the National Council of Persons with Disabilities (NCPD) in improving disability inclusion statistics.

Although some information on children with disabilities are gathered in the EMIS, challenges persist. Disability data in Educational Management Information Systems are either non-existent, under development, or limited to counting the number of children with disabilities enrolled in school without other more nuanced information or further disaggregation available. In South Sudan, the types of disabilities are not currently captured in the system. Advocacies on the use of the Washington Group in the EMIS are ongoing. Somalia's EMIS does not include detailed statistics on children with disabilities, but discussions for addressing the issue are in progress.

In Comoros and Madagascar, profiles of children with disabilities are collected at the beginning of the school year. Both countries report issues of data being based on the medical model, often unreliable, and requiring further improvements, primarily due to a lack of training for school leaders and teachers in disability data collection and inclusive education.

In Uganda, school-level data are often focused on physical disabilities, rendering children with other disabilities invisible. Uganda is undertaking a review and hopes to strengthen disability inclusion in its EMIS. Zambia collects disaggregated information on children with disabilities through the EMIS. The issue, however, is the limited capacity of school leaders to collect accurate data.

Across the region, there are various initiatives to improve disability data collection within the education system. Children with disabilities are visible in yearly education reports

in almost all countries. Malawi's EMIS includes a dedicated section for inclusive education and further upgrades are underway. UNICEF is supporting the piloting and validation of disability inclusive EMIS tools that could potentially be adopted by other countries. In Zimbabwe, disability data in the EMIS can be disaggregated by gender, type, and degree of disability. UNICEF is supporting Rwanda in creating disability modules and integrating them into the EMIS. Quantitative information on disability-inclusive education from pre-primary to higher learning, including TVET, will be captured in the EMIS.

Improvements in a few countries are more advanced in terms of linking identification with support services. In Zimbabwe, UNICEF is supporting the government in the establishment of a Client Data Management System for use in the schools, aimed at building learners' profiles that are linked with disability identification and referral mechanisms. School-based screening and identification toolkits had been recently developed in Ethiopia, the data from which are expected to feed into national data. However, schools need capacity building on rights-based approaches to disability identification. Currently, Ethiopia's EMIS captures nine types of disabilities and 18 degrees of severity. This would need further review in terms of its alignment with the social model of disability. In Lesotho, a data collection exercise on assistive technologies at the district level is ongoing. Its link with the school's EMIS would have to be established. In Rwanda, UNICEF has supported the Ministry of Education in the development of Assessment and referral of children with disabilities to social services guide/model. UNICEF supported the piloting of the model on CWD in five districts. The World Bank, together with UNICEF, is supporting MINEDUC in the development of an assessment and referral system for the scale up of the model in all schools nationwide.

The increasing adoption of the CFM in EMIS signals a positive development. The CFM had been adopted in the EMISs of Eswatini, Namibia, South Sudan, and Tanzania. Tanzania also ensured disaggregation based on gender, types of disabilities, and types of institutions (public or private schools). UNICEF is supporting the government of Lesotho in reviewing existing tools and incorporating the WG questions. In Eswatini, a Personal Identity Numbers (PIN)-driven EMIS has been developed and piloted and is ready for a wider rollout. The upgraded EMIS integrates inclusive education indicators.

Across the region, children with disabilities lag behind those without disabilities in primary and secondary education. Children with disabilities in the region experience more barriers in accessing formal education, owing to the difficult context and myriad of challenges in African countries. Available education data on children with disabilities are often limited to enrolment, and disaggregated data on whether they learn in inclusive or segregated settings are often not available. Figure 8 and Figure 9 demonstrate that children with disabilities across most countries are behind compared to their peers without disabilities. While accurate country-level statistics are not available, the United Nations estimates that a third of the world's out-of-school children are children with disabilities.[76]

Figure 8. Primary school completion rates
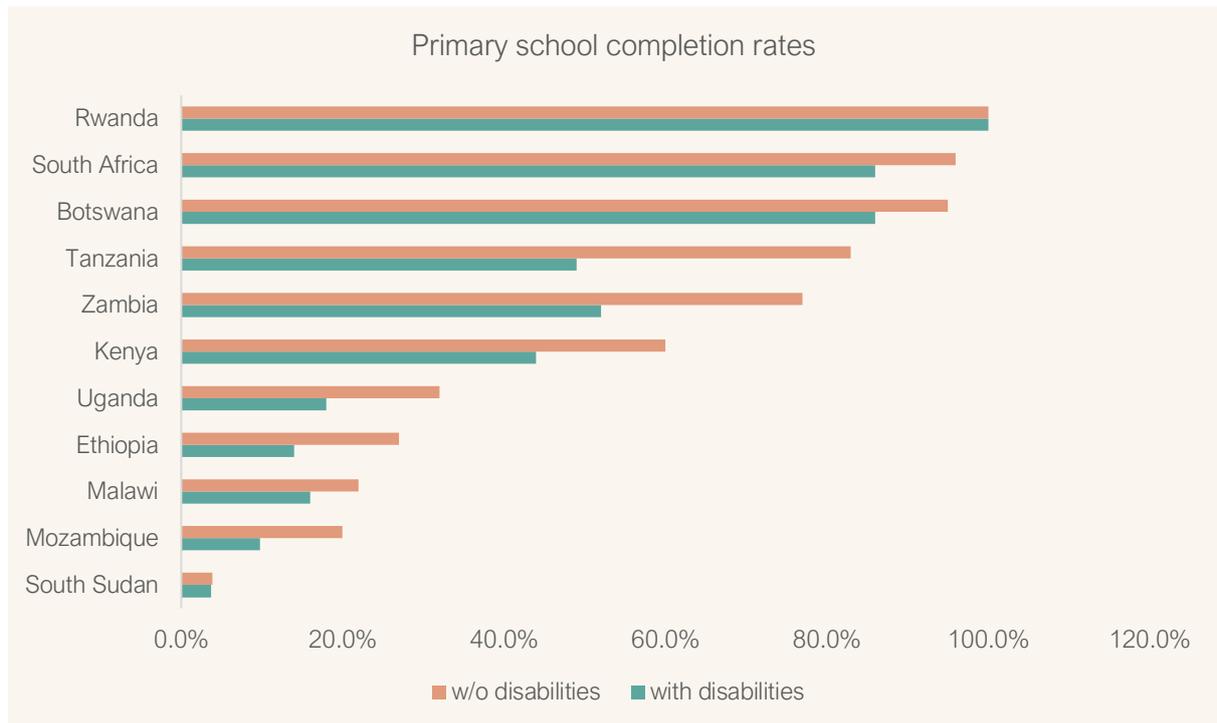
Figure 9. Secondary school completion rates
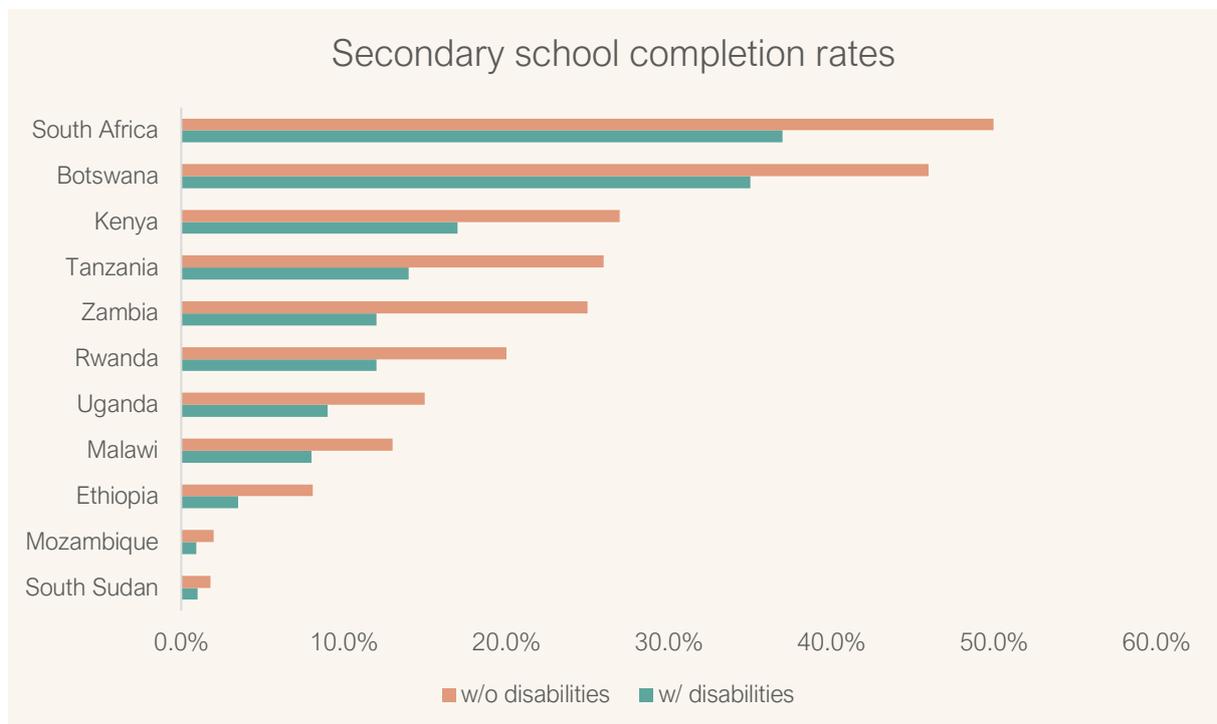
Source: Authors' analysis based on data from The Disability Data Portal, https://www.disabilitydataportal.com

On the whole, there is positive progress toward transforming data collection systems into being more disability inclusive. For most countries, utmost attention is needed in ensuring tools and processes are attuned with rights-based approaches such as the Washington Group Questions

and used consistently across all existing systems, strengthening the capacity of stakeholders involved in disability identification and EMIS data management at the school level, widening the scope of the data being collected to enable further disaggregation by equity indicators and capture barriers in education, linking EMIS with screening and provision of interventions, and ensuring utilization of data in decision making, policymaking, and programming.

1.5 Identification systems
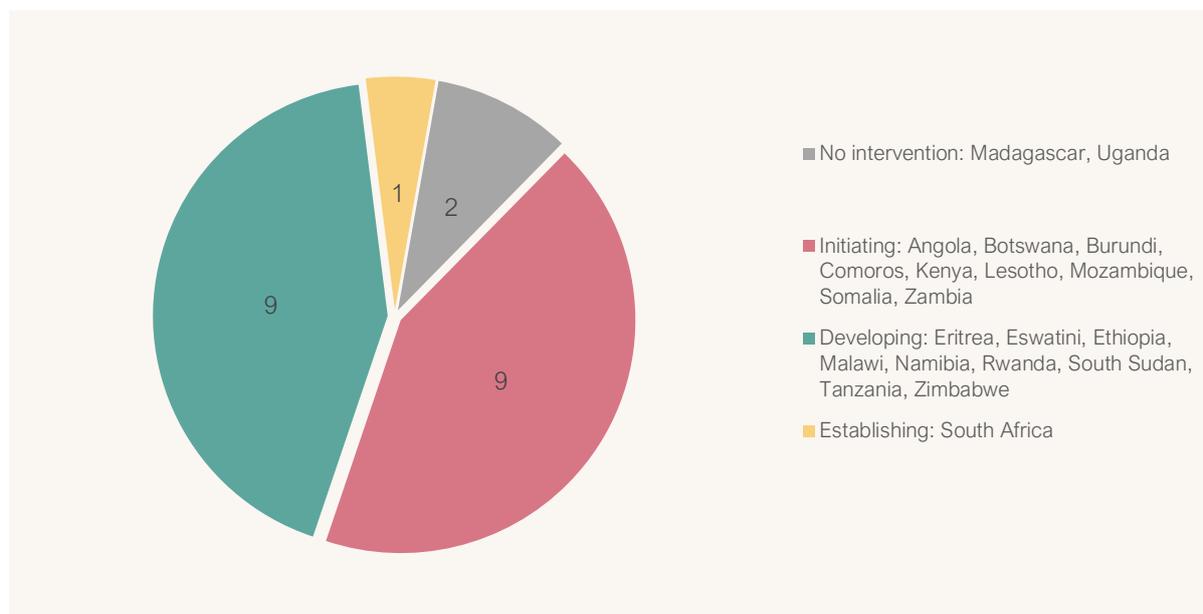
Figure 10. Progress of ESA countries in establishing disability identification systems

Early identification of functional difficulties and disabilities among children is crucial in ensuring they maximise their development potential.[77] It increases the likelihood that children with or at risk of developing disabilities are provided with early intervention services, and further delays in the child's development are prevented. Early identification can also help families, healthcare professionals, and specialists to provide appropriate specialized services to support the inclusion and participation of children with disabilities in schools and the wider community. In the context of education, identification is important to be able to determine appropriate pedagogical support, reasonable accommodation, and resources relevant to the needs of the child.[78]

Across the region, early identification happens through varied screening and assessment tools (see Table 8) to identify different types of disabilities.

Table 8. Available disability screening and identification tools per country

Country	Screening/identification tools available per country	Use of WGQs (Yes/No)
Angola	-- No data available --	-
Botswana	Penn Computerized Neurocognitive Battery (PennCNB)	No
Burundi	Ten Questions Screening Tool (TQS)	Yes
Comoros	-- No data available --	-

Country	Screening/identification tools available per country	Use of WGQs (Yes/No)
Eritrea	-- No data available --	-
Eswatini	-- No data available --	-
Ethiopia	Denver Developmental Screening Test-II	No
	Bayley Scales of Infant and Toddler Development version III	No
	Ages and Stages Questionnaire (ASQ-3)	No
Kenya	INTERGROWTH-2¹st Neurodevelopment Assessment (INTER-NDA)	No
Lesotho	Integrated Early Childhood Care and Development (IECCD) training manuals & Community-based Rehabilitation Programme	No
Madagascar	Learner's Health Records	No
Malawi	Key Informant Method (KIM) implemented in screening camps	Yes
	Malawi Development Assessment Tool (MDAT)	No
Mozambique	Milestones poster/milestones-based monitoring chart	No
Namibia	Identification tools include checklists, online assessments, various developmental/medical (Health Passport)/ progress records and observations.	No
	Disability Prevention and Rehabilitation Screening Tool	No
Rwanda	Ages and Stages Questionnaire Version 3 (ASQ-3)	No
	Risk screening tool being developed by the National Early Childhood Development Program (NECDP)	Yes
	REB Guide for identifying and helping pupils with learning difficulties and SEN	Yes
Somalia	-- No data available --	-
South Africa	Little Developmental Coordination Disorder Questionnaire (Little DCDQ)	No
	Road to Health Booklet Developmental Checklist (RTHB-DC)	No
	Ages and Stages Questionnaire (ASQ)	No
	Bayley Infant Neurodevelopmental Screener (BINS)	No
	Parents Evaluation Developmental Status (PEDS)	No
	Mobile health (mHealth)-supported community-based hearing and vision screening programme	No
South Sudan	-- No data available --	-
Tanzania	Diagnostic evaluation/assessment comprised of four components: brief intake, adaptive screening interview, Autism Spectrum Disorder (ASD) questionnaire, and play-based interactions. Malawi Development Assessment Tool (MDAT) Childhood Autism Rating Scale (CARS2) and DSM checklist	No
Uganda	Modified Washington Group Short Set (mWG-SS)	Yes
	Adapted UNICEF/Washington Group Child Functioning Module (CFM)	Yes
	MDAT IDEC	No
Zambia	Screening Tool (no name) used through interviews	No
	Ages & Stages Questionnaire	No
Zimbabwe	Adapted Malawi Development Assessment Tool	No

Only 4 out of 21 countries have integrated the Washington Group Questions in their screening and identification tools (see Table 8). Most countries in the region have no comprehensive or standardized system for identifying children with disabilities. Some countries have pilot-tested various disability screening tools in certain provinces/regions for validity and reliability in rural African settings. In Burundi, the Ten Questions Screening (TQS) tool was pilot tested as part of a study conducted in Kabezi, Bujumbura, and Rural Burundi among infants born with low birth weight. Community health workers administered the screening tool with parents or caregivers as respondents. The TQS tool screens for functional difficulties in speech, motor, hearing, vision, cognition, and seizure. Children who score positive in at least one of ten questions are considered to be at risk. The test covers children aged 24

months and above for speech-related questions. Although the tool is good at assessing severe motor and cognitive disabilities, it does not adequately identify visual and hearing disabilities.[79]

The Bayley Scales of Infant and Toddler Development version III was used in Ethiopia to assess children aged 1-42 months old for developmental delays in the following domains: cognitive, expressive and receptive language, fine motor, and gross motor skills. The Bayley Scales assessment is carried out in the child's home by professional assessors with inputs from the parents.[80]

In Malawi,[81] the development of the Malawi Development Assessment Tool (MDAT) led other countries, such as Uganda,[82] Tanzania,[83] and Zimbabwe,[84] to adopt and validate the tool in their contexts. The Malawi Development Assessment Tool was created as a culturally appropriate assessment tool for use in rural African settings. The tool comprises 136 items used to assess the development of children aged 0-6 years old in the gross motor, fine motor, language, and social development domains. [85]

In South Africa, the Road to Health Booklet Developmental Checklist (RTHB-DC)[86] is a screening tool currently implemented in the country at the national level. The 21-question tool covers the domains of hearing, vision, communication, gross motor, and fine motor for assessing children aged 14 weeks to 6 years old.

In some countries, teachers are primarily responsible for the identification of disabilities. In Rwanda, teachers identify children with disabilities by using the difficulty tables in the "Rwanda Education Board (REB) guide for teachers in identifying and helping children with learning difficulties/special educational needs".[87] Teachers use REB specifically to assess whether students experience sensory, physical, cognitive and learning, communication, interaction, behavioural, social, and emotional difficulties.[88] Zambia's officers from the District Education Board Secretary carry out identification processes in their districts, while some officers conduct community sensitization meetings. Teachers conduct reading and speech educational assessments, while those with complex cases are referred to local health centres.[89]

Box 6. Teachers' roles in disability identification in Rwanda

In Rwanda, the Voluntary Service Overseas–- Building Learning Foundations (VSO/BLF) programme has provided and trained lower primary English and Math teachers on the "guide for teachers identifying and helping children with learning difficulties/SEN." The guide helps teachers assess sensory, physical, cognitive and learning difficulties, communication and interaction difficulties, and behavioural, social and emotional difficulties a child is experiencing using the guide. If the learners are suspected of having functional difficulties, teachers will start collecting information on the child and hold discussions with teachers and parents. The data collected will then be recorded in the "Pupil Record of Learning Difficulties and SEN", where the teacher monitors and reviews the chil"s progress regularly.

Source: Rwanda Education Board, "Guide to Identifying and Helping Pupils with Learning Difficulties and Special Educational Needs (SEN)"

Various stakeholders support disability identification in some countries. For example, South Sudan, under the Adventist Development and Relief Agency Together for Inclusion project (ADRA TOFI), is training members of the Parent Teacher Associations (PTA) and Organizations of Persons with Disabilities (OPDs) on how to identify children with disabilities in and out of school and conducting regular screening tools in schools and communities. In Mozambique, with support from the Ministry of Health, UNICEF aims to adapt five standardized assessment tools to improve early identification for children under five. Over 150 managers/facilitators of early childhood development centres and community-based preschools

in Nampula were trained. Training was also provided to government health staff and community volunteers in Cabo Delgado on disability inclusion and proper identification and referral of children with disabilities to health services.

Several countries are in the process of developing and implementing tools for the identification and screening of children with disabilities. For example, the Ministry of Education and Sports has developed a National Identification Tool and Learning Needs Identification tool in Uganda. However, these had not been rolled out due to a lack of funds. UNICEF is currently working with various ministries in Lesotho to develop screening tools for children with disabilities. In Ethiopia, the Ministry of Education has developed disability identification toolkits, currently in their early stage.

While most countries are developing or have developed tools to identify children with disabilities, a few countries experience challenges in implementing identification tools. In Comoros, screening services are limited due to unclear roles between ministries. In Burundi, coordination between government units to implement a systemic and multi-sectoral approach to early identification needs to be strengthened.

One of the significant challenges faced by children with disabilities and their families is the lack of follow-up support after screening and identification. Often, children with disabilities do not receive sufficient support, or when they do, the interventions provided are often unsuitable to their actual needs.[90] In some cases, screening and identification do not lead to the provision of interventions at all.[91] This can be addressed by establishing an effective referral system and ensuring mainstream support services are accessible to children with disabilities and their families to receive proper interventions and specialized support for their growth and development.

On the whole, there is a strong need to strengthen disability identification systems in the ESA region. This must be linked to a multi-disciplinary referral and intervention system to ensure continuity of services.

1.6 Leadership and management
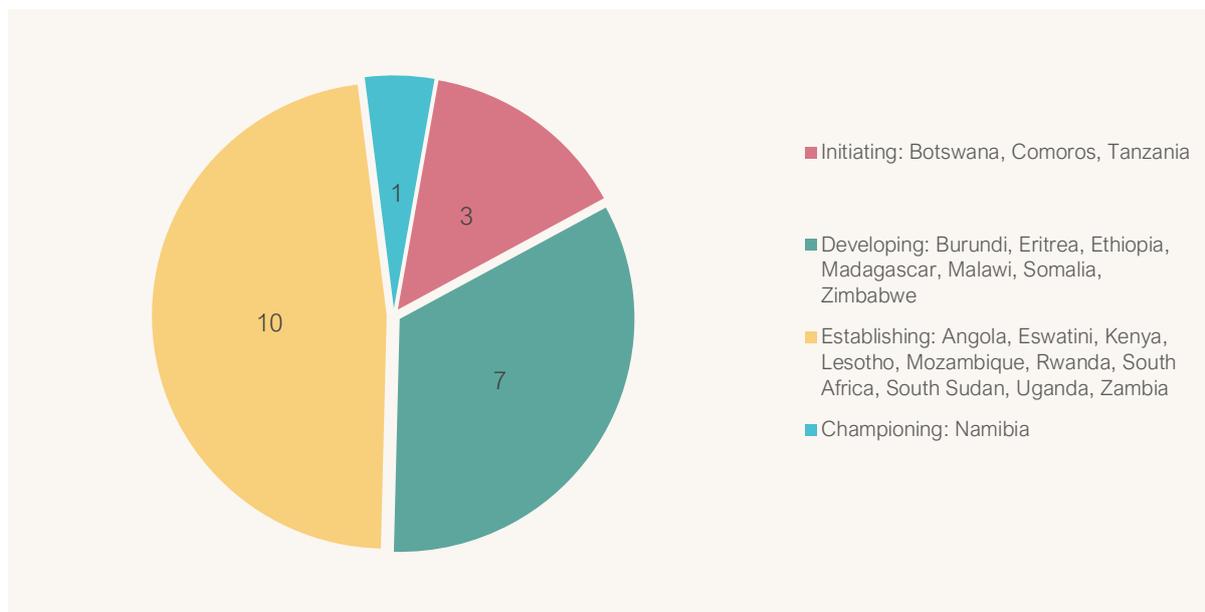
Figure 11. Progress of ESA countries in establishing leadership and management structures for inclusive education

Inclusive leadership and management play an integral part in promoting and facilitating the shift towards an inclusive education system.[92] This section investigates existing leadership and management structures in the region and how these contribute to the coordinated and effective implementation of inclusive education.

1.6.1 Governance structures for inclusive education

The basic education ministry is the lead agency for the education of children with disabilities across the region, except in a few countries where the authority falls on the social protection or social welfare ministry. In some countries, such as Tanzania, Burundi, and Comoros, the responsibility is shared between two institutions. The President's Office – Regional Administration and Local Government in Tanzania manage the coordination and implementation of education programmes at the local government level. In Burundi, although the management of inclusive schools is under the purview of the Ministry of Education,[93] the Ministry of National Solidarity oversees the administration of special education centres.[94] The Ministry of Education in Comoros has a role in inclusive education, but children with disabilities remain a concern primarily of the Ministry of Social Protection.

In most countries, a unit or department within the education ministry has been established to implement and coordinate special education, inclusive education, or a combination of both programmes. Although a dedicated unit does not exist in some countries, the responsibility of improving access of children with disabilities to quality education is articulated within the education ministry's mandate. In Angola, the National Institute of Special Education, an agency within the Ministry of Education, is responsible for planning, guiding, coordinating and supervising the implementation of the policy for school inclusion.[95] The Special Support and Inclusive Education Directorate at the federal level in Ethiopia is responsible for providing educational support and implementing inclusive education programmes in the

country.[96] In South Sudan, the Ministry of General Education and Instruction is mandated to lead in communicating, coordinating, and implementing the IE policy,[97] while in Tanzania, the Ministry of Education, Science, and Technology is responsible for funding "Special Needs Education" (SNE) and curriculum development.[98] Inclusive education in Namibia falls under the authority of the Division of Special Programmes and Schools which is under the Directorate of Programmes and Quality Assurance. The Division is well-represented in the National Disability Forum, which consists of representatives from various Ministries, OPDs, civil society organizations and the UN.

Only a few countries from the region have created guidelines on the roles and responsibilities of government agencies and the governance structure to support the education of learners with disabilities. Six countries in the region (i.e., Ethiopia, Kenya, Lesotho, Mozambique, Rwanda, South Africa, and Zimbabwe) had detailed documentation of the mandate and roles of relevant ministries and government bodies in supporting the education of children with disabilities.

In Lesotho, a coordinated effort toward addressing disability inclusion is evident in existing governance structures. Key ministries have been documented to include within their mandates efforts to support disability inclusion, including the Ministry of Social Development, the Ministry of Justice, and Correctional Services,[99] the Ministry of Education and Training,[100] the Bureau of Statistics under the Ministry of Development Planning,[101] and The Ministry of Public Works and Transport. The Commission on Higher Education ensures that higher education institutions promote accessibility through an inclusive curriculum and accessible infrastructures.[102]

Similarly, in Mozambique, key ministries have articulated mandates to support disability inclusion. The Ministry of Education and Human Development is primarily responsible for implementing programmes facilitating the access of persons with disabilities to education and training. Line ministries such as the Ministry of Health, Ministry for Women and Social Action, Ministry of Labour, and the Ministry of Youth and Sports share responsibility for ensuring quality education for children with disabilities.[103]

In South Africa, the roles of various ministries in facilitating inclusive education are also clearly articulated. Inclusive education is a joint responsibility of the Ministry of Social Development, the Department of Public Works, the Department of Social Development and the Ministry of Health. [104] Furthermore, a National Commission on Special Needs in Education and Training and a National Committee on Education Support Services were established by the Ministry of Education to conduct research and provide recommendations to improve support services and the access of children with disabilities to education.[105]

The various roles and responsibilities of key departments in supporting disability-inclusive education should be clearly articulated in relevant policies. This can help make cross-sectoral coordination and service delivery among agencies less challenging and more effective in ensuring that all learners will benefit from each country's respective educational framework policies.

1.6.2 Inter-ministerial and inter-agency coordination

Most countries have established a multi-stakeholder body composed of government and non-government partners to support the education of children with disabilities. For instance, Malawi, Rwanda, South Sudan and Uganda, a Special Needs/Inclusive Education Technical Working Groups (TWG) have been established under the education ministry. The

TWGs comprise CSOs, UN agencies, organizations of persons with disabilities, and relevant ministries.

Some countries have also created steering committees led by the education ministry and other partner agencies to coordinate efforts in advancing inclusive education. For instance, the steering committee in Burundi brings together technical and financial partners, NGOs and CSOs. Likewise, Madagascar's National Platform on Inclusive Education steering committee coordinates with different partnering agencies and stakeholders. The steering committee meets every three months, and the platform at least twice a year.[106]

In Zimbabwe, the Inclusive Education Policy articulates an Inclusive Education Coordination or Steering Committee at the national, provincial, district, and school levels responsible for collaborating with ministries and other stakeholders to mainstream inclusive education and monitoring and evaluation of its implementation.[107] Zambia has a sub-committee on inclusive education under the MoE composed of the agency's representatives, development partners, NGOs, and CSOs working on inclusive education. However, the committee has not been active since the COVID-19 pandemic.

The Malawi government has established the National Advisory and Coordinating Committee on Disability Issues under the Disability Act 2012, which provides a forum for discussing disability issues. The committee comprises senior government officers, representatives of key disability organizations and development partners.

1.6.3 Vertical coordination mechanisms for inclusive education

Some countries (i.e., Ethiopia, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Somalia, South Africa, South Sudan, Tanzania, Zambia, and Zimbabwe) had defined vertical coordination mechanisms to support disability inclusion in schools. In some, the responsibilities of the educational units in supporting inclusion are more structured at different levels of the education systems.

In South Africa, education centred on children with disabilities is clearly defined within different levels of governance. The Directorate of Inclusive Education under the Ministry of Education's Department of Basic Education manages the development of policies, programmes, and systems for the education of children with disabilities and monitoring and evaluation. Provincial offices of the MoE are also mandated to ensure access of all learners to facilitative learning environments.[108] District-Based Support Teams (DBST), under the purview of the provincial education departments, support teaching and learning at the school level. The DBSTs are interdisciplinary teams composed of psychologists, social workers, and therapists. They help schools in improving their inclusive education practice by assisting teachers in mainstream classrooms and principals in the inclusive education policy implementation. The DBSTs are also responsible for school-level support services as they liaise with relevant government agencies such as the health and social development departments.[109] Furthermore, they provide ongoing support to institutional level support teams in each educational institution.[110] Within the schools are Institutional-Based Support Teams that assist persons with disabilities working with educators, staff, managers, and leaders. These institution-based teams are responsible for liaising with the DBSTs as well as other support providers.[111]

1.6.4 Capacity development for education leaders

Various initiatives have been implemented to build the capacity of key education officials in inclusive education. Some of these activities were attached to efforts related to policy implementation. However, most of the initiatives are not well-coordinated or continuous.

In Angola, UNICEF trained 1,051 provincial education focal points from 13 provinces[112] and 216 provincial and municipal staff on the implementation of the National Inclusive Education Policy.[113] The National Institute of Special Education trained 423 school leaders on special education and inclusion.[114] Similarly, in Namibia, a national sensitization workshop on the Sector Policy on Inclusive Education was conducted by the Division of Special Programmes and Schools of the Ministry of Arts and Culture for teachers and school heads.[115] UNICEF Rwanda, in partnership with the country's Ministry of Education, organized training on curriculum review for the Rwanda Education Board curriculum developers. Thereafter, approximately 2,300 school leaders were trained on inclusive education.

The Ministry of Education, Science, and Technology in Tanzania has also conducted training for education leaders in various levels on the implementation of the new curriculum, including inclusive education.[116] Eight per cent of school inspectors also received training on Special Needs Education.[117]

In Kenya, the United Disabled Persons of Kenya, an umbrella organisation for OPDs worked with the Ministry of Education to conduct training on inclusive education for key government officials, school leaders, and teachers from several counties (i.e., Migori, Uasin Gishu, and Kirinyaga). The training was participated by 163 education leaders from 46 schools and introduced inclusive education, characteristics of an inclusive school, barriers to inclusive education, and developing a school that promotes inclusion. Participants developed action plans to improve disability inclusion in their schools.[118]

The National Platform on Inclusive Education in Madagascar trained national trainers and teacher coaches on inclusive education.[119] Similarly, various organisations in Zambia such as the Norwegian Association of Disabled (NAD), SightSavers and Cheshire Home Society of Zambia have capacitated education stakeholders on inclusive education from national to school level.

Capacity building efforts continue to develop competencies and skills among educational leaders. Although, it is undertaken by all countries at varying degrees, the coordination among relevant agencies and stakeholders needs to be strengthened to ensure that limited resources are used effectively.

1.6.5 Frameworks supporting inclusive leadership at the school level

Although countries with inclusive education policies mandate schools to improve access of children with disabilities to education, only a few countries have institutionalized standards or guidelines that support teachers, school leaders, and managers in implementation. Eswatini developed the Standards for Inclusive Education in 2019 to support pre-primary, primary, and secondary school communities in advancing inclusion. It included standards and clear indicators for leadership and management; planning and budgeting; school accessibility; support provision for children with disabilities; curriculum and assessment; professional development for teachers and staff; health and safety; monitoring and evaluation; and parent engagement and the school community. The tool is designed to be

used by school leaders and teachers as a school evaluation tool that can inform further school improvements, specifically in terms of inclusive education practices. School inspectors may also use it to identify areas in need of further support.[120]

In 2010, South Africa developed the Guidelines for Full-Service/Inclusive Schools which provided the criteria and standards for education institutions to be considered inclusive. The Policy on the South African Standard for Principalship (2015) defined the roles of the principal in "creating systems and processes" for inclusion (p. 16) and managing staff that can respond to the needs of all learners. Although an explicit reference to disability inclusion is missing, the standards include approaches principals can employ to respond to learners' diverse needs and promote equitable access to school.[121]

The Ministry of Primary and Secondary Education in Zimbabwe developed the Practical Inclusive Handbook for Primary and Secondary Schools. The handbook guides teachers, school leaders, and other stakeholders at the school level on developing inclusive learning environments. It discusses inclusive pedagogy, differentiation, developing learner-friendly schools, learner welfare, safety and protection, early identification, intervention, and referral, and supporting learners who experience challenges in mathematics, language, speech, communication, and managing behaviour and emotions. The handbook, although not a set of standards, serves as a practical guide for improving disability inclusion in schools.[122] A School Leadership Handbook has also been developed which defines how school leaders can create and foster inclusive learner-friendly school environments.[123]

3 Supply-Side

3.1 Approaches to education provision
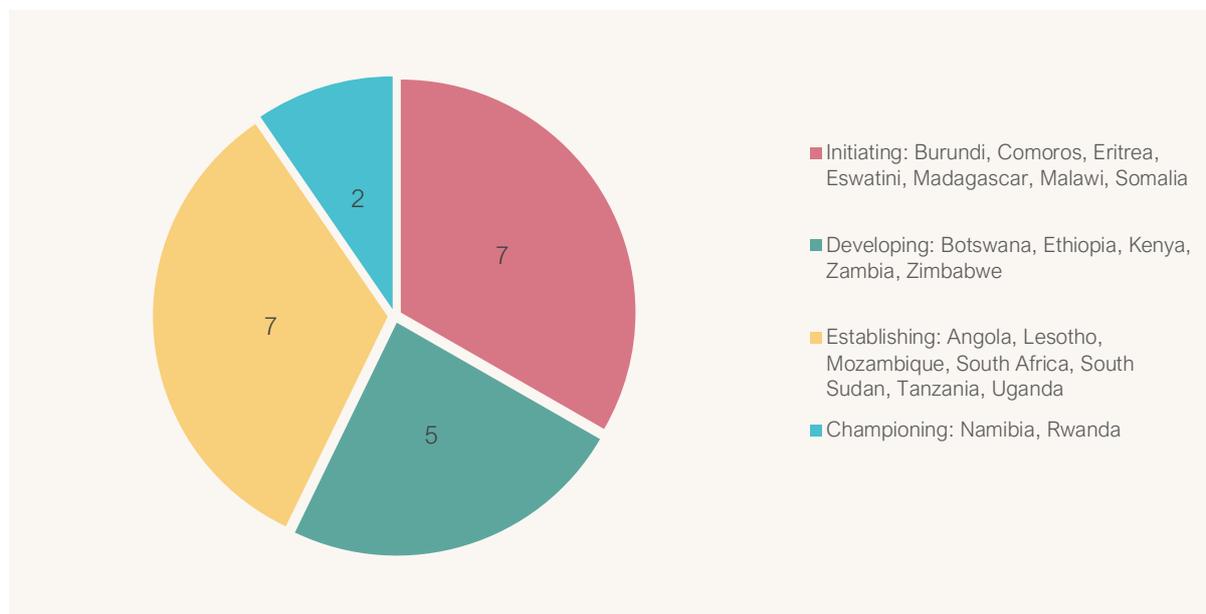
Figure 12. Progress of ESA countries in education provisions for children with disabilities

Access to quality education is one of the fundamental human rights of all children. Governments and education leaders are responsible for ensuring that all learners, including children with disabilities, receive quality education without discrimination on the basis of their abilities, ethnicity, social status, religion, gender, and sexual orientation. This means children with disabilities have the right to be educated in the same school where their peers without disabilities receive their education.

Inclusion does not stop when children with disabilities are enrolled in regular schools and have access to the same curriculum accessible to their peers without disabilities. Inclusion is a constant process of identifying and removing different barriers that prevent learners from actively participating in the learning process. It is a progression of changing and improving the policies, systems, cultures, and practices to ensure all learners are not segregated and excluded.[124]

In ESA countries, the commitment to safeguarding the rights of persons with disabilities to education is reflected in existing legislation and policies. Education provisions are categorised into special education, integration or mainstreaming in general classes, and inclusion (see).

Exclusion: no recognition of the right or capacity of children with disabilities to education and consequent denial of access to education in any form.

Segregation: placement of children with disabilities in separate environments designed or used to respond to particular or various impairments, in isolation from children without disabilities.

Integration: placement of children with disabilities in existing mainstream educational institutions, as long as the child can adjust to fit the standardized requirements of such institutions.

Inclusion: a process of systemic reform embodying changes and modifications in content, teaching methods, approaches, structures, and strategies in education to overcome barriers.

Source: UNICEF, UNICEF. 2012. The Right of Children with Disabilities to Education: A Rights-Based Approach to Inclusive Education. Geneva: UNICEF.

In this section, the status of the implementation of the education provisions will be discussed for an in-depth view of how the policy provisions on education provisions are being implemented on the ground.

3.1.1 Special Education

Special education is the most common educational approach for children with disabilities across the region. Most countries with special education schools usually offer specialised educational services for children with specific disabilities, such as visual, hearing, intellectual, and multiple disabilities. This approach is evident in countries such as Angola,[125] Botswana,[126] Burundi,[127] Comoros,[128] Eritrea,[129] Eswatini,[130] Ethiopia,[131] Kenya,[132] Lesotho,[133] Madagascar,[134] Malawi,[135] Mozambique,[136] Namibia,[137] Rwanda,[138] South Africa,[139] Uganda[140] United Republic of Tanzania,[141] and Zambia,[142]

In Rwanda, children with severe disabilities are placed in special schools. In some schools, children with disabilities learn with other children following the same curriculum in inclusive schools. In inclusive schools, accessible learning materials are provided, and an individual education plan is designed specifically to meet the learning needs of a child. Zambia has a similar approach where students with more severe disabilities are assigned to special education classrooms and units where they spend most of their time learning with a special education instructor.[143] Despite efforts to promote inclusion at the policy level, special schools are still common in Mozambique.[144] Special schools accommodating students with particular disabilities such as those with mental, hearing, and visual impairments, are located across the country.[145]

Angola's special education schools are gradually transforming into inclusive education resource centres to support inclusion of students with disabilities in regular schools.[146] The resource centres function as training facilities for children with disabilities attending regular schools who need further pedagogical assistance and access to accessible learning materials which are

adapted to their specific needs. The National Policy for Special Education in Angola aims to integrate 30,000 students with special needs into regular classrooms by 2022.[147]

In Madagascar, specialised programmes are implemented to teach children with disabilities in separate classes within mainstream schools.[148] To meet the needs of children with disabilities and provide them opportunities for learning and social engagement with other students, mainstream teachers were provided with orientation training. Education for children with disabilities has historically been offered through specialist centres run by churches and faith organisations. However, there have been increased efforts in recent years by both government and non-government organisations to pilot inclusive education programmes and integrated classes.[149]

Children with disabilities in Somalia attend regular schools, however, this is due to the shortage of special education facilities in some areas.[150] The majority of students with disabilities who attend regular schools do not receive additional support they may need because of the lack of teacher training. In some classes, students are an important resource in supporting their peers. Students without disabilities assist their classmates with disabilities by reading aloud to those who have hearing disabilities, identifying text on the chalkboard for those who have visual disabilities, and giving instructions on behalf of the mainstream teacher using gestures and other non-verbal cues.[151]

Access to education in segregated settings remains an option in programmes for children and youth with disabilities. However, children with disabilities may feel isolated as a result of this, and children in special schools frequently do not have access to a curriculum that is as broad and as in-depth as students in general schools.[152] In an inclusive educational system, students with and without disabilities learn side by side as all students receive the support they require in inclusive schools

3.1.2 Integration or mainstreaming

In an integrated setting, students with disabilities attend mainstream classes alongside peers without disabilities. However, no adjustments are made to adapt to their individual needs. As a result, students with disabilities are unable to access or take part in education fully.[153] On the other hand, inclusive education enables all students to access and actively participate in the learning process using reasonable accommodations and teaching methodologies tailored to each student's unique needs.

There are efforts to include children with disabilities in regular schools in most countries in the region. Integration means that students with disabilities attend a regular class together with those without disabilities. The focus is on providing access to a mainstream school and classroom; however, the environment is not required to change in ways that accommodate the needs of students with disabilities.

Comoros has initiated programmes to integrate students with disabilities into mainstream schools. To this end, the Transitional Education Project for the Union of the Comoros pilot programme seeks to strengthen inclusion by considering the needs of children with disabilities in classroom settings, ensuring that hearing and vision aids are provided and that teachers are receiving sign language training.[154]

Although Lesotho's legislative and policy frameworks recognise the need to provide education to all children, integration of students with disabilities into regular classes continues to be the

main emphasis in the country's educational system. However, it was reported that integration had little effect in addressing the problems experienced by students with disabilities, necessitating a paradigm shift in favour of inclusive education.[155]

Children with disabilities in Angola are partially integrated into mainstream schools.[156] With this strategy, students attend regular classes alongside their peers, but are placed in a separate setting to receive additional support services.[157] As part of the school inclusion process for students with special needs, special schools in Angola will gradually transition into becoming support centres with the aim of assisting all general education schools.[158]

In 2012-2013, Burundi provided an opportunity for children with disabilities through a project-based programme which referred them to regular schools if they passed the national exam.[159] As part of the integration, a multi-disciplinary team support lesson delivery in the classroom at the same time for a lesson: a general teacher (the course instructor), two special teachers, and a sign language and braille alphabet specialist.[160]

Although children with disabilities attend regular schools, they are still segregated and educated separately from those without disabilities. Some countries treat these separate classes as specialised programmes or support interventions. Separate classes are called learning support classes in Namibia;[161] while in Botswana,[162] Tanzania,[163] and Zambia,[164] these are special units within the mainstream schools. Furthermore, children with disabilities in Zambia are provided opportunities to interact with their peers without disabilities outside class hours.[165]

Although students with disabilities are taught using the national curriculum in Zimbabwe, they are still placed in a separate resource room within the regular school.[166] The country's national vision charts a long-term transformative and inclusive development agenda; however, access to inclusive education, trained teachers, school facilities, and programmes for students with disabilities remain limited.[167]

It is stipulated in the Reopening Guidelines for Schools in South Sudan that learners with disabilities and functional difficulties have the right and shall be permitted to register in a school of their choice. This will typically be a school closest to their residence. All schools which will register learners with disabilities and functional difficulties, and which require support to arrange learning process for these learners, shall work closely with their School Management Committees/Board of Governors and Disability Champions.

In Rwanda, children with disabilities are included in regular classes and are learning together with children without disabilities. A resource room is available to them for further pedagogical assistance from specialists and for accessing adapted resources relevant and appropriate to their academic needs.[168]

3.1.3 Inclusion

The CRPD places a strong emphasis on every child's fundamental human right to inclusive education. At all levels of education, an inclusive system accepts all students, regardless of their needs or abilities.[169]

Efforts to institutionalise inclusive education are evident at the policy level in most countries in the ESA region. Project-based and school-level inclusive education programmes are common on the ground. In practice, some countries in the ESA region approach special education as a pathway toward achieving inclusive education. In Lesotho, basic education systems are shifting from special education to inclusive education.

However, special education facilities for students with severe and profound disabilities are maintained while inclusive education resources are being developed.[170] In Kenya, the role of special schools is seen as crucial in transitioning special schools to inclusive schools.[171] To promote and improve the delivery of inclusive education, the Ministry of Education seeks to allocate resources and undertake pilot programmes for inclusive education and training.[172] In Namibia, investment in inclusive education was evident in their Sector Policy on Inclusive Education, with the budget allocation for establishing regional inclusive education units, transforming special schools into inclusive schools, and transitioning special schools to inclusive resources.[173] However, there is limited evidence of the success of these initiatives. Further studies need to be conducted to assess how much of the budget was appropriated and expended. Rwanda's Special Needs and Inclusive Education Strategic Plan aims to improve the quality of education being provided to all children, including children with disabilities, through a five-year strategic plan that focuses on improving access, development of support services, capacitating education leaders, eliminating barriers, and promoting inclusive practices to better support children with disabilities.[174]

Some countries do not differentiate integration from inclusion. In Botswana[175], Rwanda,[176] and Zambia,[177] it is recognised as inclusion when children with disabilities are enrolled in regular schools. In Zimbabwe, inclusion means children with disabilities have full access to the national curriculum in regular classes.[178]

In addition, despite several efforts to bring children with disabilities into school, they are still far behind in completing their primary and secondary education compared to those without disabilities (see data on completion rates in dimension 1.4). The disadvantage faced by children with disabilities to complete primary and secondary school can be attributed to the fact that many children with disabilities cannot even enroll at an early age.[179] Further, the low percentages of children with disabilities not completing primary and secondary education show the large gap between children with and without disabilities in accessing opportunities to transition to TVET or tertiary education. All countries in the ESA region must urgently address this by providing access to an inclusive school that caters to the diverse needs of all learners and ensuring their progression to the next level is continuous.

In conclusion, the education provisions on policies and legal frameworks in the ESA region have significantly influenced the main types of education provided on the ground. Special education is still emphasized as the education provision most accessible to children with disabilities, both in policies and actual implementation. This means that more work is needed to transition the education provision of the ESA countries from special education to inclusive education.

3.2 Supported Teachers

Raising teacher quality is one of the most crucial factors in building and sustaining an inclusive education system. Teachers must be supported to develop inclusive principles, values, knowledge, attitudes, and practices to cater to diverse learners, including children with disabilities. This section looks at the capacity-building support for pre-and in-service teachers, including policies, capacity-building programmes, and school-based support mechanisms.
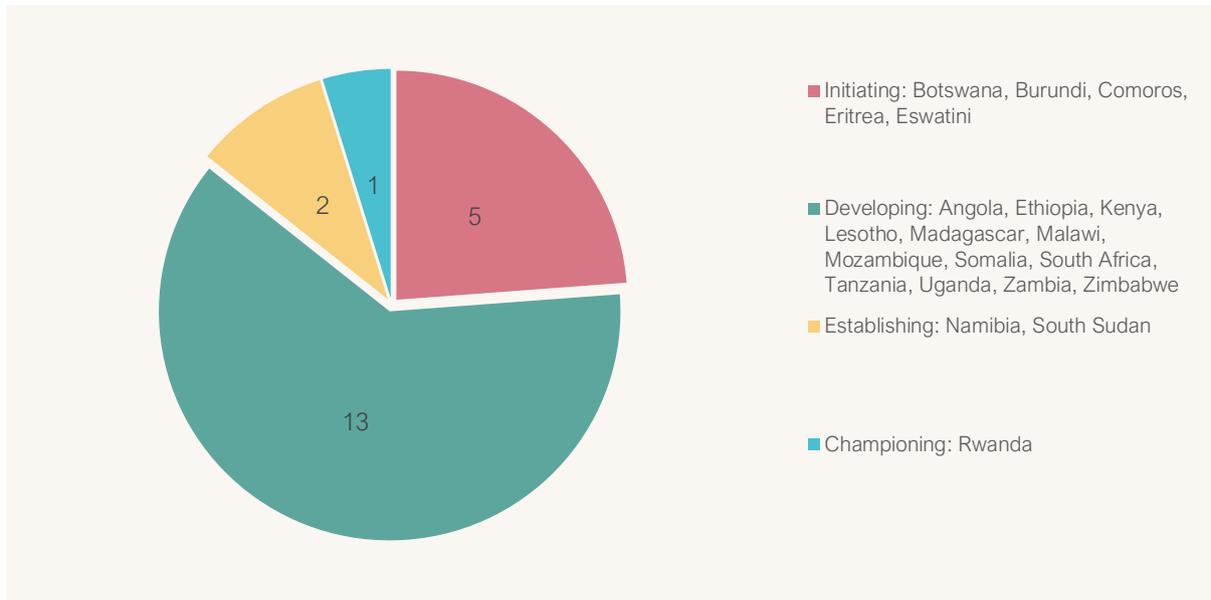
Figure 13. Progress of ESA countries in supporting teacher professional development

3.2.1 Teacher education policies

Governments' initiatives to provide continuous professional development for teachers for inclusion are reflected in their laws and policies. Inclusive and special education policies in the region aim to strengthen the capacity of teachers to teach all learners, including children with disabilities. Many policies include a thrust to incorporate inclusive education in teacher training.

One of the goals of the Inclusive Education Policy in Botswana is to enable teachers to develop the necessary skills and resources to teach children with disabilities through pre-service and in-service training effectively. The policy also includes a strategy to support teachers in their practice by strengthening the capacities of education inspectors to mentor, monitor and evaluate the teaching and learning processes in schools. The evaluation and updating of pre-service and in-service programmes were also included as a priority to strengthen inclusive education. Furthermore, the policy targets providing specialist support to mainstream teachers in general schools.[180]

In Mozambique, the Inclusive Education and Development Strategy for Children with Disabilities (2020-2029) includes a strategic pillar for strengthening the capacity of teachers for inclusive education through transforming schools and teacher training institutions into inclusive education centres and including inclusive education in the teacher training curricula.[181]

Meanwhile, Burundi aims to revise the content of pre-service teacher training to include approaches and pedagogical strategies that will facilitate inclusion as stated in the education sector plan for 2022-2032. To enhance in-service training for teachers, the ministry targets strengthening school networks to encourage sharing of good practices among teachers that could improve classroom practice.

4 out of 21 countries have established teacher standards with indicators that foster inclusive education. In other countries, professional competency standards for teachers are either non-existent or do not mention inclusion and equity principles.

In Eswatini, the Standards for Inclusive Education aims to guide teachers and teacher support staff in creating inclusive classrooms where relevant and appropriate support is provided to learners with disabilities.[182] Similarly, The South African Council for Educators Professional Teaching Standards aims to help teachers provide the necessary support to all learners for them to have inclusive access to learning opportunities. [183] It also outlines what is expected of educators in terms of their ethical and professional teaching practices.[184]

Namibia's National Professional Standards for Teachers defines the capacity of teachers to work with learners with disabilities, wherein it articulates the values, performance criteria, and theoretical knowledge necessary to teach children with disabilities.[185]

Some countries have included capacity building in inclusive education in their teacher training plans, framework, or standards. Despite this, there is no comprehensive articulation of the integration of inclusive education in these policy documents. This is evidence of the need to improve the teacher's "capacities, morale, and commitment to inclusive education" (p.117) of the Teaching and Research Education Sector Plan 2017-2020 in Comoros[186] and the need to address the gaps in the application of inclusive pedagogy in the National Framework for Continuous Professional Development for Practicing Teachers in Tanzania. [187] Similarly, Zambia includes a special education teacher preparation programme in their National Standards for Teacher Preparation Programmes.[188]

3.2.2   Pre-service teacher education

Various initiatives in the region aim to strengthen inclusive education in pre-service teacher education programmes.

Inclusive and special education are included in courses and programmes for pre-service teachers in about half of the countries in the ESA region (see Table 9). In Malawi and Namibia, all teachers must complete at least one special and inclusive education course as part of their pre-service programme. Malawi's revised Initial Primary Teacher Training Curriculum included inclusive education principles[xiii] , and all teacher training institutes in the country offer a special education course.[189]

In Ethiopia, teacher training institutions provide an introductory course to special and inclusive education for teachers. The course is equivalent to three credits (48 hours) and is integrated into the three-year teacher diploma.[190] Meanwhile, Rwanda offers a 72-hour inclusive and special education course in 16 teacher training colleges.[191] In Uganda, 56 primary teacher training colleges focus on teaching children with disabilities as part of their teacher training programmes.[192] Eswatini has special and inclusive education courses integrated into the programme of three teacher training colleges in Swaziland. The courses are designed for all teachers, not only those specialising in special or inclusive education.[193]

Save the Children in Zimbabwe has conducted inclusive education training for universities, teacher training colleges.[194] Zimbabwe Open University also offers inclusive education programmes for undergraduates (4 years of Bachelor of Education in Inclusive Education), masters and PhD programmes. In Kenya, the Institute of Special Education provides a 3-month pre-service training for teacher trainees on teaching children with disabilities.[195]

[xiii] Source to be verified by authors; information obtained from UNICEF CO

Inclusive education modules in Lesotho are integrated into the Program for Primary Education, Secondary Education and Degree in Secondary Education.[196] In South Africa, inclusive education principles are integrated into general courses such as education studies or curriculum studies in pre-service teacher education programmes.[197]

Although some countries offer courses on inclusive education, half of the countries in the ESA region do not offer this programme for their pre-service teachers. Further, the inclusive education programme is available only in selected pre-service institutions, limiting pre-service teachers from accessing foundational knowledge and skills that could better prepare them to teach learners with disabilities.

Table 9. Inclusive and special education programmes in universities and teacher training institutes

Countries	University Special Education (SPED) programme	University Inclusive Education (IE) programme	Embedded approach for IE/SPED (compulsory for all teachers)	Separate modules on IE
Angola	✓			
Botswana	✓		✓	
Burundi	✓			
Comoros				
Eritrea				✓
Eswatini	✓	✓	✓	
Ethiopia	✓	✓	✓	
Kenya	✓		✓	
Lesotho	✓	✓	✓	
Madagascar	✓		✓	
Malawi	✓	✓	✓	
Mozambique			✓	
Namibia	✓			
Rwanda	✓	✓	✓	
Somalia	✓			
South Africa	✓	✓	✓	✓
South Sudan				✓
Tanzania, United Republic of	✓	✓		✓
Uganda	✓			
Zambia	✓			
Zimbabwe	✓	✓		✓

3.2.3   In-service teacher training

One key aspect of inclusive education is the capacity of teachers to teach in a way that is relevant and appropriate to the diverse needs of all learners. For inclusion to happen, teachers must possess qualities, values, and attitudes that are inclusive and supportive of all learners, including learners with disabilities.[198] Thus, the education systems must prioritise the capacity-building of teachers in inclusive education through designing and implementing professional development activities that identify barriers to learning and promote inclusive practices in the classroom, school, and community.[199]

Disability-inclusive in-service teacher training has been implemented by the government, development organisations and civil society organisations. Although

several countries have initiated national training of teachers on inclusive or special education, only a few countries have continuous initiatives for in-service training related to inclusive education.

In Eritrea, the Ministry of Education implemented a GPE-supported programme which trained resource persons, teachers, and supervisors on inclusive education. One hundred teachers were trained every year.[200] An orientation on inclusive education principles, policies, and practices was also initiated by the Ministry of Education for 4,000 basic education centres.[201] Ongoing in-service training is being conducted for regional school counsellors and teachers in resource and inclusive schools conducted by the Division of Special programmes and Schools in Namibia.

In 2017, Teacher Education in Sub-Saharan Africa for South Sudan developed an online module on inclusive education. The Inclusive Education Toolkit includes basic principles of inclusive education, attitudes, beliefs, knowledge and skills of an inclusive teacher, inclusive learning environments, classroom management, accessible language, differentiation, inclusive lesson planning, formative assessment, supporting teachers, community engagement and parent involvement, and collaboration. The toolkit is part of a 56-module package designed for teachers, school leaders, and trainers in South Sudan.[202] Malawi also implements orientation on inclusive education in their professional development programmes for primary school teachers. [203] Furthermore, continuous professional development support has been provided to teachers and inclusive education managers at the district level.

Capacity-building activities were done at the national level for in-service teachers to cater to the large population of teachers nationwide. In Namibia, national sensitisation workshops were delivered by the Special Programmes and Schools Division on the sector policy on inclusive education. A total of 1,268 teachers and principals participated in the workshops. The training resulted in the increased willingness of teachers to implement inclusive education in schools, despite concerns about the practicalities of its implementation.[204]

The Ministry of Education in Madagascar has also been proactive in training teachers on inclusive education. Several initiatives have been documented in the country, including in-service teacher training on inclusive education conducted by the National Platform on Inclusive Education, UNICEF, Humanity & Inclusion, and Platform of Federations of People with Disabilities (PFPH). [205,206,207] Recipients of the training include teacher trainers and classroom teachers.[208] The inclusive education pilot programme of the MoE and PFPH was conducted in six regions, benefitting 4,850 teachers in 2012.[209] Similarly, in Tanzania, the ministry has initiated teacher training for mainstream teachers on special needs education delivered nationwide from 2018-2019. Nine hundred teachers were trained as trainers, while several training activities resulted in 1,686 teachers being trained. [210,211]

In 2021, UNICEF Lesotho partnered with the Lesotho National Federation of Organisations of the Disabled (LNFOD) to train 333 teachers across six of ten districts on inclusive teaching and learning. The training focused on introducing the teachers to using inclusive assistive devices to support children with disabilities in schools. WhatsApp groups were used to provide continuous support to teachers after the training. Virtual follow-up training has been planned for implementation in 2022.[212] In addition, UNICEF Rwanda trained 300 teachers in inclusive education, while Humanity & Inclusion trained 4,392 in-service teachers on the new competence-based curriculum and inclusive education.

3.2.4 Decentralised teacher development support mechanisms

Some countries have established decentralised mechanisms to support school-based teacher professional development in inclusive education. Most countries have established resource centres and in-school support from specialists and itinerant teachers.

In Ethiopia, 7,000 resource centres were established to support clusters of mainstream schools. Itinerant teachers support general teachers and school leaders by sharing information, identifying a child's educational needs, and coordinating educational goals with other relevant service providers and therapists.[213] In Malawi, itinerant special needs education teachers support clusters of mainstream schools by increasing awareness among students about inclusive education and mobilising guardians of children with or without disabilities.[214] In Kenya, Kenya's Education Assessment Resource Centers (EARC) were also built to provide training services to the SNE teachers and EARC officers. It is also an avenue wherein inclusive learning materials are designed and created.[215]

In Botswana, the MoESD recruited Senior Teacher Advisors for Learning Disabilities stationed at every school in the country. Aside from teaching in the school, these teachers provide mentoring and technical support to teachers teaching students with disabilities in mainstream classes.[216] Similarly, all 14 education regional offices in Namibia have regional school counsellors who help teachers and school leaders improve their inclusive classroom practice.[xiv] The regional school counsellors hold activities directed at equipping teachers with the skills to support learners' social, educational, vocational, moral, and psychological development.

Another decentralised support mechanism is the development of handbooks to support the development of the inclusive practice of teachers. In Kenya, the Kenya Institute of Special Education developed a Training Handbook for School-Based Teacher Development for Inclusive Education.[217] The handbook includes content on the qualities of an inclusive teacher, teaching strategies for student engagement and participation, formative assessment, community engagement, and support services for children with disabilities. Each session in the handbook is designed to foster an iterative learning process through reflection, practice and collaboration.[218]

The Ministry of Primary and Secondary Education in Zimbabwe also developed a handbook on inclusive education for primary and secondary educators. The handbook outlines the different dimensions of inclusive education and practical ideas for curriculum and pedagogical adaptations to accommodate all learners.[219] The handbook was developed as a response to common questions raised by school leaders and teachers on how to best teach diverse learners in mainstream school and resource centres.[220] Approximately 80,000 teachers were trained on teaching methodologies for children with disabilities and learning difficulties.[221]

Although several school-based professional development programmes were provided to upskill teachers, continuous school-based professional development programmes on inclusive and learner-centred pedagogy, such as Universal Design for Learning, are still lacking. UDL is an effective strategy teacher must learn to teach effectively in an inclusive setting.

[xiv] Source to be verified; information from UNICEF Namibia IE Focal Point

In 2020, MINEDUC in Rwanda partnered with the Building Learning Foundation (BLF), which is at the forefront of the national 'Back to School' campaign following the COVID-19 pandemic. The campaign is focused on ensuring that children with disabilities return to school and continue their education as part of their Disability Intervention Scale-up.

As part of the campaign, BLF-trained Special Needs Education Coordinators (SNECO) focused on mentoring 486 Inclusive Education Focal Teachers in schools in every district in the country (one teacher per school) to support children with disabilities in their school. Continued engagement with the focal teachers and school during the lockdown and school closure had been vital for the SNECOs in ensuring support to children with disabilities. SNECOs mentorship to the IE focal teachers focuses on developing positive behaviour management and guiding them to develop a friendly classroom environment. Focal Teachers then provide capacity-development support for their fellow teachers on inclusive teaching methodology and identification, assessment, and support for children with disabilities.

Furthermore, the Inclusive Education Focal Teachers have contributed to schools and communities to get children with disabilities back to mainstream schools after COVID-19-induced school closures, address negative social norms at the school level, and develop positive attitudes among teachers toward teaching children with disabilities.

Source: Building Learning Foundations. "An Inclusive Return to School for Children with Disabilities in Rwanda." 2020.; ESA IE mapping survey

3.2.5   Employment of teachers with disabilities

Article 27 of the CRPD[222] puts heavy emphasis on the rights of persons with disabilities to work on an equal basis with those without disabilities. This includes persons with disabilities who want to enter the teaching profession. Government must provide equal opportunities for aspiring teachers with disabilities and create safe and healthy working conditions for them to ensure they are protected from discrimination and harassment.

Across the region, a few initiatives have been documented to promote the employment of teachers with disabilities. However, these are limited to encouraging access of persons with disabilities to pre-service teacher education.

The Lesotho College of Education has a special education needs unit in the Faculty of Education which provides support to students with disabilities enrolled in pre-service teacher education programmes.[223] In Mozambique, some teacher training colleges (TTC Nhamatanda, Escolas de Professores do Futuro Specialist TTC, TTC Cabo Delgado) have been providing targeted pre-service teacher training to teachers who have disabilities.[224] [225] [226]

Other countries have also supported and incentivised in-service teachers who teach children with disabilities or who have disabilities. The Sector Policy for Learners and Trainees with Disabilities in Kenya aims to provide relevant and appropriate support for trainees with disabilities through strengthening of the recruitment and re-deployment of human resource in schools and TVET institutions. [227] In Zambia, the Teaching Service Commission and the Ministry of General Education have taken the lead in including people with disabilities in the education sector, with 78 teachers with disability recruited across the country.[228] Teachers with disabilities in Malawi are provided with incentives such as recognition prizes, scholarships, and training,[229] while a monthly allowance is provided to visually impaired teachers in Zimbabwe.[230]

Teacher quality equates to improving student learning.[231] Thus, it is vital to design policies and programmes that support teachers' professional development, such as pre-service and in-service trainings, that provide the critical foundation and relevant knowledge and practices for teachers to perform effectively.[232] Finally, the inclusion of teachers with disabilities in the workforce is a recognition of their right to access equal employment opportunities, same as those without disabilities[233]. This means they are also entitled to receive quality support to improve their teaching practice and advance their career as educators.

3.3 Learning environment
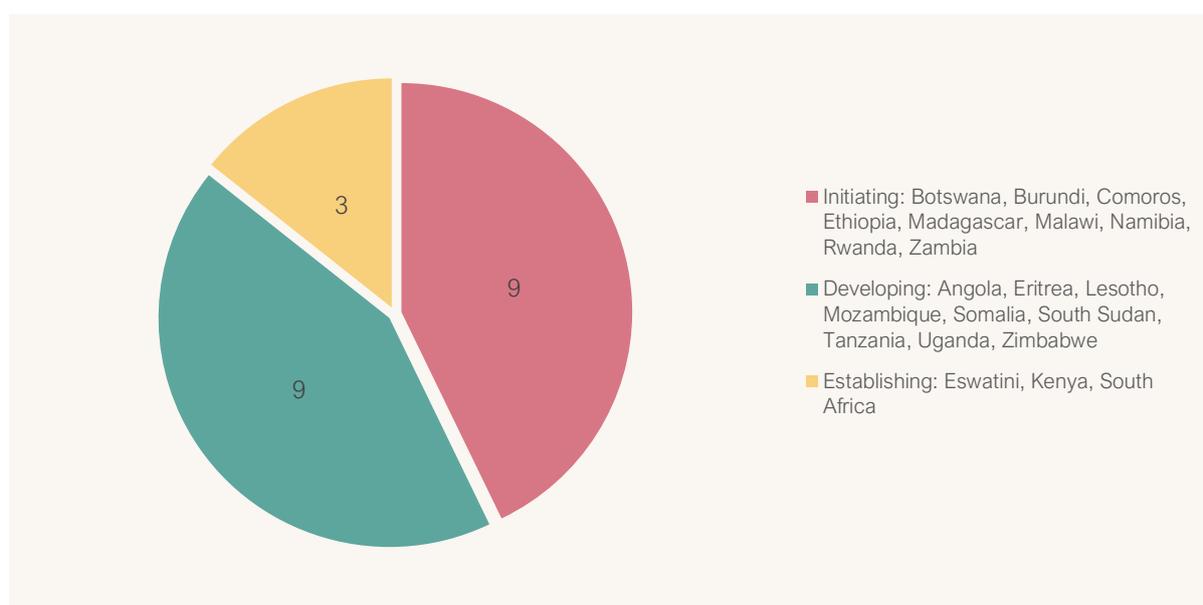
Figure 14. Progress of ESA countries in creating inclusive learning environments

Along with the right of children with disabilities to inclusive quality education, the CRPD mandates the provision of safe and fully accessible physical learning environments and facilities.[234] This means school buildings, sanitation facilities, and open spaces such as playgrounds, should be child-friendly, free from obstacles, and usable by all, following Universal Design principles (see   ). State parties are responsible for identifying and removing barriers to access in all learning environments. This is further reinforced by the Sustainable Development Goal Target 4a which calls on governments to "build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all".[235]

The inclusiveness of learning environments for children with disabilities goes beyond the accessibility of infrastructure. As important is child protection and safety, key elements that benefit not only children with disabilities but all children and the whole school community. Child protection and ending all forms of violence against children are enshrined in the CRC and CRPD, and in several SDG targets (targets 4a, 5.1, 16.2)[xv]. Governments and communities have the task of creating positive school environments where children with and without

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xv SDG target 4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all; SDG target 5.1 End all forms of discrimination against all women and girls everywhere; SDG target 16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children.

disabilities feel safe, encouraged, and supported to participate, thrive, and complete their education.

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Box 9. Universal design

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Universal design "means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. "Universal design" shall not exclude assistive devices for particular groups of persons with disabilities where this is needed."

Source: CRPD and Optional protocol

3.3.1   Physical accessibility of the learning environment

Child-friendly and accessible learning environments benefit all children and teachers. For children with disabilities, accessibility is critical for their participation in education. For example, the presence or absence of ramps and adapted toilets can decide whether a child with difficulty in mobility can go to school or not. Ample natural or artificial lighting in classrooms affects a learner's ability to read what's written on the board or in textbooks and participate in class, whether they have a disability or not. An accessible school allows all children, parents, teachers, and all school staff to safely enter, exit, and move throughout the school, use all facilities with as little help as possible, and fully participate in all learning activities.[236]

Efforts to create more accessible learning environments are evident at the policy level across the region. Education and disability policies, plans, standards, and guidelines in all countries have provisions for the accessibility of school buildings and other public infrastructure for children with disabilities. 19 out of 21 countries have provisions for accessible school infrastructure and facilities in their ESPs (see Table 5) indicating a strong priority on accessibility. Half of the countries (11) are working toward developing or revising existing building standards and guidelines to include accessibility requirements for children and adults with disabilities (Botswana, Comoros, Ethiopia, Lesotho, Madagascar, Rwanda, Somalia, South Africa, Mainland Tanzania, Uganda, Zambia).

Children's Voices: Inaccessible school infrastructure hinders access to basic needs

When the school infrastructure is not accessible, learners with disabilities rely on the support of their peers to be able use basic school facilities. Some learners with disabilities ask help in going to the toilet. Others ask their friends to get food for them from the school shop because the way is not accessible to learners using wheelchairs. Some learners with disabilities who reside in boarding facilities near or within the school vicinity are assisted in fetching water and washing clothes by their peers without disabilities.

> "my friends help me when going to the toilet they take care of me"

> "during break [my friend] helps me to get something from the tuck shop because from my class to the tuck shop, it's very steep"

The application of Universal Design in building construction is yet to be mainstreamed in most countries in the region. Some education and disability documents in 7 countries articulated the need to develop and implement accessibility standards based on Universal Design principles (Eswatini[237], Malawi[238], Rwanda[239], South Africa[240], Mainland Tanzania[241], Zambia[242], Zimbabwe[243]). South Africa's White Paper on the Rights of Persons with Disabilities 2015[244] outlines directives on universal access and design of school buildings and facilities grounded in the principles of Universal Design (see   ). The directives include provision for tertiary education on universal design, training for decision-makers, implementers, and service providers (such as design and construction firms), as well as accreditation and/or licensure. In some countries such as Angola, Eswatini, Uganda, and South Sudan, efforts to build or renovate existing school infrastructure following Universal Design principles are present but these are limited in scope.

Box 10. South Africa White Paper on the Rights of Persons with Disabilities 2015

Directives on accessible infrastructure:
- "Conduct universal design audits of all existing infrastructure to establish the degree of compliance with the SABS minimum norms and standards for the use of people with disabilities.
- Develop a financing plan to retrofit existing infrastructure.
- Appoint and train infrastructure accessibility liaison officers.
- Provide incentives for universally designed barrier free infrastructure and built environments.
- Operationalise regulatory framework for accessibility to the built-environment." (p65-66)

Directives for accessible transportation especially for women and learners with disabilities acknowledging their greater vulnerabilities.
- "Incorporate the concept of **universal design** and access in all transport licenses and permits -- All transport-related licenses and permits for all modes of transport must include universal access and design requirements.
- Conduct transport access audits -- All public and private transport operators must conduct operational, staff and managerial audits of existing infrastructure, fleet and programmes against legislated minimum norms and standards. A quantified and costed plan must be developed to implement the outcomes of the audit. Implementation of the plan must be budgeted for." (p67)

Directives for Universal access and design:
- "Develop universal design standards for the country [key concepts of UD were outlined]
- Develop and implement universal design minimum standards and guidelines—This must be done by all public and private sector institutions. The institutions must also monitor implementation of the strategy, compliance with the minimum standards and utilisation of the guidelines. The standards and guidelines must include all facilities and services open or provided to the public, including those rendered by operators/contractors.
- Provide education and training
     (i) Provide tertiary level education on universal design
     (ii) Train decision-makers and implementers on universal design and access
     (iii) Develop Accredited Universal Design and Access Training Courses
- Ensure service licenses require full access—All service licenses issued must require that service providers provide a service which is fully accessible to persons with disabilities.
- Ensure service licenses require **universal design access**, in particular, for persons with disabilities" (p72)

Source: Republic of South Africa Department of Social Development, "White Paper on the Rights of Persons with Disabilities," (2015)

Despite a supportive legislative environment, persisting inaccessibility of school infrastructure shows gaps in implementation. The lack of accessible learning environments remains a key issue across the region. Countries are concerned about poor school infrastructure, inaccessible school buildings and latrines, insufficient financial resources to support building construction and renovation, and lack of accessibility requirements based on

Universal Design principles in construction standards. Where building design standards and guidelines are available, it is often poorly enforced. In some countries such as Lesotho,[245,246] Namibia, and Uganda, long distances to school, inaccessible roads, and difficult terrain further restrict children with disabilities from going to school. Half of the countries in the region expressed the need for governments and other education stakeholders to prioritize improving the accessibility of school infrastructure. While policies and standards provide a foundation for ensuring accessible infrastructure, a strong enforcement mechanism is needed to address barriers to the physical accessibility of learning environments.

UNICEF's programming in water, sanitation, and hygiene (WASH) is making a difference in the lives of school children across the region, however, not all initiatives have a disability focus. Disability-inclusive WASH initiatives are present in half of the countries in ESA. UNICEF's work with governments is leading towards accessible and safe latrines for children with disabilities in Angola, Burundi, Eswatini, Lesotho, Madagascar, Mozambique, Somalia, South Sudan, Tanzania, Uganda, and Zimbabwe. In Lesotho, the Ministry of Education and Training developed the National WASH in School Guidelines 2021 to strengthen the implementation of accessible WASH facilities in all schools nationwide. UNICEF supported the ministry in developing inclusive toilet design standards. WASH initiatives are also present in the rest of the region; however, available reports indicate a lack of focus on accessibility for children with disabilities in these countries.

> **Children's Voices: Learners with disabilities see the need to prioritize accessible school infrastructure**
>
> Learners with disabilities in all 6 countries who participated in the FGDs noted the need to improve accessibility in school infrastructure, facilities, and furniture. These include accessible pathways that are flood resistant, accessible recreation facilities such as playgrounds and football fields, disability and gender-inclusive WASH facilities, and sufficient number of desks and chairs.

Menstrual health and hygiene in WASH programming are contributing to the participation of girls with and without disabilities in education in various countries. Girls especially girls with disabilities, are at higher risk of stigma, exclusion, and harassment in school during menstruation[247] which may lead to decreased participation in education. Addressing menstrual health and hygiene needs of all girls is a key component of gender-responsive WASH services. The construction of single-sex latrines in schools in Angola, Burundi, Comoros, Eritrea, Eswatini, Lesotho, Malawi, Mozambique, Somaliland in Somalia, South Sudan, Tanzania, and Uganda provide safe sanitation facilities for girls. Part of the interventions is the provision of sanitary supplies, soap, and clean water for washing to help address menstrual health needs of girls with dignity.

3.3.2 Safe learning environment

The CRC maintains that all children, including children with disabilities, have the right to learn in safe and healthy learning environments.[248] Governments and communities are obligated to ensure that children are protected from all forms of harm in and around schools.[249] In most countries in the region, violence against children continues to be prevalent in institutions that are supposed to care for and protect them. Violence in schools may come in the form of bullying, sexual violence, verbal abuse, or corporal punishment and can be committed by peers or adults. Several factors such as poverty, gender, and disability may increase the risk of

children to violence. Exposure to violence affects educational outcomes and can have long lasting and even irreversible impact on the development of children.[250] Ensuring children are safe and protected from any form of violence requires a comprehensive set of interventions from, but not limited to, policy, advocacy, reporting, response, and data collection in close partnership with school communities and families.

There is a strong policy environment for child protection in the region. Across the ESA, general provisions supporting safe and child-friendly learning environments have been found in education policies, plans, and standards. In some countries, standards and guidelines have been developed to prevent, address, and respond to school-based violence.[xvi] For example, Eswatini's Standards for Inclusive Education 2019 outlines standards for addressing violence against children in schools (see   ). This includes prevention and response mechanisms and encourages positive intervention strategies.[251] Lesotho's Inclusive Education Policy 2018 recommends establishing laws and guidelines and collaborating with relevant stakeholders to ensure the protection of learners with "special education needs" from all kinds of violence.[252] Angola, Botswana,[253,254] Lesotho, and Rwanda have adopted UNICEF's Child-Friendly Schools initiative. The Child-Friendly Schools initiative is initiated and supported by UNICEF in close collaboration with governments and sometimes other development partners. Like most development projects, it has a set lifespan and limited scope, often covering certain levels of education such as early childhood and primary education. The Rwanda Ministry of Education scaled up the Child-Friendly Schools initiative to cover all levels of education from early childhood to tertiary through its Revised Special Needs and Inclusive Education Policy 2018[255]. The policy includes the inclusion of Child-Friendly Schools concepts in the formal and non-formal school curriculum and teacher training programs. Furthermore, the policy promotes the integration of inclusive values in community advocacy, training programs, and education management to address discrimination and bullying.

Box 11. Eswatini Standards for Inclusive Education 2019

Standard 8: Health and Safety, requires:
8.6 The school has clear guidelines for addressing violence, bullying and discrimination.
8.7 Learners know where to go for help in the school and community, including call centres and child protection services.
8.8 The school has data available on vulnerable learners in need of psychosocial support.
8.9 The school has a guidance and counselling teacher, and a counselling room.
8.10 The school has a directory of services for referral.
8.11 The school has a plan to promote visits by health workers.
8.12 Teachers and parents are sensitized to health, safety and child protection, and psychosocial support issues.
8.13 The school sensitizes teachers and learners on anti-bullying and anti-discrimination.
8.14 The school encourages safety from all forms of abuse.
8.15 The school has a policy on child protection that pays particular attention to the needs of vulnerable and marginalised children, and plans for awareness, risk reduction, and recognising and responding to abuse.
8.16 Staff and learners are aware of the risk factors in response to life events and at times of crisis that may contribute to social, emotional and mental health difficulties.
8.17 The setting has in place positive intervention strategies and there is a graduated response to supporting social and emotional health and wellbeing issues.
8.18 The school has a policy on behaviour that considers the individual needs of diverse groups of students and plans positive behaviour support

Source: The Government of the Kingdom of Eswatini, "Standards for Inclusive Education," 18-19.

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xvi School related gender-based violence (SRGBV) will be discussed under Domain 4: Gender

In all 6 countries that conducted the FGD, there were some learners with disabilities who had negative experiences with their peers. Some said that they were made fun of, called names, got their food or toy taken from them, and excluded by their peers.

"'Some people [call us names] and it is hard to [make friends] and [that] make us feel lonely and prefer to stay in the house"

"when we play our games, sometimes they come and disturb us and sometimes they run away with the ball."

When incidences such as these were reported to teachers, some interventions included recording in a disciplinary book, talking to involved students, and giving verbal warnings. Some learners with disabilities felt that these interventions were not enough; others say that sometimes, teachers do not take action and even consider them at fault. One student was resigned to the fact that they cannot do anything about the negative behaviors toward them and that reporting incidents to a teacher has not been helpful.

"Some of our teachers don't take action. On the contrary, they accuse us and prove us wrong."

In contrast, participants in one country noted that their school head and teachers are active in advocating for embracing diversity and practicing inclusive values.

"Our school head and teachers always emphasize the need to embrace and practice inclusivity. They always support us and remind our fellow learners never to bully us or discriminate us."

"The school head takes time to talk to us and asks us to share our challenges. We feel listened to and are happy to be at our school."

Despite a supportive legal environment for child protection, disability inclusion in child-protection programmes is not consistent in the region. Only 14 of the countries reviewed have a clear focus on the protection of children with disabilities from different forms of violence in schools (Angola, Botswana, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Rwanda, Somalia, South Africa, South Sudan, Zimbabwe). Interventions from the government, OPDs, and INGOs are still limited in scale but the CSO community is continuously raising awareness of the need to address violence in schools. Creating and strengthening collaborative partnerships between the government, OPDs, and communities would provide the needed disability lens in child protection programing and link policy with implementation.

Corporal punishment in schools is still common but most countries in the region are committed to reforming laws to ban corporal punishment in all settings. All children have the right to be protected from all forms of violence but approximately 10 per cent of the world's children have no legal protection from corporal punishment.[256] In ESA, corporal punishment in schools remains lawful in 12 countries (see Table 10) while the rest have explicitly prohibited corporal punishment in schools.[257] Kenya,[258] South Africa,[259] and South Sudan[260] have prohibited all forms of corporal punishment in all settings and have reformed relevant legislation. Although legislations prohibit corporal punishment in Kenya, a 2019 survey showed the high prevalence of violent discipline approaches such as psychological aggression and corporal punishment against children. Several countries expressed commitment to review and revise laws to explicitly ban corporal punishment in all settings such as in the home, daycare, schools, penal institutions, and as a sentence for crimes.[261] In some countries, laws and policies are conflicting or have vague provisions on corporal punishment. For example, in Eritrea[262], the school code of conduct prohibits the use of corporal punishment in schools although corporal punishment remains lawful under the Penal Code as a form of discipline. In Mozambique, government directives discourage the use of corporal punishment but there is no clear prohibition in legislation. However, Mozambique expressed commitment to reform laws and explicitly prohibit corporal punishment in all settings including schools.[263]

Table 10. Corporal punishment in legislations

Country	Legislation explicitly prohibits corporal punishment in schools	Committed to reform laws to prohibit corporal punishment in all settings
Angola	No	No
Botswana	No	No
Burundi	No*	Yes[xvii]
Comoros	No	No
Eritrea	No*	No
Eswatini	No	No
Ethiopia	Yes	Yes
Kenya	Yes	Achieved[xviii]
Lesotho	No	Yes
Madagascar	No	Yes
Malawi	Yes**	Yes
Mozambique	No*	Yes
Namibia	Yes	Yes
Rwanda	No*	Yes
Somalia	Yes (Somaliland)	Yes
South Africa	Yes	Achieved
South Sudan	Yes	Achieved
United Republic of Tanzania	No (Mainland) No* (Zanzibar)	No
Uganda	Yes	Yes
Zambia	Yes	Yes
Zimbabwe	No	No

*No prohibition in laws but there are school regulations/policies that prohibit
**Prohibition in private schools unconfirmed/needs verification

Source: https://endcorporalpunishment.org/reports-on-every-state-and-territory/; http://endcorporalpunishment.org/wp-content/uploads/legality-tables/East-and-Southern-Africa-progress-table-commitment.pdf

In summary, the ESA region has a strong legislative environment for creating accessible and safe learning environments for children with disabilities, but enforcement mechanisms hinder the implementation of policies. The lack of accessible school infrastructure and WASH facilities and prevalence of violence in schools continue to hinder many children with disabilities from accessing and fully participating in school. Safe learning environments are founded on inclusive values and positive relationships between and among learners, teachers, and other members of the school community. The work on creating accessible and child friendly schools requires concerted action from education leaders and the wider school community.

xvii Yes means "there is a commitment based on "unequivocally accepting recommendations to prohibit made during the Universal Periodic Review (UPR) of the state concerned. Some states have formally confirmed a commitment to prohibition in a public context outside of the UPR."

xviii Achieved means that laws have been amended to prohibit corporal punishment

3.4 Curriculum, pedagogy, and assessment
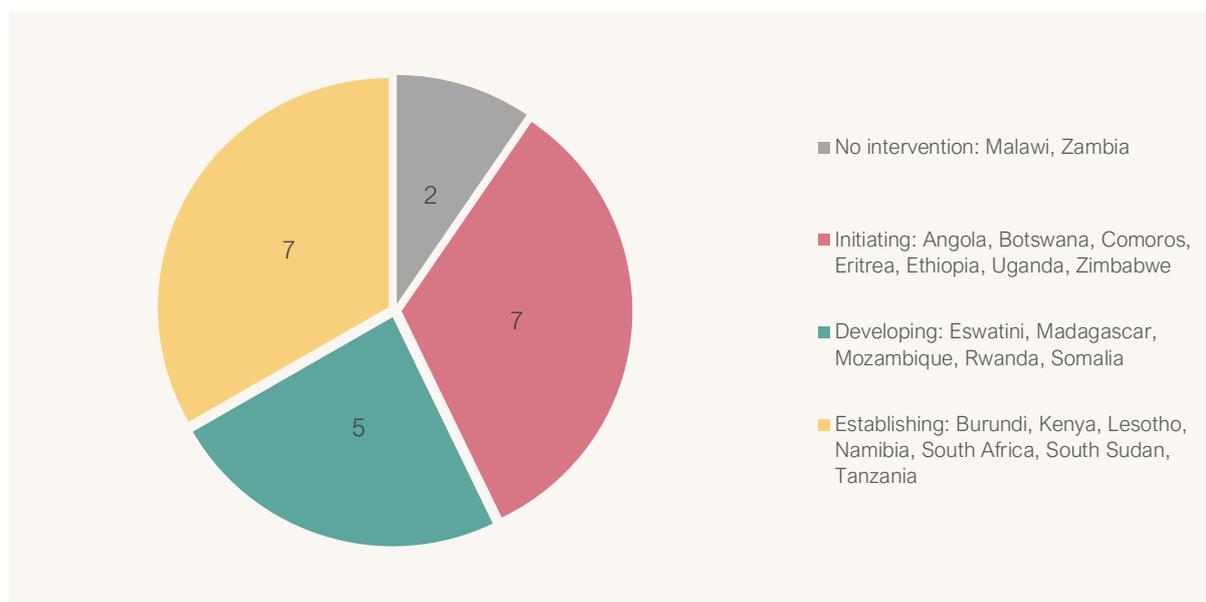
Figure 15. Progress of ESA countries in establishing inclusive curricula, pedagogy, and assessment systems

3.4.1   Curriculum

An inclusive curriculum caters to the diverse needs, experiences, interests, and personal characteristics of all learners. It aims to create a learning environment where all students are involved in the learning experience and have equal opportunities.[264] Limited and inflexible curricula that do not take into consideration diverse learning needs pose risks of exclusion for groups that do not share the experiences of the majority.[265] Hence, the importance of integrating inclusive principles and approaches in the curriculum design to address its limitations and rigidness. One concept that the UN CRPD promotes in terms of inclusive design and approaches is the Universal Design for Learning or UDL.

Universal Design for Learning (UDL) is used when this concept is applied in education. It means creating an inclusive learning environment and designing flexible learning frameworks, strategies, activities, and materials accessible to all learners, including those with disabilities. When applied in curriculum, it means designing ONE curriculum that is flexible and accessible to all learners.[266] Learners with disabilities usually have access to a "specialised" curriculum that is different from the curriculum accessible to learners without disabilities. The specialised curriculum usually sets a lower expectation, is less challenging or is simplified which can negatively impact the student's learning outcomes.[267] This practice creates barriers and amplifies segregation which can result in learners with disabilities feeling excluded.[268] An inclusive curriculum is designed for all learners– with or without disabilities– and can be utilised in various creative ways which are relevant, effective, and meaningful for each learner.

The study finds that most ESA countries plan to review or revise their curricula. The review of the existing curriculum to assess whether the content is learner-centred and reflects UDL principles is a promising initial step in ensuring the curriculum is inclusive. This process examines and ensures that inclusive elements are well-integrated into the learning goals and outcomes within a curriculum framework and must be enhanced, tweaked, or amended if the review reveals that these essential elements are lacking or non-existent. In Eritrea, there is a plan to improve the learning outcomes for children with disabilities through curriculum

modification, although this initiative is still within the context of special education.[269] Ethiopia has also identified curriculum adaptation for children with disabilities as one of the priorities in the Master Plan for Special Needs Education/Inclusive Education 2016-2025.[270] The Lesotho government plans to review and revise the curriculum in preparation for the inclusion of children and youth with disabilities in mainstream schools.[271] One of the policy's objectives is to ensure that the curriculum addresses the specific learning needs of children with disabilities at all levels.[272] Concrete steps to implement these countries' curriculum review/adaptation/revision must be determined to guarantee its actualisation in the near term.

Curriculum review and reform initiatives are already underway or have been implemented in some countries in the ESA region to make the curriculum more inclusive. In Eswatini, a competency-based and learner-centred curriculum Framework was adopted in 2018.[273,274] Uganda undertook a curriculum review to recognise the various needs and challenges children with disabilities face in schools.[275]

Some countries are leading examples of inclusive curriculum reform in the ESA region. For example, Rwanda reviewed its primary and secondary curriculum in 2013 and has implemented a competency-based curriculum since 2016.[276] All children with disabilities except those with "mental disabilities"[xix] are taught the same curriculum. An adapted curriculum for children with intellectual disabilities has been developed, as well as an educators' guide which is available in the Kinyarwanda language. In Burundi, the national curriculum is inclusive and accessible to all learners according to the principles of UDL. Actions have been taken by the government to reform the standard national curriculum and assessment system both at the national and classroom levels to ensure flexibility, adaptability, and responsiveness to all learners. In addition, children with disabilities follow the same curriculum as children without disabilities.

Some countries have adopted a competency-based curriculum (CBC) that is inclusive and disability-friendly. In principle, CBC is a learner-centred curriculum that is adaptive to the changing needs of students, teachers, and society.[277] It implies that learners can acquire and apply the knowledge, skills, values, and attitudes they learn to everyday life. For example, there is evidence that Kenya and South Sudan have adopted CBC. In addition, South Sudan's curriculum is inclusive and takes into consideration the needs of children and youth with disabilities. Appropriate teaching and learning methodologies are in use. Assessments in mainstream schools meet the needs of different disabilities. However, there is a need to train more teachers in sign language and braille.

Challenges persist in some countries, and curriculum adaptations that respond to the needs of children with disabilities are yet to be made. The continuous use of an inflexible curriculum can immensely affect students' performance and remarkably reduce learning outcomes[278]. Survey results show that in some countries, the curriculum remains rigid and not fit to meet the needs of children with disabilities. In Uganda, although educators perceive inclusive education as necessary in primary schools, the curriculum is centralized and prescribed for teachers without room for modification.[279] It is for this reason that some non-state actors are constantly advocating for curriculum reforms.

In Zambia, the Norwegian Association for the Disabled (NAD) has been pushing the agenda to ensure that inclusive education is included in the curriculum at the tertiary education level so that graduates have the capacity and the pedagogical skills to teach learners with disabilities. NAD Zambia has held workshops for teachers and lecturers in universities, including senior

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[xix] Terminology is directly quoted from survey respondents

officers of the Zambian Ministry of Education, to identify how inclusive education can be part of college and university courses.

There is a need to harmonize the initiatives of the government and non-state organisations. In Malawi, Tanzania, and Zambia, interventions on curriculum development led by government and non-government partner agencies have weak linkages, resulting in a lack of a holistic vision and a single primary framework for curriculum reforms in the countries.[280,281] While the government served as the standard bearer of all national initiatives on curriculum development, non-state organisations and other stakeholders play a crucial role in ensuring that these initiatives are aligned with and relevant to the context on the ground and are appropriately implemented. Further, harmonisation is essential to ensure separate initiatives of non-state organisations are well-synergised and firmly linked with the overall national goals and initiatives in the curriculum.[282]

To conclude, these endeavours to review and reform the curriculum of some countries indicate progress in inclusive education implementation in the region. It is crucial, however, to maintain or strengthen this momentum of making the curriculum inclusive to effectively address the diverse needs of learners through flexible, competency-based, and learner-centred designs. The synergised efforts of all key stakeholders are also pivotal in linking all the different interventions for a much more relevant and accessible inclusive curriculum for all learners.

3.4.2   Pedagogy

A learner-centred pedagogy allows teachers to be responsive to the different needs of each learner. This centres on the teachers' inclusive behaviour and practices inside the classroom–interacting with all students without prejudices and biases, providing accessible learning materials and reasonable accommodation, and applying UDL principles in teaching and assessing students' learning[283]. To effectively utilise this approach, this must be considered and integrated in policy initiatives for improving schools' teaching and learning processes, specifically inside the classroom.

Children's Voices: Teaching based on learners' interests

Teaching based on learners' interests helps them get motivated and enjoy school time. Some children and youth with disabilities expressed their interest in learning through reading, writing, and playing. While others are motivated to learn history and do physical exercises in school. Creating various fun and engaging activities is essential to unlock learners' interests and encourage them to participate in class.

There are policy initiatives aimed at improving the teaching and learning process and providing children with disabilities the necessary support to learn better in schools. Beyond the policy framework, countries have developed guidelines on strategies teachers can use and implement in and outside the classroom to ensure that the learning experience accommodates all learners, including learners with disabilities.

Ethiopia, through Education Proclamation NO. 650/2009, had made provisions for assistance for students through sign language services, accessible facilities and learning environments, alternative testing procedures, and educational auxiliary aids.[284] Ethiopia's 10-year education master plan places the enactment of education law as a strategic priority. The law, when enacted, will require sign language as the medium of instruction for students with hearing

impairments.[285] There are also plans for the implementation of in-service and pre-service teacher training focusing on inclusive education and special needs education, which offer specialised modules for regular teachers to develop skills in the use of braille, sign language, and the use of alternative and augmentative communication.[286]

Across the region, there is evidence of countries emphasizing the provision of reasonable accommodations such as adaptable pedagogical approaches and flexible teaching strategies. For example, in Mozambique, there were efforts to teach educators braille and sign language through training offered by the Mozambican Ministry of Education, to accommodate students in special schools or mainstream classes.[287] Through this, learners without disabilities also gained an understanding of the braille and sign language systems during general classes.[288] Rwanda's Teachers' Guide for Special Education guides teachers on ways reasonable accommodations can be provided. Moreover, Individualised Education Plans (IEP) are used to assist children with disabilities with specific educational needs. [289,290] IEP is a tool that tracks the child with disabilities learning progress against his/her identified individual learning goals. The child must be involved and consulted when developing the IEP to ensure interventions and accommodations are according to the child's preference and actual needs.

A differentiated curriculum, which is a curriculum that is individualized to meet the diverse needs of all students in one class, is a widely acknowledged practice in Kenya.[291] There is an ongoing adaptation of basic education curricula, however, implementation remains a challenge, especially for teachers who do not have the capacity to carry out differentiated curricula in an inclusive setting. A national survey showed that less than 50 per cent of teachers in special schools and less than 25 per cent in integrated schools felt competent in implementing IEPs.[292] The same report found that teachers from regular schools do not develop IEPs because of inadequate knowledge and skills. In cases where teachers had developed IEPs, these were not effectively implemented.[293]

The active presence of non-state actors in disability-inclusive education has led to positive results. A five-year pilot programme called the Alternative Basic Education (ABE) was implemented in Somalia in 2015 with assistance from USAID.[294] The programme was launched to provide a viable alternative to formal schooling for pastoralists and other out-of-school children to ensure they complete a cycle of basic education. ABE utilizes flexible education approaches which include basic educational approaches and a specialised curriculum that condenses eight grades of formal primary schooling into four levels of alternative basic education over five years.[295] Although initially not aimed at promoting disability inclusion, as the programme expanded over the years, children with disabilities were enrolled.[296]

Key challenges in the region include large class sizes and a high student-teacher ratio (Primary – 44:1; Secondary – 28:1)[297]. In Kenya, this led to heavy workloads for teachers and less room for the effective implementation of IEPs.[298] Although South Sudan emphasizes the importance of student-centred teaching, the issue of large class sizes and insufficient teacher training prevent successful implementation.[299]

There is also a need to increase teacher capacity, especially in inclusive pedagogy and reasonable accommodation. In Zambia, a study found that most teachers who use sign language in two schools for the deaf felt their sign language training was inadequate.[300] Although half of the teachers believed they were offering lessons in Zambian Sign Language to the children, the study revealed that the sign language being taught was simply an attempt to symbolise spoken English. In Kenya, teachers and school administrators are still learning the concept of UDL.

"Writing notes is the most difficult especially when the teacher dictates the notes – sometimes I cannot hear the teacher well but when the notes are written on the blackboard, I am fast."

"Copying notes because I am near sighted, I cannot see well – so when the font is small even with glasses I need large font – people like me (people with albinism) need large font – I have an assistive device (Prodigi Connect 12) which I use for notes and writing."

Several children and youth with disabilities narrated the challenges they experienced during class, especially when teachers asked them to copy on their notes the lessons written on the board. Those with low vision, near-sightedness, and hearing difficulties were the most affected. Providing reasonable accommodation to these students can address the issues they encounter. Further, applying the UDL principles in teaching can help teachers think of various creative activities that can cater to the different needs of learners with disabilities.

Despite the remaining pedagogical challenges, the policy initiatives to improve teaching strategies in the ESA region resulted in promising practices such as using flexible teaching and the provision of reasonable accommodation for students with disabilities in some countries. However, inclusive pedagogical practices in the region still need to be strengthened, especially in applying UDL principles on the actual teaching practices on the ground.

Box 12. Teaching above and beyond expectations in Comoros

In a study on children with disabilities in Comoros, classes were observed to heavily rely on traditional teaching methods and classes were non-interactive. Although headteachers in this study agree that more activity-based pedagogies were better for all learners, they were not able to follow up or advise on teaching practice in the classroom. It was observed, however, that some teachers were actively finding ways to accommodate learners with disabilities in their own ways.

In one such case, one teacher developed a unique system of gestures to communicate with a hearing-impaired student. The teacher would then check the student's understanding by directly asking the student through lip reading and gestures. This initiative of teachers to find alternative ways to teach learners with disabilities proves their clear understanding of the importance of inclusive and flexible teaching to better support learners with disabilities.

Source: Education Development Trust, "A Study on Children with Disabilities and Their Right to Education: The Union of Comoros," (2016).

3.4.3   Assessment

There are policy-level initiatives in the region that aim to improve assessment methodologies and make them more disability-inclusive. These initiatives differ in approach per country.

Standardised tests provide reliable information about students' achievement against learning outcomes and standards. This is particularly useful for the students, parents, and educational institutions, especially as a basis for planning future learning goals and pathways for students.

Some countries' assessment policies target standardised assessments for the promotion of students to the next grade level. In Madagascar's constitution, children with disabilities are encouraged to participate in national exams.[301] Rwanda's Revised Inclusive Education Policy aims to provide additional training to departments in charge of examinations to improve the assessment mechanisms to facilitate learning progression for children with disabilities.[302] In Somalia, Somalia's National Assessment Systems aim to centralise the examinations in separate states.[303] Burundi's Ministry of Education organizes the national assessment for children with disabilities with reasonable accommodations such as providing extra time to complete the exams.

Formative assessment is necessary to ensure the learning process is relevant and appropriate to all students, including students with disabilities. It provides constant and timely feedback about the student's performance that teachers can utilise to improve their teaching strategies and make them more suitable for the student's learning needs. Teachers in the ESA region must fully incorporate this assessment method into their teaching practice to better support students in their learning progression.

Children's Voices: Creating a supportive environment – inclusive pedagogical strategy

When children and youth with disabilities were asked during the FGD session how their teachers and classmates help them, many responded that their teachers help them by simply checking if they can follow the lesson and ensuring that they do well in the class. Some teachers offer support outside class by providing tutoring, remediation, and catching-up session after school. Some also said their classmates were very helpful, especially in lending notes and exercise books when they missed class. Their classmates also help with their homework, writing notes, and group tasks.

"Teachers offer extra lessons, remediation, and catch-up support after school."

"The SiSwati teacher helps me she usually helps me when its SiSwati time and when she is writing notes on the blackboard, and she is right at the end she comes to check if I am writing. She normally collects our exercise books to check our notes. She is different from other teachers because she makes sure I do well."

"My colleagues are supportive even when I am not at school, they usually help me and lend me their exercise books. Teachers also help in that when they are reading notes and they are fast they usually ask who is behind and I tell them that I am behind they usually read the text again."

Creating a supportive environment inside the classroom is a strategy teachers can utilise to motivate students to offer support for each other and collaborate on different tasks. This strategy can also promote a relationship-centred environment that can improve the participation and engagement of students, not just during class hours but also beyond.

A focus on formative assessment is evident in some countries. Ethiopia's master plan for inclusive education mentions learning assessment that considers learners' disabilities.[304] Developmental assessments such as portfolios and project work are recommended to be used as alternatives or supplementary to exams. Zimbabwe's draft Inclusive Education policy focuses on expanding its assessment system to include formative assessment in evaluating students' learning outcomes.[305]

Access to curriculum and assessment remains an issue for learners with disabilities in the ESA region. In Uganda, children who are deaf face barriers in accessing the curriculum and assessment in schools that lack sign language services. Due to insufficient funding, the government is not able to recruit sign language interpreters and most teachers are not trained in

sign language. The country's draft Inclusive Education Policy aims to supplement these needs and provide flexible assessment procedures to appropriately meet students' learning needs.[306] Inaccessible curriculum and assessment can be addressed by intending to design curriculum framework and assessment activities that are inclusive and relevant for learners with disabilities. Reasonable accommodation must be integrated into the system to prevent discrimination against learners with disabilities and ensure their needs are met and addressed. Further, as previously mentioned, curriculum and assessment must be aligned with UDL principles. These can provide learners with disabilities with various options to learn the lessons and demonstrate their learning.

The push towards an inclusive curriculum, pedagogy, and assessment that caters to the varying needs of all learners is evident throughout the region, albeit in varying stages. The assessment showed the commitment of individual nations, most of all, the dedication of educators at the classroom level. However, this commitment is met with challenges.

- In some countries, there is a need to fast-track the review and revision of their national curriculum to serve as the backbone for flexible and adaptable educational content that accommodates all learners.
- There is a need to harmonize efforts and collaboration among government agencies and non-government organisations.
- There is a need to revisit the universal design for learning, particularly in increasing the capacity of educators in implementing UDL.
- Assessment approaches vary among countries, however, there is a need to consider the best assessment approach that complements the student's learning progression and development.
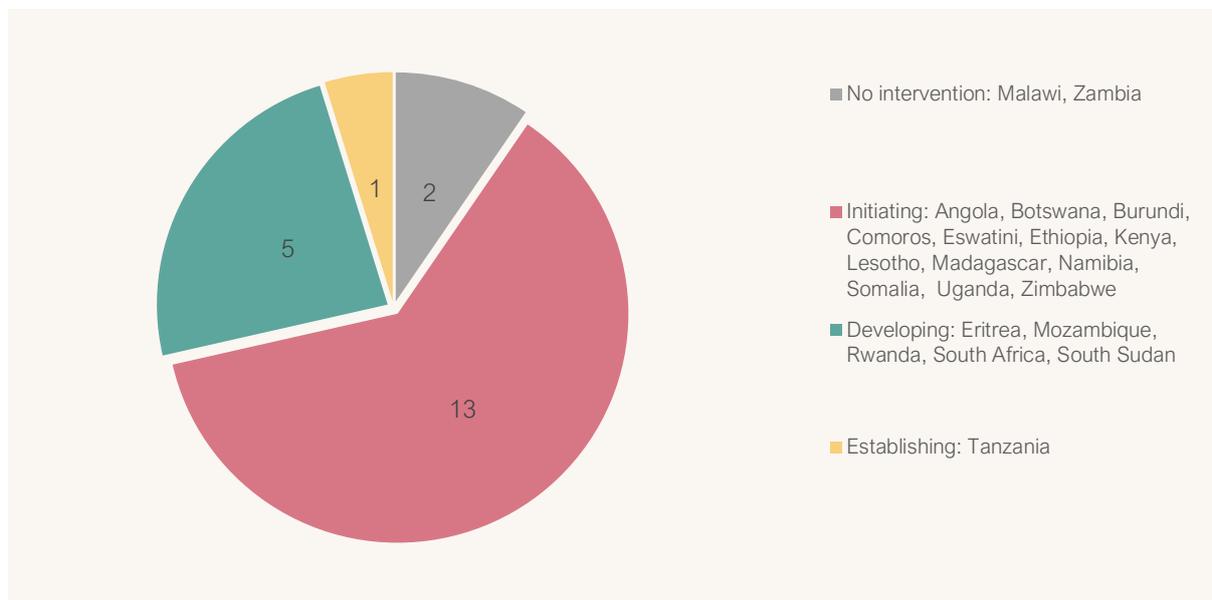
3.5 Learning materials

Figure 16. Progress of ESA countries in providing inclusive learning materials

When children with disabilities have access to a variety of learning resources, it promotes their participation in the classroom and gives them an equitable opportunity to access lessons and learn alongside their peers. UDL provides a flexible approach to addressing children's

educational needs and ensuring that learning is accessible to all students. The adoption of UDL helps reduce learning obstacles as the needs of every student in the classroom are considered while designing a barrier-free learning environment.[307]

There is limited evidence on the use of Universal Design for Learning Framework to support all children in the classroom. To fulfil the right to inclusive education, it is important that resources, curricula, and pedagogy are adapted to cater to all students. UDL is a strategy that uses flexible approaches to provide all students an equal chance to education. A few countries started to adopt UDL to improve teaching and learning in the classroom.

In South Africa, the White Paper on the Rights of Persons with Disabilities[308] mandates a universal design approach which aims to develop materials and programmes and enhance service in an enabling environment to be used by all students, without the need for integration or specialised design."[309] During the COVID-19 pandemic, the Kenyan Ministry of Education worked with UNICEF to offer remote learning via radio, television, and the internet to support learning continuity during the pandemic. With the help of UNICEF, the UDL framework was used to improve learning resources and ensure that all children have access.[310]

Accessible teaching and learning resources including the provision of assistive technologies help improve the learning of many children with disabilities, however, challenges in digital infrastructure remain. Most policy-level and ongoing initiatives related to inclusive learning materials in the ESA region focus on using diverse learning materials in various formats such as braille, audio-visual media, assistive technologies, and e-Learning to teach children with disabilities. The COVID-19 pandemic highlighted gaps in the accessibility of digital learning.

In Burundi, policies support the use of audio-visual media in teaching children with disabilities. ICT and other information and communication tools are also made accessible to them. In Madagascar[311] and Zambia,[312,313] policies require educational institutions to provide or use braille and sign language when teaching children with visual and hearing disabilities. Eswatini's Standards for Inclusive Education articulates the need to provide assistive technologies to teach children with disabilities.[314] Through cooperation with government agencies and organisations, schools must ensure the availability of suitable and tailor-made assistive devices. Teachers and students are also given training on how to effectively use assistive technology to reduce learning barriers.[315] Some districts in Zanzibar reported low rates of participation in education among girls, especially among girls with disabilities. To address these issues of access, equity, and quality, Tanzania has developed guidelines for producing gender-sensitive textbooks and learning materials.[316] Additionally, the Zanzibar 2017–22 Education Development plan aims to develop an appropriate gender filter for all education programmes. [317]

Non-government actors in Lesotho, such as Global Partnership for Education, provide learning materials in Braille to support the education of children with disabilities.[318] Teacher training materials have also been created with help from the Global Fund.[319] The Accessible Digital Textbooks for All (ADT) is a global initiative led by UNICEF and supported by the UN Partnership on the Rights of Persons with Disabilities (UNPRPD) to make textbooks available and accessible for children with disabilities in all contexts and, as a result, improve learning outcomes.[320] To strengthen ongoing national initiatives in inclusive education, Kenya, Rwanda, and Uganda have been strategically identified to launch the joint initiative. As a result, pilot activities and capacity-building were conducted in these three countries to increase access to information and educational materials through accessible textbooks. In Kenya, three versions of the textbook – one with audio, one with sign language, and one with simplified language– were piloted. This was followed by a UDL version – a combination of all three versions produced as one ADT.[321] In

Uganda, three formats of Grades 4 and 6 English Language ADTs were created: audio materials for children with low vision and/or blind, enhanced graphic materials with large texts for children with low vision, and sign language materials for children who are deaf. This has increased motivation to attend and participate in school classes and improved learning for children with disabilities.[322] In Rwanda, teachers and curriculum developers were capacitated to adapt, based on UDL principles, the current textbooks into ADTs called 'Accessible and Interactive Multimedia Textbooks (AIMTs). These adapted textbooks aim to deliver interactive activities suitable for the different learning styles of learners, including learners with disabilities.[323]

Another programme by non-government actors that aims to increase the access of learners with disabilities to innovative and affordable assistive technology is the AT2030 programme, funded by UK Aid. The Clinton Health Access Initiative (CHAI) has partnered with country governments to implement this initiative. In Kenya, a case study was conducted to assess the national wheelchair service provision and rehabilitative services.[324] The study identified the gaps and challenges in accessing rehabilitative and assistive technology services based on various factors such as policy gaps, limited wheelchair service providers, absence of quality standards, and limited financing. To address the gaps and challenges, the Ministry of Health, with CHAI's support, drafted the National Strategy for Scaling Rehabilitative Services and Increase Access to Assistive Technology and the Disability Medical Assessment and Categorization Guidelines. This policy document aims to streamline rehabilitative services in Kenya.[325]

In South Africa, e-learning is promoted as an option for teachers to tailor their instructions according to the specific needs of learners with disabilities.[326] Activities and learning materials are adapted to each student based on their readiness, interest, and learning profile.

As a result of the pandemic's forced school closures, online learning platforms were the most popular response for remote learning globally. However, 1.3 billion school-age children worldwide do not have access to the internet at home, with households in rural areas having a consistently lower likelihood of having internet access.[327] As such, the digital divide in Eastern and Southern Africa has significantly widened due to the lack of connectivity and access to technology. This allowed for the introduction of remote learning through ICT platforms in some countries, which is an important step toward improving access to school, particularly for children with disabilities.[328] In some countries, such as Angola, Eswatini, Eritrea, and Rwanda, internet and TV-based learning were made accessible to children with disabilities through sign language interpretation. Further studies, however, should be conducted on the accessibility of online learning for children with disabilities during the pandemic.

Resource centres provide specialised support for children with disabilities but risk perpetuating segregatory practices. Some countries established or improved existing inclusive education resource centres to provide learning materials contextualised to the specific needs of children with disabilities. Most local and school-level programmes and initiatives also focus on establishing resource centres and providing reasonable accommodations, assistive devices, and learning materials for children with disabilities. This is complementary to the identified focus key areas at the policy level in most countries in the ESA region.

In Burundi, Eritrea[329], and Ethiopia,[330] inclusive education resource centres for children with disabilities were established and existing ones were improved. Similarly, one of Mozambique's main strategies to implement inclusive education is through establishing resource centres. These centres mobilise relevant actors in schools and communities to support the education of children with disabilities.[331] In Ethiopia, the implementation of inclusive education has notably improved, especially in cluster schools with established resource centres.[332] These resource

centres aim to enhance the provision of reference materials, equipment, and other educational resources for children with disabilities within the country.[333] Resource centres were also established in Kenya for learners with disabilities; however, it needs further government support and provision of adequate staffing to better support children with disabilities. [334] Additionally, learners with disabilities in Kenya receive assistive devices, talking devices, and hearing aids.[335]

In Madagascar, private and local non-government organisations helped establish resource centres for children with intellectual disabilities.[336] South Sudan[337] plans to establish inclusive education resource centres, while Namibia[338] and Tanzania[339] aim to convert special education schools into resource centres. Rwanda recognises the importance of providing reasonable accommodations for children with disabilities in mainstream settings.[340] Special classrooms are provided in mainstream schools for students with severe disabilities. Resource rooms are also made available for children with disabilities who receive special education services and need intensive support to keep up with grade-level work.[341]

While there are several initiatives to provide targeted support for learners with disabilities through resource centres, there is a high risk of further excluding children when they are separated from regular classes. Without clear inclusive implementation guidelines, these resource centres run the risk of becoming another form of segregation. GC4 stipulates that all support measures must be in line with inclusion. Rather than placing children with disabilities in separate classrooms, they must be supported in the same classroom as children without disabilities to participate and thrive.[342]

Box 13. Accessible Digital Textbooks for Learners with Disabilities in Uganda

In partnership with the Ministry of Education and Sports (MoES), UNICEF implemented a project to develop accessible digital textbooks (ADT) for learners with disabilities to address learning gaps in Uganda. The project produced ADTs in English Language for Grades 6 and 4 in three formats: audio material for children with low vision and blind, large text HTML and enhanced graphic materials for children with low vision, and sign language materials for children with hearing disabilities. The ADTs were piloted in 20 schools. Further, head teachers and teachers were trained in using these accessible digital textbooks. As a result, there was an increased motivation for many children with disabilities to learn and participate in school activities. Learning achievements have also improved.

Source: UNICEF, Uganda Pilot: UNICEF and UNESCO joint project funded by UNPRPD (2019)

The limited evidence on using UDL in developing learning materials implies the ESA countries' challenge to produce inclusive learning materials accessible to all learners, including learners with disabilities. These countries must prioritise finding a strategic and sustainable solution to ensure learners with disabilities have access to a variety of learning materials relevant and suitable to their learning style. Also, countries must develop or enhance their digital infrastructure to address the gaps in accessing digital learning, especially now that digital learning became the most common education approach for all learners due to the pandemic. Lastly, it is important to assess the quality of support resource centres provide and identify implementation strategies that further exclude learners with disabilities. There must be clear guidelines on implementing inclusive interventions to eliminate segregatory practices.

3.6 Support services
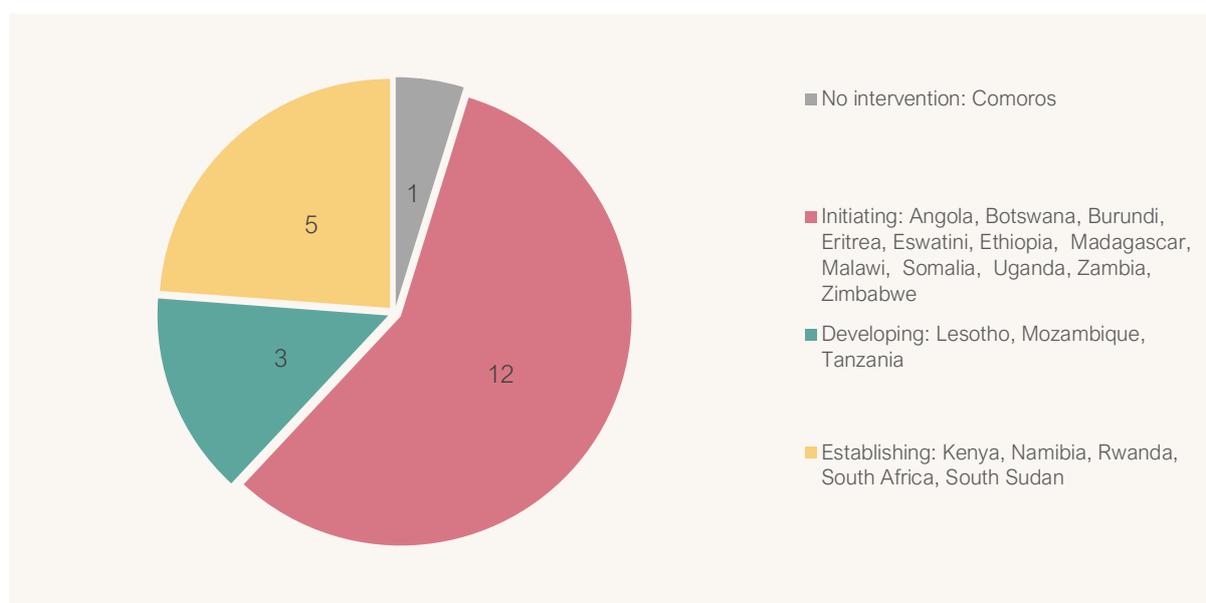
Figure 17. Progress of ESA countries in establishing support services for children with disabilities

There is great potential in integrated forms of service delivery which targets not only education outcomes but also health, poverty, and vulnerability. Integrated support services across various sectors, such as education, social, and health provide an opportunity to emphasize a holistic approach to address the complex needs of learners with disabilities. Traditional education systems and limited education-based reforms do not meet the complex needs of children with disabilities.[343] UNESCO reported that students have better learning outcomes when provided with additional services that promote mental, physical, and emotional health; services that address social needs; and services that ensure transportation and safety.[344]

However, integrated services are usually context-specific and depend on the political, legal, and funding systems in place established at the local and national levels.[345] This section discusses various integrated service initiatives in the region as well as challenges faced by countries when implementing these services.

3.6.1 Specialised support services

Most countries acknowledge the need for specialised support services and intervention for children with disabilities. However, countries implement various forms of support services strategies at different levels of administration. In 2012, South Africa targeted the goal of improving the health of learners by providing a basic health services package (i.e., treatment related to visual impairment, mental health, and HIV and AIDS, preventative measures for physical and emotional health) to all schools in the country through its Integrated School Health Policy.[346] However, the policy has had limited success in its implementation as it required strong intersectoral and multisectoral collaboration among key government agencies and local educational structures.[347] To address the lack of a comprehensive policy related to inclusive education Kenya released the Special Needs Education policy framework in 2009. The policy established Educational and Assessment Resource Centres where multidisciplinary teams of experts can make an informed referral through the accurate assessment of the diverse needs of children with disabilities. Yet, the comprehensiveness of the policy framework and the lack of meaningful updates since the policy's creation has led to weak implementation on the ground.[348]

Other forms of specialised support services are present in most countries. In Namibia, several rehabilitation centres across the country provide specialised services to persons with disabilities.[349] In Eswatini, rehabilitation and therapy services are provided by hospital-based therapists under the Ministry of Health. More emphasis, however, is currently placed on treating and rehabilitation rather than prevention. Uganda aims to provide practical skills training and education for young deaf children, as well as their caregivers, through further development of the Uganda Sign Language. The system will utilize knowledge from native sign languages and distinctive grammar in the country. This vision will come about through the training of suitable candidates to become teachers of sign language and literacy, the training of sign language interpreters, and the establishment of an interpreter service centre in the country. Rwanda provides assistive devices (e.g., wheelchairs, crutches, sun cream and lotion) for children with disabilities who cannot afford these resources, as well as access to appropriate health services in different specialized hospitals. In Angola, Early Childhood Development (ECD) and Early Childhood Care and Education (ECCE) programmes are already available. However, children with disabilities are excluded from these services and lack a mechanism to ensure the transition to primary education. Angola offers Specialized Educational Assistance (AEE) for learners with disabilities in Multifunctional Resource Rooms (SRM) and spaces available in schools.

Some countries have early identification and referral services in place but challenges in effective implementation persist. Early identification (see section on Identification systems) must be linked with early intervention services and approached through a multidisciplinary collaboration to ensure the delivery of a wide range of support services. Referral systems should bridge identification and interventions in support of optimal development among children with or at risk of developing disabilities. In Rwanda, a National Guide on Assessment and Referral of Children with Disabilities was developed by the Ministry of Education in partnership with UNICEF. The guide sets out linkages to various support services such as health, social protection, child protection, and nutrition, among others. A pilot programme in five districts has benefited 417 children through identification, referral, and social support services. MINEDUC in collaboration with the World Bank and UNICEF are developing the national system to scale up the assessment and referral model that will benefit all children with disabilities in need difference services required to enable them to learn.

In 2014, South Africa established the National Strategy on Screening, Identification, Assessment, and Support to implement identification strategies in the country with an overall

goal to integrate learners with disabilities within the education system.[350] The strategy was developed through the participation of various government agencies, schools, and other partners to provide additional services. Through the Support Needs Assessment professionals and other stakeholders were able to identify barriers to learning, as well as means to develop a support strategy to address challenges. However, early evaluation of the strategy showed that the implementation process has been slow.[351] There is also limited follow-up or information on whether the strategy was able to foster cross-sectoral collaboration across different actors or has improved outcomes for learners with disabilities.[352]

Countries also rely on community-based rehabilitation (CBR) programmes which are "strategies implemented through the efforts of persons with disabilities, their families and communities, and the appropriate health, education, vocational, and social services.[353]" CBR programmes help children with disabilities access essential services. Madagascar's national plan for inclusion includes health workers providing early intervention through CBR programmes in health centres.[354] South Sudan implemented a small component of CBR to promote therapy, rehabilitation and early intervention including building local capacity. CBR programmes in South Sudan,[355] and Uganda[356] provide education and rehabilitative services. However, challenges persist in some areas, findings from a study on the Gedeo zone in Southern Ethiopia indicated that CBR service provision was not yet well-established.[357] Early intervention services, rehabilitation, and CBR services in Ethiopia are usually limited to charity organizations and compassionate individuals and focus heavily on persons with physical disabilities. Local partners provide early identification for rehabilitation interventions, either at home or a nearby centre, while therapy and referral linkages for children with disabilities pass through field workers, social workers, and health extension workers. In Mozambique where access to specialized medical services is limited, CBR helps provide the necessary support for children with disabilities, as well as promote social and behavioural change within the community.[358]

Development partners are a vital support system for countries in terms of the provision of specialised support services. Non-state actors, like NGOs, OPDs, and CSOs, among others, help deliver and coordinate services across the region. Kenya capitalizes on available specialised support services for children with disabilities provided by multiple donor organisations and NGOs. It was unclear if these services are fully available across the country and some services, such as psychosocial services and therapy, were the least support services offered by NGOs and partners.[359] The Red Cross in Botswana provides age-appropriate psychosocial support for children with disabilities and their families. Sense International built four early intervention units in a district in Tanzania, trained and supported Education Support and Resource Assessment Centres, as well as supported the formation and registration of a support group for parents of children with deaf-blindness and multi-sensory impairments.

An important step in achieving effective integrated service provision is through monitoring, data collection, and information-sharing in integrated service delivery. These activities, for example, can help identify specific needs of learners with disabilities, recognize context-specific processes that can improve service delivery, avoid redundant services, and evaluate target outcomes. A few countries in the ESA Region have established data collection and monitoring within their respective strategies and frameworks. The Inclusive Futures Project in Rwanda, which is funded through the country's Innovation for Education Program, has incorporated and streamlined elements of data collection and sharing. A checklist was designed to acquire and collate information teaching methods and classroom inclusiveness, as well as a joint monitoring team consisting of members from various government agencies and stakeholders.[360] Through its Measuring Early Learning and Quality Outcomes (MELQO) study the Tanzanian government gathered data on the quality of pre-primary education and learning outcomes in 2017. The study was able to set a baseline on the

status of pre-primary learning outcomes, as well as gaps and challenges that need to be addressed for all learners.[361,362] Although data on enrolled children with disabilities were included in the sample, this represents only a limited view on the complex needs of children with disabilities as most of them were not enrolled.[363] The data obtained from the initial MELQO study paved the way to drafting a pre-primary action plan, as well as a Parenting Strategy and Life Skills Learning Strategy in the country.[364]

Box 14. Increasing access through innovative approaches

Kenya

The **School Transport System for Children with Disabilities** (STRIDE) project under the Department of Education and ICT with technical support from UNICEF, was implemented in 2021 in Mombasa County, Kenya. The programme aims to improve access and increase school enrolment in Mombasa County by having children with disabilities shuttled to school for free.

STRIDE has three programme pillars:
- a school transport system for children with disabilities;
- an unconditional cash transfer to provide financial support for households with children with disabilities for school-related expenses; and
- capacity strengthening for government implementers to support the implementation of the programme and increase the capacity of Education, Assessment and Resource Centres in the County.

The programme pillars can be independently implemented, but the synergies created from joint implementation are expected to form the cornerstone for future social protection programming for learners with disabilities.

Eritrea

In an incredible show of resilience, Eritrea found an innovative strategy to provide mobility support for children living in remote areas and children with disabilities. The **Donkey for School Project** is a multisectoral initiative that provides vulnerable families with donkeys and accessories as means of transportation and social protection. The project was originally implemented in 30 communities targeting 870 households. Aside from the country's unique terrain, Eritrea suffers from mines and other explosive remnants of war. With help from UNICEF who supplied local prosthetics, affected families have been given donkeys to take children living with disabilities to school.

Since its inception, the project's overall goal was to improve the social protection of children by granting improved access to basic social services and increasing the income levels of vulnerable households.[365] The project supported the procurement and distribution of donkeys and accessories for transport and livelihood activities. Initial evaluation of the project showed promising educational and socioeconomic benefits, such as:[366]
- At the time of the survey, 92.5 per cent of child beneficiaries were attending school.
- 84 per cent of children with disabilities beneficiaries had full class attendance in the two weeks before the evaluation.
- Travel time from home to school is reduced by half.
- There was an increase in average grades (about three per cent) of beneficiaries.

Although updated information on the project's implementation was not available, survey data suggests that the project is still being implemented. These examples show that approaches that consider the distinct context of a community can provide unconventional solutions to challenges.

Source: CHASP, "School Transport System for Children with Disabilities - Mombasa County," https://chasp.co.ke/school-transport-system-for-children-with-disabilities-mombasa-county/.; Ministry of Labour and Human Welfare Eritrea and UNICEF, "Evaluation Report on the Donkey for School Project in Eritrea," (2011).; Gbemi Akinboyo, "Please Tell People to Stop Fighting. Mines Are Not Mine.," https://blogs.unicef.org/blog/please-tell-people-to-stop-fighting-mines-are-not-mine/.; Ministry of Labour and Human Welfare Eritrea and UNICEF, "Evaluation Report on the Donkey for School Project in Eritrea," (2011).

3.6.2   Social protection programmes

Most social protection programmes available in the ESA region are grants and financial assistance delivered by the government, NGOs, and private organisations to provide the basic needs of children with disabilities, such as food and nutrition, clothes, and education. These programmes help improve standards of living that may lead to a reduction in vulnerability and levels of poverty.

Most countries provide disability grants and financial assistance programs for children with disabilities and their families. Namibia provides financial assistance programmes for persons with disabilities and children with disabilities receive disability grants and welfare grants for financial assistance. In Zambia, the national Social Cash Transfer (SCT) programme includes disability in the criteria for selecting beneficiaries.[367] One of the goals of the SCT programme is to contribute towards increasing the number of children enrolled in primary school education. Its actual impact on enrolment is yet to be established.However, the beneficiary criteria are limited only to households with members with severe disabilities which can be identified through a Disability Medical Assessment Slip or a card from the Zambia Agency for Persons with Disability. Burundi's Ministry of Protection grants subsidies to families with children with disabilities, and to some extent, children who benefit from medical support. However, selection criteria and application procedures for grant subsidies are unclear and should be revisited to widen its reach.

Some financial assistance programmes provide support through scholarships and payment of school fees. Somalia provides partial scholarships which cover various school fees through different grants. Some local communities, faith-based organisations, and business communities in the country assist children with disabilities and their families through fundraising and supplying their basic needs such as food and clothes.[368] Kenya provides learners with disabilities in special and integrated schools with financial assistance for tuition fees. Eswatini has disability grants and financial support in the form of school fees for children with disabilities supervised by the Deputy Prime Minister's office.

There are also financial programmes that do not target education specifically but increase the chances for inclusion in education. Some of Zimbabwe's social protection programmes aim to address nutrition among vulnerable children in schools through their Home-Grown School Feeding Programme.[369] There is also support for children with disabilities through their Basic Education Assistance Module (BEAM), which pays for the basic education package of vulnerable children. Lastly, the Empowerment Loans support the welfare and well-being of persons with disabilities.[370]

Schools in Tanzania receive capitation grants for resources such as textbooks and other teaching and learning materials. The government has proposed to make the grant allocation process more equitable and increase school financial assistance to cater to more children with disabilities and provide them access to more resources.[371] In addition to learning materials, Zambian children with disabilities who are identified in need of assistive devices are given support to ensure that they are in class and participating in the learning process. To ensure sustainability, the partners through the inclusion teams are trained in resource mobilization alongside OPDs and CSOs.

As countries in the ESA region continue to improve efforts on the service delivery of specialised support services and special protection programmes, a few challenges to effective implementation persist. Although countries are guided by comprehensive policy frameworks, the lack of guidelines on how to perform assessment and evaluation can lead to missed

opportunities in the ground. This can also lead to stagnation, as well as unsuccessful means to update or revamp the frameworks according to the country's context. There is also limited information and research on how present strategies have improved learning outcomes, if any. Creating baselines on learning outcomes can help identify gaps and potential improvements, in this regard.

There is also a need to increase capacity and provide adequate training for professionals and stakeholders involved, as well as increase effective coordination among national, regional, and local actors. A key element of integrated service delivery is the collaboration among relevant agencies and stakeholders that can recognize the complex needs of learners with disabilities and avoid fragmented and redundant services.

4 Demand-Side

3.1 Socio-cultural beliefs, awareness, and attitudes
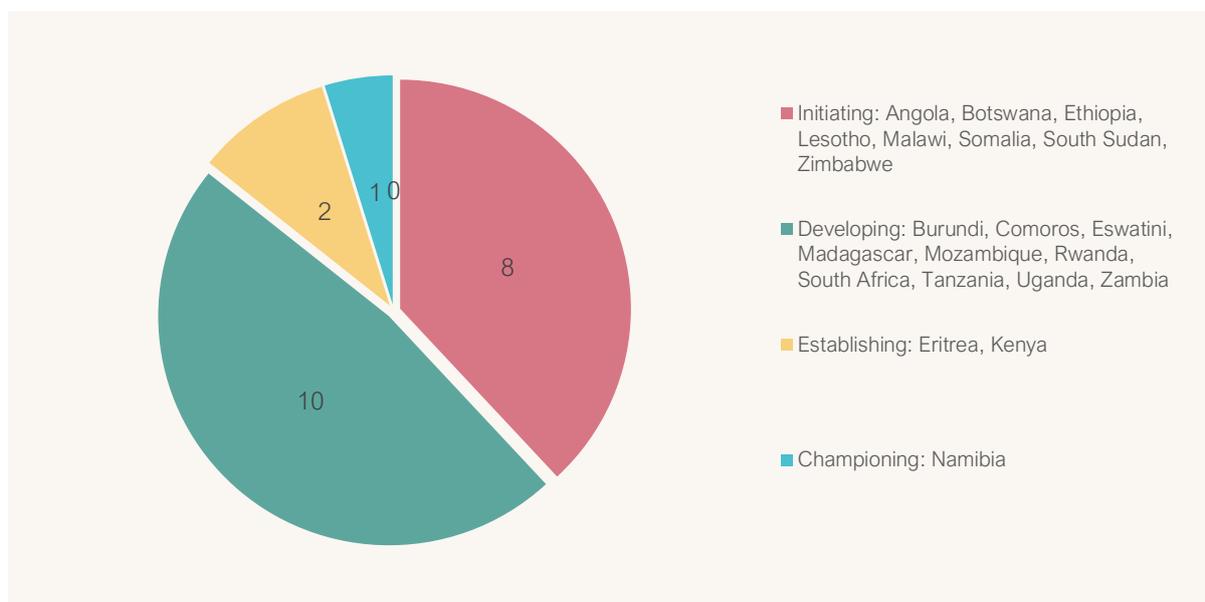
Figure 18. Progress of ESA countries in addressing negative socio-cultural beliefs and attitudes and increasing awareness of disability and inclusive education

Lack of awareness of disability and prevailing negative beliefs deprive children of their right to access quality education. Interventions such as advocacy campaigns and workshops are conducted to challenge the stigmatization and discrimination of children with disabilities. This section reviews the existing beliefs and attitudes toward children with disabilities and how these are being addressed by the government and development partners.

Negative attitudes and beliefs about disability impact the access of children with disabilities to education. How individuals perceive disability and how they behave towards persons with disabilities vary across communities within a country. Available evidence suggests that in many societies in the ESA, disability is perceived negatively leading to discrimination, stigma, and, in some cases, violence.

In communities across several countries, disability is seen as a punishment or a curse, while others attribute it to forces of evil acting upon an individual (Angola,[372] Lesotho,[373] Namibia,[374] Somalia,[375] Uganda,[376] South Sudan,[377] Zambia[378]) or to witchcraft (Botswana, [379] Eswatini, [380] Ethiopia, Kenya[381][382], Lesotho[383], Mozambique[384], Namibia[385]). In some communities, the belief that disabilities are due to the anger of the child's ancestors (Eswatini,[386] Ethiopia, Lesotho,[387] Mozambique[388]) or punishment for wrongful actions done by parents, usually the mother, or their ancestors is common (Eswatini,[389] Kenya,[390] Lesotho,[391] Mozambique,[392] Namibia,[393] Uganda,[394] South Sudan[395]). Research on other communities found that disability is seen as an illness acquired by interacting with a person who has disabilities (Kenya,[396] Lesotho,[397] Zambia[398]).

Across the region, persons with disabilities are often perceived as helpless and unable to contribute to society. They are viewed as lacking the capacity to make their own decisions (Zimbabwe[399]) and as burdens to their families, (Angola,[400] Burundi,[401] Ethiopia,[402] Zimbabwe[403]) hence, the low expectations of them (Comoros[404], Ethiopia). Studies in different countries in the region show that some parents of children with disabilities have low educational expectations for their children. Parents in some communities often believe that children with disabilities cannot achieve in school at the same level or pace as children without disabilities; thus their education is not prioritized (Comoros,[405] Kenya,[406] Madagascar,[407] Malawi,[408] Mozambique,[409] Namibia,[410] Rwanda,[411] Tanzania,[412] Zimbabwe[413]).

Strong negative perceptions about disability often result in feelings of shame in the family, which can lead many families to hide and isolate children with disabilities from society (Angola[414], Burundi, Eswatini,[415][416] Ethiopia,[417] Kenya, [418] Lesotho,[419] Madagascar,[420] Mozambique,[421] Uganda[422]). Children with disabilities are also at high risk of discrimination, abuse, and violence (Burundi, Comoros,[423] Kenya,[424] Malawi,[425] Mozambique,[426] Namibia, Somalia,[427] Uganda,[428] Zambia,[429] Zimbabwe[430]) which reinforces the choice of many families to keep them at home (Malawi,[431] Mozambique,[432] Somalia[433]). Strong negative attitudes of the community on disability and incidences of bullying in and around schools are important considerations for parents of children with disabilities. [434] In order to protect their children from negative and hurtful behaviour, most parents decide to keep their children at home. Further to this are issues surrounding gender. Aside from the greater risk of abuse and violence against girls with disabilities (discussion on gender-based violence can be found under Cross-Cutting issues), the traditional perception of gender held by parents further hinders girls with disabilities from going to school. For instance, reports from Angola,[435] Ethiopia,[436] and Somalia[437] indicate that there are parents who do not prioritize the education of their daughters with disabilities because they are not expected to be productive members of society.

A few studies on teachers, parents, and students' beliefs about the right of children with disabilities to education convey varying opinions on the education of children with disabilities. In some communities, teachers do not believe that students with disabilities have the capacity to achieve in school (Comoros,[438] Kenya,[439] Namibia,[440] Tanzania[441]). There is limited information however on the underlying factors that influenced this kind of belief from teachers. In Eritrea, teachers and school heads agree that learners with disabilities should learn in mainstream classrooms with their peers without disabilities.[442] Community members in Eritrea,[443] Ethiopia,[444] Kenya,[445] and Rwanda[446] view that children with disabilities must be educated. In Kenya[447] and Rwanda[448] however, it is commonly viewed that children with disabilities would benefit from studying in special schools rather than in mainstream schools.

The attitudes and perceptions of the community towards disability significantly affect the access and educational opportunities of children with disabilities. This, combined with structural barriers in the education system such as the lack of accessible infrastructure and child protection mechanisms in schools lead many families to keep children with disabilities out of school.[449] Governments should address the intersecting factors that hinder children with disabilities from accessing quality education. Studies on the underlying roots of negative attitudes and perceptions may inform policy-makers, education actors, and relevant organisations on developing advocacy and intervention programmes.

Governments, CSOs, OPDs, and NGOs, collaborate on advocacy and behaviour change campaigns to address negative attitudes and beliefs about children with disabilities.
Activities to raise awareness and develop positive attitudes toward children with disabilities and inclusive education have been implemented in many countries in the region (i.e. Burundi, Comoros, Ethiopia, Madagascar, Mozambique, Namibia, Somalia, South Africa, South Sudan, Uganda, Zambia, and Zimbabwe and Rwanda). However, some countries are more explicit in targeting children with disabilities. Most awareness-raising efforts were conducted by CSOs.

Many advocacy groups and organisations have been exploring the media to raise awareness of the rights of children with disabilities. UNICEF Burundi developed a documentary film on the use of theatre to strengthen community understanding of children's rights and to advocate for non-discrimination and non-stigmatization. The film helped shift negative perceptions of community members towards children with disabilities.[450] Furthermore, some schools conducted programmes that encourage teachers to adopt positive attitudes and inclusive pedagogical practices.

Workshops and campaigns were facilitated in certain countries to increase awareness of disability and inclusion. In Somalia, the Somali Disability Empowerment Network conducted a 4-day workshop on equity and inclusive education. Part of the programme was a door-to-door awareness-raising campaign led by OPDs and local authorities. The target of the campaign was parents of children with disabilities from around 100 households.[451] Similarly, government officials at the education district level in Zimbabwe delivered awareness-raising workshops for parents and community members on the rights of children with disabilities. Twenty clusters of villages were trained within each district.[452] In Madagascar, sensitization campaigns on the right of children with disabilities to access quality education alongside other children targeted parents, teachers, community members and religious leaders. Through the campaigns, communities were able to establish their own bylaws that facilitated inclusion. In Uganda, community awareness-raising activities were also conducted to strengthen the implementation of laws and policies upholding the rights of children with disabilities.

The OPD network SODEN in collaboration with ADRA Kismayo and NORAD conducted a series of activities in 2016, involving capacity building and community awareness on equity and inclusive education for children with disabilities. The activities spanned for 4 days and involved various participants from the community.

The activities included workshop sessions, community mobilization, and a tv broadcast. Participants were OPDs, the local Community Education Committee (CEC), the Ministry of Education in Jubaland, and parents in the community.

In the first 2 days, workshops on conducting community awareness were conducted to CEC members and OPDs to prepare them for door-to-door campaigns or house to house visits in the Kismayo community. The training was based on 2 models: Understanding Human Rights of Persons with Disabilities in Equity and Inclusive Education and Advocacy on Taking Action for the Human Rights of People with Disabilities. The capacity building workshops included rights of children with disabilities, identifying barriers and coming up with interventions, and the benefits of equity in education. The workshops not only prepared the group for the door-to-door campaigns but also provided them with knowledge and skills that they can use in their everyday work on disability inclusive education.

The 3rd day was dedicated to the door-to-door campaign led by OPDs, CEC, and some local authorities. They visited 100 households in 5 villages in Kismayo "to mobilize the households and the community in general on very basic rights of children with special needs at family level". Parents and families of children with disabilities were the target group of the house visits in the attempt to challenge prevailing stigma on disability that discourages parents from sending their children with disabilities to school. The rights of children with disabilities to education, social welfare, health services, and accessibility were emphasized in the conversations with families.

A community awareness program was conducted on the 4th day in a public arena, gathering an estimated 700 members of the Kisamayo community. Key members of the community such as OPDs, school principals, parents of children with disabilities, and children with disabilities addressed the community to deliver messages of disability inclusion and equity. A TV talk show punctuated the 4-day program to spread the advocacy for inclusion across Jubaland. Representatives from SODEN, Ministry of Education in Jubaland, and OPDs gave messages on the right of children with disabilities to education.

The reported outcomes of the programme include:
- *Local schools have committed to accepting children with special needs*
- *74 children with disability will be enrolled in primary schools of Kismayo*
- *The state administration has also committed to supporting the development of a National Disability Act national disability which will promote the rights of personas with disability in all aspects of their life*

Source: https://www.somalidisability.org/soden-held-4-days-community-mobilization-for-access-to-equity-and-inclusive-education-for-children-with-special-needs-in-kismayo-southern-somalia-collaboration-with-adra-and-norad/

Negative attitudes and discrimination against children with disabilities prevail at home, in schools, and in the wider community. Several governments and organisations are actively exploring different strategies to raise awareness on the right of children with disabilities to education and address persisting stigma and discrimination. However, many countries need support in raising the understanding of rights-based disability and developing knowledge on inclusive education across all levels of society. Challenging persisting social norms and attitudes require close partnerships with local community members and persons with disabilities in sustained strategic advocacy interventions based on inclusive values. Perceptions of disability is highly complex and context-specific. Comprehensive research is needed to understand the underlying causes of negative attitudes and behaviours toward disability to inform advocacy programming.

3.2 Participation of children with disabilities, families, communities, and OPDs
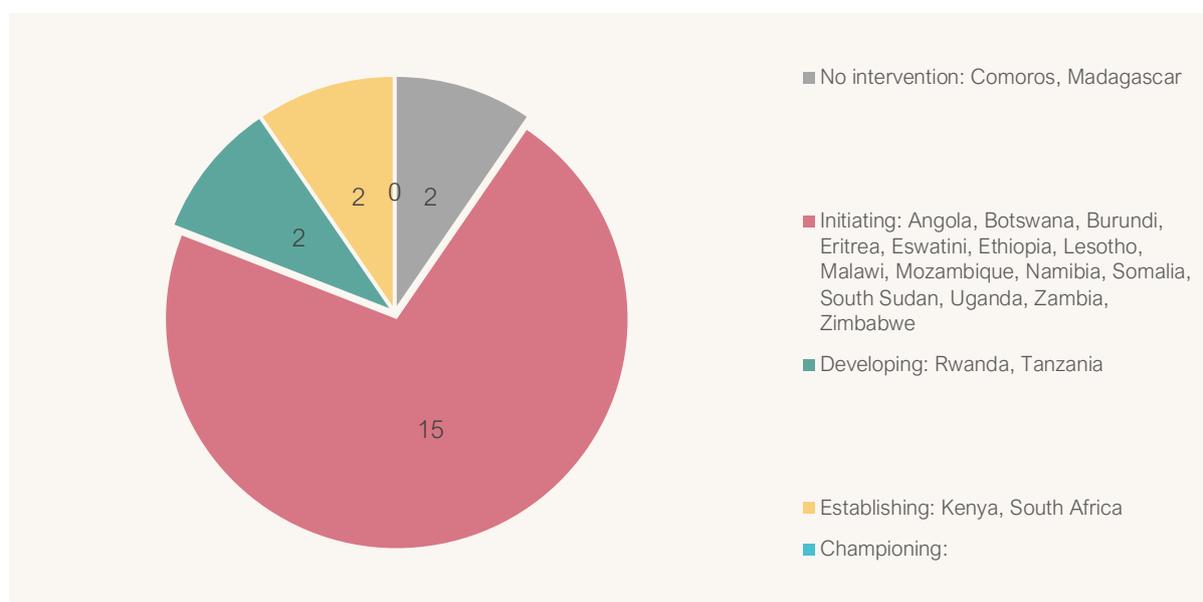
Figure 19. Progress of ESA countries in increasing participation of children with disabilities, families, communities, and OPDs in inclusive education

One of the key features of an inclusive education system is the active participation of families, the wider community, and children with disabilities themselves in creating inclusive learning environments. The GC 4 acknowledges this and highlights the role of children with disabilities, families, OPDs, and other development partners as agents of change. Cross-sectoral collaboration and participation are fundamental in facilitating discourse that could drive responsive policy-making and build effective coordination mechanisms for inclusive education. The level of involvement of different sectors can vary and may be influenced by the opportunities for participation given to them[453], their awareness and knowledge of issues, and social roles and expectations. It is therefore important to facilitate participation through policies, implementation mechanisms, and awareness and skills development among education stakeholders based on a close study of stakeholder capacity and social dynamics.

Box 16. Participation of families in implementing inclusive education

Families of children with disabilities can support the implementation of inclusive education in varied ways. UNESCO cites the following options for parent engagement.

- **Families as activists:** Frequently, families – particularly those organized into networks or associations – play a lead role in moving education systems towards more inclusive approaches and policies. Some of the actions in which parent groups can have an impact are identifying schools that are willing to move forward, establishing links and partnerships with education authorities in support of inclusive education, organizing seminars and workshops to introduce new thinking and new practice, and supporting teacher development.
- **Families as contributors to inclusive education:** Under this option, the role of parents is emphasized in supporting inclusion in the family and children's learning and development at home. The main idea is that families and communities should reinforce inclusive learning experiences.

- **Schools, families and the community as partners:** There are many opportunities for partnerships and collaboration, from exchanging information to family members supporting learning at home.
- **Families supporting other families:** This is particularly advised in the case of parents of children with disabilities who live in poverty, isolated communities, or have culturally or linguistically diverse backgrounds. In this case, the support of parents of children with disabilities who are in a better social or educational position can be extremely valuable.
- **Family and community involvement in school governance and management:** Includes the participation of families in decision-making and supporting aspects of the daily management of activities.

Source: UNICEF, Webinar 13. Parents, Family and Community Participation in Inclusive Education. Companion Technical Booklet, 2014.

There is generally low participation of children with disabilities and their families in educational processes despite enabling policies. Education and disability policies, plans, and standards in some countries encourage the participation of children with disabilities, families, communities, and OPDs in school-level planning and improvement in the form of parent-teacher associations and partnerships, school boards and other similar mechanisms. Examples of these include:
- Eswatini – MoET Standards for Inclusive Education 2019[454]
- Kenya - MoE National Pre-primary Education Policy Standard Guidelines 2018[455]
- Malawi – Disability Mainstreaming Strategy and Implementation Plan 2018-23[456]
- Namibia – National Standards and Performance Indicators 2005[457]
- Tanzania – National Strategy for Inclusive Education[458]
- South Sudan – Minimum Standards and Indicators for Schools 2015[459], The Inclusive Education Implementation Strategy 2022

While policies are generally supportive of parent collaboration, stakeholders assert that the participation of children with disabilities and their families in school improvement remains low and particularly in education policy discourse at local and national levels. This suggests that enforcement of policies and standards on participation and collaboration across the region is limited. There is some evidence of the practice of engaging parents and children with disabilities in decision-making processes at the school level but very seldom reaches or influences national-level decision-making.

However, a few countries have established mechanisms for children's voices to be heard in national-level policy-making. For example, in Rwanda, the National Children's Commission's Child Summit[460] is organised annually. This provides a forum where children, including children with disabilities, represent their village and present to a national summit and raise issues they face. These issues inform prioritization and national action plans. In Eswatini, UNICEF supports similar child participation forums participated by children with disabilities where the focus is on disability inclusion. In Ethiopia, OPDs such as Light for the World engage in advocacy activities to empower families and communities. Light for the World, together with its implementing partners, advocates for and provide training to teachers and school directors on ensuring the participation of children with disabilities in school planning and budgeting, school clubs, and decision-making.

Box 17. Rwanda National Children's Commission's Child Summit

Parent involvement in school governance encourages them to be agents of change for their children. In some countries (Botswana, Burundi, Malawi,[461] Rwanda,[462] South Sudan, and Zimbabwe[463]), parent groups support the education of children with disabilities by helping develop inclusive teaching and learning materials, mobilizing funds for school infrastructure accessibility improvements, and providing feedback on education-related issues through consultations with schools and CSOs. In Botswana, a bi-annual parent-teachers and stakeholders meeting is conducted to consult and discuss issues surrounding disability. The capacity of parent-teacher associations to support children with disabilities is also strengthened through training such as basic first aid, home-based stimulation and basic therapy, and school-related gender-based violence, among other topics. Raising the knowledge and skills of family members and caregivers on disability and the kinds of support they can provide at home increases their involvement in the welfare and education of their children. This hereby presents opportunities for parents to provide informed feedback during parent meetings in schools.

Civil society organisations play a vital role in furthering the rights of children with disabilities to quality education, but technical and financial support is needed. In all countries, CSOs including OPDs and international humanitarian organisations lead advocacy and communication for social change initiatives. In some countries, OPDs and CSOs encourage the participation of children with disabilities and their families in improving the accessibility of learning environments. For example, in Madagascar,[464] the OPD National Federation for the Deaf provides sign language interpretation to mainstream schools. In Zimbabwe,[465] CSOs provide capacity building on disability awareness to parents and community members from various villages who are expected to lead advocacy for the education of children with disabilities in their communities. Across the region, several development partners work with OPDs and local NGOs to improve accessibility. This includes physical accessibility of schools (see discussion in 2.3 Learning Environment) such as the construction of ramps and adapted WASH facilities, as well as the accessibility of teaching and learning (see discussion in 2.5 Learning Materials) such as provision of Braille books, assistive technologies, and accessible digital textbooks. OPDs together with development partners are also at the forefront of providing specialised support services and humanitarian response (see discussion in 2.6 Support Services and 4.2 Humanitarian) ensuring that interventions reach children with disabilities. With the nature of funding and programming that OPDs and most CSOs have, initiatives often reach only a portion of the population and projects have a short life span. Furthermore, there are evidences that efforts of many organisations support segregatory practices instead of working towards full inclusion in education while other initiatives lack a disability lens. This suggest that

OPDs and CSOs can also benefit from capacity building on disability-inclusion based on the UNCRPD to strengthen their role in policy advocacy and program delivery, monitoring, and evaluation.

Parent groups, CSOs, OPDs, and international humanitarian organisations have an active role in disability inclusion, but many of these efforts remain short-term and disjointed. Some organisations expressed the need for greater funding to support their inclusive education programming. Organisations would benefit from support aimed at strengthening their technical capacity on disability and inclusion and creating communities of practice to further help them in advocating for and implementing rights-based inclusive education.

5   Cross-Cutting Issues

4.1 Gender

Governments in the ESA region have signed international commitments and developed policies and plans to protect the rights of women and girls with and without disabilities. However, girls and boys with disabilities continue to face challenges in education due to the intersecting nature of gender and disability. Girls with disabilities in the region remain invisible from data, have limited access to education and essential support services, and are at greater risk of violence and sexual abuse. Traditional gender norms and stereotypes persist. Deeply rooted cultural practices such as female genital mutilation and child marriage continue to threaten the rights of girls with and without disabilities and perpetuate discrimination and exclusion.

4.1.1 Gender equity mainstreamed in education policies and plans

Legislation shows commitment to gender equity, but its impact is yet to be established. Governments in almost all countries in ESA show a strong commitment to integrating gender equity in their education and disability policies and plans. This promises a more gender-responsive approach to development programming. However, Burundi and Madagascar are yet to mainstream gender equity in their education policies and strategic plans. Policy commitments on gender equity across the region have yet to show an impact on the ground.

Thirteen countries in the region have developed gender policies that guide strategies for addressing gender-related issues in education and other sectors (Angola, Botswana, Comoros, Eswatini, Kenya, Lesotho, Malawi, Namibia, Rwanda, Somalia [FGS, Puntland], Uganda, Zambia, and Zimbabwe). In these policies and strategies, four countries have some degree of focus on girls with disabilities (Malawi, Puntland in Somalia, Uganda, and Zimbabwe). For instance, Uganda's Gender Policy 2007 emphasizes the intersection of gender and disability.[466] Malawi's National Disability Mainstreaming Strategy and Implementation Plan 2018-2023 includes strategies for increasing the participation of girls with disabilities in all spheres of life, such as education, addressing violence against girls with disabilities, and improving knowledge to address negative attitudes and behaviours against girls with disabilities.[467] The implementation of educational programming that targets girls with disabilities in these two countries, however, continues to be limited and impact still needs to be established as with the rest of the region. While four countries have no gender policies, they have developed gender strategies and action plans targeting improved gender equity in education (Eritrea, Ethiopia, Mozambique, and South Sudan).

The South African Development Community Protocol on Gender "provides for the empowerment of women, elimination of discrimination and the promotion of gender equality and equity through gender-responsive legislation, policies, programmes and projects".[468] Ten countries from the ESA region are among the 12 member states who have signed the South African Development Community Amended Protocol on Gender and Development 2016 (Angola, Botswana, Eswatini, Lesotho, Madagascar, Mozambique, Namibia, Tanzania, Zambia and Zimbabwe).[469] Of the ten countries, Madagascar and Tanzania are yet to develop their gender policies.

4.1.2 Gender-based issues faced by children with disabilities in education

Sex-disaggregated disability data is lacking. Data on access to education of girls and boys with disabilities in the region is scarce. As a result, girls and boys with disabilities are rendered invisible, affecting government policy-making and provision of targeted interventions.[470] UN Women ESA conducted a study on the impact of COVID-19 on gender equality in ESA.[471] Rapid gender assessments were conducted in Ethiopia, Malawi, Mozambique, Rwanda, South Africa, and Uganda and similar studies in Kenya and Tanzania. Findings on how the long school closures and isolation at home brought by the pandemic significantly reduced the access of girls and boys to educational materials, child protection, health, and social support services provide a good body of evidence for government programming. However, the studies did not address how disability further impacts girls' and boys' experiences. Similar gender reviews and studies integrating a disability lens across the region would prove useful for generating robust evidence based on structural barriers that affect girls and boys with disabilities, which would, in turn, guide governments and CSOs in formulating strategic interventions.

Gender parity has increased worldwide but countries in Sub-Saharan Africa are at the lowest. Globally, gender parity in education has steadily improved.[472] Girls' enrollment rate has increased in all regions in the past 10 years, albeit at different rates.[473] Despite the steady progress, gender disparity at the expense of girls remains in sub-Saharan African countries; gender parity in education at all levels is the lowest among other regions.[474] Moreover, the gains achieved in past years are threatened by the extended school closures in the region due to COVID-19.

Table 11. Gender parity index in school enrolment and teacher training[xx]

Country	Gender parity index[xxi] (school enrollment)		Trained Teachers in Primary Education		
	Primary	Secondary	% of female teachers	% of male teachers	% of total teachers
1. Angola	(2015) 0.87	(2016) 0.64	(2011) 51%	(2011) 45%	(2011) 47%
2. Botswana	(2015) 0.98	(2021) 1.11	(2017) 100%	(2017) 100%	(2017) 100%
3. Burundi	(2019) 1.01	(2019) 1.15	(2019) 100%	(2019) 100%	(2019) 100%
4. Comoros	(2018) 1.0	(2018) 1.07	No data	No data	(2017) 72%
5. Eritrea	(2018) 0.86	(2018) 0.91	(2018) 87%	(2018) 83%	(2018) 84%
6. Eswatini	(2019) 0.92	(2019) 0.99	(2017) 88%	(2017) 87%	(2017) 88%
7. Ethiopia	(2020) 0.91	(2015) 0.96	(2009) 89%	(2009) 82%	(2009) 85%
8. Kenya	(2018) 0.97	(2018) 0.95	(2008) 98%	(2008) 99%	(2009) 97%
9. Lesotho	(2017) 0.95	(2017) 1.35	(2016) 87%	(2016) 84%	(2016) 87%

[xx] Data can be visualized in a graph in the next draft.

[xxi] GPI definition: "Ratio of female to male values of a given indicator. A GPI between 0.97 and 1.03 indicates parity between the genders. A GPI below 0.97 indicates a disparity in favour of males. A GPI above 1.03 indicates a disparity in favour of females." (learningportal.iiep.unesco.org)

10. Madagascar	(2019) 1.02	(2019) 1.04		(2019) 19%	(2019) 11%	(2019) 15%
11. Malawi	(2019) 1.03	(2019) 0.83		(2013) 91%	(2013) 90%	(2013) 91%
12. Mozambique	(2020) 0.94	(2017) 0.89		(2020) 99%	(2020) 98%	(2020) 98%
13. Namibia	(2018) 0.97	(2007) 1.14		(2010) 97%	(2010) 95%	(2019) 92%
14. Rwanda	(2019) 0.98	(2019) 1.13		(2019) 96%	(2019) 94%	(2019) 95%
15. Somalia	(2007) 0.55	(2007) 0.46		No data	No data	No data
16. South Africa	(2019) 0.97	(2019) 1.06		(2002) 76%	(2002) 87%	(2002) 78%
17. South Sudan	(2021) 0.89	(2021) 0.77		(2021) 7%	(2021) 40%	(2021) 47%
18. Tanzania	(2020) 1.03	(2020) 1.10		(2016) 99%	(2016) 99%	(2016) 99%
19. Uganda	(2017) 1.03	(2007) 0.79		(2017) 79%	(2017) 80%	(2017) 80%
20. Zambia	(2017) 1.02	(2017) 0.90		(2017) 98%	(2017) 100%	(2017) 99
21. Zimbabwe	(2020) 1.01	(2013) 0.96		(2020) 98%	(2020) 98%	(2020) 98%

Source: https://data.worldbank.org/indicator/SE.ENR.PRIM.FM.ZS; https://data.worldbank.org/indicator/SE.ENR.SECO.FM.ZS; https://data.worldbank.org/indicator/SE.PRM.TCAQ.FE.ZS; https://data.worldbank.org/indicator/SE.PRM.TCAQ.MA.ZS; https://data.worldbank.org/indicator/SE.PRM.TCAQ.ZS; Education statistical Bulletin 2017; UNICEF South Sudan Country Office

Almost all countries in the region have established policies that protect women and girls from violence and abuse. However, school-related gender-based violence is still common across ESA. While the policy environment is supportive of women and girls' protection from violence, support and intervention programmes largely lack a particular focus on women and girls with disabilities. As the COVID-19 pandemic intensified the vulnerability of girls with disabilities,[475] reports have indicated increased violence against girls with disabilities during COVID-related lockdown measures. In addition, there have been decreased access to education, child protection, psychosocial support, and health services.

In Kenya, 9 out of 10 girls and women with intellectual disabilities experience sexual abuse.[476] Other data on gender-based violence (GBV) and school-related gender-based violence (SRGBV) against children in general (no disability data) indicate that among those aged 13-17, 1 in 2 girls first experienced physical violence between age 6-11 while 2 in 3 boys first experienced physical violence between age 12-17 years.[477] Moreover, 15.9 per cent of females ages 13-17 who experienced sexual violence said that perpetrators are a classmate/schoolmate.

In Namibia, UNICEF supported a study on violence against children[478] between the ages of 13 and 24. The study found that approximately 1 in 10 girls (11.8 per cent) and 1 in 13 boys (7.3 per cent) experienced sexual violence before age 18. Among these girls, about 1 in 5 (21.9 per cent) experienced the first incident of sexual violence at age 13 or younger. The first incident of childhood sexual violence against girls commonly happens in schools (30 per cent). This study, however, does not include data on girls and boys with disabilities.

UNICEF and other CSOs lead efforts to address and respond to GBV/SRGBV. UNICEF's partnerships with relevant ministries and other organisations in countries such as Angola, Botswana, Eritrea, Ethiopia, and Comoros established helplines to respond to girls and women experiencing abuse. Referral mechanisms are in place to link them to necessary health,

judiciary, or psychosocial support. However, reports from these countries show a lack of strategic focus on girls and women with disabilities. In some countries, such as Zimbabwe, UNICEF's gender-based violence programming targets children with disabilities at a higher risk of abuse in humanitarian situations. The Leave No One Behind agenda includes expanded GBV prevention awareness.[479] Children with disabilities who were survivors of violence were provided with multisectoral care and were referred to the law enforcement unit and a foundation for legal support and assistance.[480]

UNICEF Zimbabwe's gender programming provides multisectoral support for survivors of violence and awareness-raising initiatives to prevent and address GBV and VAC. In 2020, survivors of violence, including boys and girls with disabilities, received clinical care, mental health and psychosocial support, police and legal assistance, and case management, among others. Of those who benefitted from the interventions, 10,064 were females, 2,867 were males, and 160 were children with disabilities.

In 2021, JF Kapnek and UNICEF Zimbabwe's Leave No One Behind agenda included an expanded awareness-raising component to prevent Gender Based Violence and Violence Against Children with an explicit focus on children with disabilities. 1,854 children with disabilities were reached, 48% were females and, 52% were males. Moreover, UNICEF's collaboration with the Musasa Project provided 7,106, 89% of whom are women, with lifesaving information on GBV and VAC protection.

Source: UNICEF Zimbabwe, Zimbabwe Humanitarian Situation Report January to December 2020, 2020; UNICEF Zimbabwe, Zimbabwe Humanitarian Situation Report January to December 2021, 2021.

Child marriage, including early and unintended pregnancy, affects the education of girls in many countries. Schools provide critical sexual and reproductive health information and health services that help protect girls from early unintended pregnancy and child marriage.[481] School disruptions due to COVID-19, in addition to economic hardships, push many families to marry off their daughters to alleviate living costs.[482] Long periods of isolation at home further risk girls with disabilities to sexual abuse and exploitation, which may lead to early pregnancy.[483] While data on early pregnancy in girls with disabilities is limited, there are available data for girls in general. In Kenya, there were reports of around 4,000 school-aged girls who got pregnant during school lockdowns, with cases of sexual violence by relatives or law enforcement.[484] In Burundi, the early pregnancy rate is at 8 per cent for girls 15-19 years old.[485] To address unintended pregnancies, an ad-hoc committee was established to gather data on early pregnancy and inform intervention programmes.[486] One of these programmes was the zero pregnancy campaign. With support from UNFPA, the campaign includes capacity building of school leaders and administrators and raising awareness among teachers and in communities.[487] Part of the interventions is a return to school programme for young mothers.[488] In contrast, in Lesotho, the Education Sector Plan 2016- 2026 notes that while the incidence of early pregnancy is recognized, there is still no re-entry policy for girls who have had early and unintended pregnancy which significantly affects their chance to continue and complete their education.[489]

Gender norms and stereotypes, and harmful practices continue to threaten girls with and without disabilities. Gender norms and stereotypes, and myths surrounding disability prevail across the highly patriarchal region, which add to increased risks of abuse and to the ability of girls with disabilities to participate in school.[490] In some communities in Ethiopia, Uganda, and Zambia, girls with disabilities are believed to be caused by a mother's sin, an ancestral curse, or demonic possession.[491] They are also seen as asexual, and it is believed that sexual intercourse with them, seen as virgins, is a cure for HIV and AIDs.[492] In Ethiopia,[493]

gender stereotypes are found in textbooks where women are seen as weak and submissive and are depicted in caregiving and support roles. The men are portrayed as powerful and intelligent and in leadership roles. In Kenya,[494] boys' education is still preferred over girls, and household chores still fall on girls which affects their education outcomes.

In parts of Eritrea[495] and Kenya,[496] female genital mutilation is still a practice. While the incidence of female genital mutilation has declined in Ethiopia[497], it is still almost universal among women of reproductive age. Rates of 65 per cent among 15 to 49year-olds and 15.7 per cent among girls 0-14 years remain high. Data on girls with disabilities are missing among these numbers.

UNICEF has supported several interventions to address female genital mutilation in the region. In Eritrea, UNICEF worked with the government and partnered with UNFPA[498] and the National Union of Eritrean Women to eliminate female genital mutilation.[499] Communities were engaged and community-based child rights committees were organized. Social and behaviour-change communication initiatives were conducted to campaign for the eradication of violence against children. While there is no specific focus on girls with disabilities, the efforts led to the implementation of a national strategic plan to eliminate harmful practices (2020-2024), including the commitment of several communities to end female genital mutilation practices.[500]

While there are various initiatives that help address gender-based discrimination and violence, there is a limited strategic focus on girls with disabilities. Further research is needed to look at sources of discrimination and exclusion, the root of negative attitudes and beliefs, examining the intersectionality of gender, disability, poverty, ethnicity, and location, among other socio-economic factors. There are available data on the experiences of women and girls, but there is a dearth of data on girls with disabilities. Different sectors and government agencies, including women and girls with disabilities and OPDs, should work together on developing strategic interventions based on strong evidence bases to address context-specific barriers to girls' education.

4.2 Humanitarian Issues

Children with disabilities are disproportionately affected by humanitarian situations. They are at higher risk of missing school and losing support services during conflict and emergencies.[501] The ESA region experiences conflict, forced displacement, climate-related threats such as cyclones and drought, health emergencies such as famine and malnutrition, Ebola, HIV/AIDs, tropical diseases, and health pandemics like COVID-19. School buildings and facilities may be destroyed, closed, or used for temporary shelter during these times. Children with disabilities may lose access to healthy meals, clean water, assistive devices, accessible learning materials, and medical interventions they otherwise receive in school. They may also be completely excluded from humanitarian response. Governments and humanitarian aid organisations have the responsibility to respect and fulfil the right to education of children with disabilities in humanitarian contexts.

4.2.1 COVID-19 Response

The COVID-19 pandemic disrupted the education of an estimated 1.6 billion learners across the world.[502] Aside from the 37 million children already out of school in the ESA region, around 127 million children from pre-primary to secondary levels were affected by school closures.[503] Reports across the region indicate that learners with disabilities are often left out during COVID-19 response.

Humanitarian aid organisations were at the forefront of supporting governments in COVID-19 response programmes. In all countries in the region, UNICEF worked with governments to provide critical humanitarian response to the ongoing COVID-19 pandemic. Interventions were provided in the areas of health and nutrition, mental health, child protection, education, social protection, WASH, and advocacy. Based on existing evidence, international and national aid organisations and OPDs in the majority of countries in the region have provided disability-inclusive COVID-19 response programmes (Angola, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Mozambique, Namibia, Rwanda, Somalia (FGS), South Africa, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe). Lesotho, Namibia, Uganda, and Zimbabwe provided life-saving WASH, health, and COVID-19 information in accessible formats. In Rwanda[504] and Zimbabwe,[505][506] CSOs, together with UNICEF, provided psychosocial support services through home-based play and games to children with and without disabilities during the pandemic to address COVID-related distress and anxiety. Some countries such as Botswana[507], Malawi,[508] and Uganda[509] increased their mental health and psychosocial support services to mitigate the secondary impacts of COVID-19, including sexual violence and abuse against children. However, there is no clear focus on targeting children with disabilities who are at higher risk of sexual abuse and violence during isolation periods.

The majority of the countries in the region provided assistive devices and learning materials in accessible formats to support the continuity of learning during the pandemic. Developing inclusive learning continuity plans during short-term and long-term school closures helps ensure learning loss among children with disabilities is mitigated and critical information about COVID-19, educational, health, and support services are available and accessible.

The majority of the countries in ESA have provided disability-inclusive education response to ensure learning continuity and safe return to school for children with disabilities (Angola, Eswatini, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Mozambique, Namibia, Rwanda, Somalia (FGS), South Africa, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe). For example, Somalia's COVID response plan indicated a focus on reaching children with disabilities[510]; however, no data was gathered on the plan's implementation. In Kenya, UNICEF[511] provided technical support to the Ministry of Education in applying Universal Design for Learning Principles to ensure that learning continuity programmes are accessible to all children, particularly children with disabilities. In Angola,[512] Namibia,[513] Rwanda,[514] Uganda,[515] Zambia,[516] and Zimbabwe,[517] learning continuity programmes focused on the participation of children with disabilities through the provision of assistive devices, learning kits in accessible formats such as Braille, and TV classes with sign language interpretation. Madagascar,[518] Tanzania,[519] and Zambia[520] provided catch-up programs and financial support (bursaries) to encourage return to school and minimize dropouts.

Box 19. Kenya's learning continuity initiatives during COVID-19 related school closures

Kenya's Ministry of Education (MoE) and UNICEF worked together to ensure that learning continuity initiatives during COVID-19 pandemic-related school closures include children with disabilities. UNICEF Kenya provided technical support in developing and implementing MoE's COVID-19 education response plan. MoE provided remote learning through radio, TV, and the internet (online learning). This was supported by UNICEF through:
- the allocation of textbooks and solar-powered radios to 85,165 children in disadvantaged areas;
- provision of internet access through the Giga school connectivity project reaching 1,500 students;
- support in the adoption of UDL in all education platforms to ensure that children with disabilities are able to access the learning content; and
- collaboration with the Kenya Institute of Curriculum in the development of accessible digital textbooks.

The varied delivery modes of lessons and the support provided by UNICEF, particularly the application of UDL and the provision of accessible learning materials, ensured that more children with disabilities are able to continue learning during long periods of school lockdowns.

Source: UNICEF ESA. Education for children with disabilities during the COVID-19 crisis in ESAR: Observation and guidance, 2021. https://www.unicef.org/esa/documents/guide-access-education-children-disabilities-pandemic-context

4.2.2 Other humanitarian programmes

In general, humanitarian response programmes need a stronger disability focus.
To some extent, some humanitarian programmes in the region were disability-inclusive. UNICEF in Angola, Botswana, Mozambique, Rwanda, Uganda, and Zambia have targeted children with disabilities in some of their programmes:

- Angola – integrated management intervention for acute malnutrition[521]
- Bostwana – health and nutrition response to malnutrition[522]
- Mozambique – emergency response and preparedness[523], (together with other aid agencies) rehabilitation and reconstruction of schools and WASH facilities for accessibility and disaster resilience,[524] capacity building of stakeholders on disability-inclusive response and protection services in supporting children affected by forced displacement[525,526] and health services[527,528]
- Rwanda – child protection services[529,530], hygiene[531], reintegration from residential institutions to family-based alternative care,[532] capacity building of stakeholders on disability-inclusive health services[533]
- Uganda – child-protection services[534]
- Zambia – integrated Sexual and Reproductive Health and Rights (SRHR) and HIV programme[535]

While several active CSOs, OPDs, and development organisations are involved in humanitarian efforts across the region, not all humanitarian responses focus on reaching children with disabilities. Several countries have expressed that there is little targeted humanitarian intervention for children with disabilities. This indicates a strong need to develop humanitarian organisations' technical capacity for disability inclusion and to embed disability-inclusive principles and approaches in all humanitarian action, including preparedness, response, recovery, and resilience.

6 Challenges

6.1 Enabling environment

1. Many disability and education laws, policies and strategic plans continue to promote special education, without a clear articulation of the ways in which the system can gradually shift to more inclusive approaches. Although there is evidence of legislative frameworks endorsing inclusive education, teaching children with disabilities in segregated settings remains the dominant practice.

2. There is less focus on capacitating education leaders in inclusive education, providing education response during emergencies, and data collection in the ESPs. These are critical areas that governments must invest in to ensure the effective implementation of inclusive education.

3. There is limited evidence on budget allocation and funding mechanisms for inclusive education. Available data suggest that budget allocation is often inadequate.

4. The definition of disability is inconsistent across legislation, national data collection systems, and its adoption in programmes and education provisions for children with disabilities. While almost all countries use a rights-based definition of disability anchored on the CRPD GC4 in their main education and disability legislation, many related policies and programs suggest a medical perspective of disability.

5. A definition of inclusive education based on the CRPD is absent in some education laws and policies. The lack of a clear and explicit conceptualization of inclusive education based on the CRPD GC4 in legislation often results to the lack of provisions for reasonable accommodation and support services to children who need them, particularly children with disabilities.

6. Across the region, there is a systemic lack of reliable disability data. Although there are promising initiatives in improving data and monitoring such as the adoption of the Washington Group of Questions, the issue remains a major bottleneck in disability-inclusive policymaking, programme development, provision of education and other social support services. Disability indicators are often very limited whether it is in national data collection activities (i.e., census, household surveys) or within the education system (i.e., EMIS).

7. While progress is promising in some countries and suggests a move towards rights-based methods, disability identification systems that are based on functional difficulties are yet to be established in most countries.

    The lack of follow-up support after screening and identification is one of the challenges faced by children with disabilities and their families. Most often, children with disabilities do not receive sufficient support, or if they do, the interventions provided are unsuitable for their actual needs. In some cases, screening and identification do not lead to the provision of interventions at all.

8. The understanding and capacity of education leaders across governance systems in implementing and monitoring disability-inclusive education could be strengthened.

9. Coordination among government and other key stakeholders involved in managing and implementing inclusive education could be improved. Initiatives of various stakeholders are not harmonised. Many initiatives are short-term and limited in scope, reaching only a small portion of learners with disabilities.

10. There is a need to increase capacity and provide adequate training for professionals and stakeholders involved, as well as increase effective coordination among national, regional, and local actors.

6.2 Supply-side

a. The education provisions on policies and legal frameworks in the ESA region have significantly influenced the main types of education provided on the ground. Special education is still emphasized as the education provision most accessible to children with disabilities, both in policies and actual implementation. Some countries do not differentiate integration from inclusion. The broad definition of inclusive education in most countries arguably contributed to the misinterpretation of what inclusion means.

   In addition, despite several efforts to bring children with disabilities into school, they are still far behind in completing their primary and secondary education compared with those without disabilities. The disadvantage faced by children with disabilities to complete primary and secondary school can be attributed to the fact that many children with disabilities cannot even enrol at an early age. Further, the low percentages of children with disabilities not completing primary and secondary education show the large gap between children with and without disabilities in accessing opportunities to transition to TVET or tertiary education.

b. Generally, there is a lack of continuous school-based professional development programs on inclusive education and learner-centered pedagogy such as UDL for in-service teachers. There is a gap between current capacities and what is expected of teachers to implement inclusive curriculum, pedagogy, and assessment.

   Most teacher education programs are inadequate to prepare teachers to teach children with disabilities in inclusive classrooms. Inclusive education courses are often not mandatory for all pre-service teachers. Most professional competency standards for teachers are either non-existent or do not mention inclusion and equity principles. Moreover, there are only a handful of initiatives to promote the training and employment of teachers with disabilities.

c. Policy commitments to providing safe and accessible learning environments lack robust enforcement mechanisms. Most initiatives to construct accessible school buildings and wash facilities or renovate existing structures for accessibility are done through short-term projects with limited funding and reach. Universal design is seldom applied to building standards and guidelines. This may be coming from a lack of technical capacity in the universal design approach.

d. While policies support child protection, enforcement mechanisms with focus on children with disabilities are lacking. There is limited evidence of school-level policies that systemically address issues of violence in school against children with disabilities. Moreover, there is limited data on school-related violence against children with disabilities and research on the drivers of violence.

e. Principles of learner-centred approaches (i.e., universal design for learning) are missing in most curricula and assessment methods. In some countries, the curriculum remains rigid and does respond to the diverse needs of learners. This can also be linked to the lack of adequate training for pre-service and in-service teachers on inclusive pedagogy and reasonable accommodation. Moreover, evidence suggests that large class sizes and high student-teacher ratio across classrooms in the region puts pressure on teachers and contribute to their inability to adopt inclusive teaching methodologies.

   There is also a need to harmonise initiatives of the government and non-state organisations in curriculum reforms. Harmonisation is essential to ensure separate initiatives of non-state organisations are well-synergised and firmly linked with the overall national goals and initiatives in the curriculum.

f. Learning materials in different accessible formats and assistive and augmentative communication tools and devices are often lacking. While there are several initiatives from the government and partner development organizations to provide assistive technologies for learners with disabilities, these are often limited in scale. A such, many children with disabilities still have no access to appropriate assistive devices and learning materials in accessible formats. There is also a lack of training on the use of accessibility tools and devices, braille, and sign language for pre-service and in-service teachers.

g. Resource centres meant to be hubs for providing reasonable accommodation, assistive technologies, accessible learning materials, and specialized support services, risk becoming another form of segregation without a clear inclusive implementation guideline. Pulling out children with disabilities from mainstream or inclusive classes to provide support is not aligned with the CRPD's conceptualization of inclusive education. Reasonable accommodation and other support provisions and services should be given in the classroom where children with disabilities learn alongside other children without disabilities.

h. Access to specialized support services for children with disabilities and their families is limited. Available services appear to be fragmented, could be coordinated better, and targeted. Disability identification is not often linked to the provision of intervention services necessitating effective referral mechanisms.

i. Although countries are guided by comprehensive policy frameworks, the lack of guidelines on how to perform assessment and evaluation can lead to missed opportunities in the ground. This can also lead to stagnation, as well as unsuccessful means to update or revamp the frameworks according to the country's context. There is also limited information and research on how present strategies have improved learning outcomes

6.3 Demand-side

1. Awareness of disability and inclusive education remains low. Prevailing negative attitudes, misconceptions, and deeply rooted beliefs about disability hinder many children with disabilities from fulfilling their right to learn alongside other children without disabilities. Negative attitudes and beliefs are often highly context specific and intersect with other factors. There is a lack of comprehensive research on the drivers of these negative attitudes and beliefs toward disability which are complexly rooted in culture and society.

2. While policies supporting the participation of children with disabilities, their families, and OPDs in all matters that affect them are in place, evidence suggests that enforcement across the region is limited. The practice of engaging parents and children with disabilities in decision-making processes remains limited at the school level and seldom reaches national-level decision-making. Additionally, initiatives of various OPDs, CSOs, and other development partners are not harmonized. Many initiatives are short-term and limited in scope, reaching only a small portion of the population of learners with disabilities.

6.4 Cross-cutting issues

1. Gender initiatives are mostly focused on girls in general and seldom have a strategic approach to include girls with disabilities. Gender data lack a disability lens. There is limited data on girls with disabilities that go beyond attendance or participation rates. Persisting negative attitudes on disability and traditional perspectives on gender perpetuate discrimination and violence against girls with disabilities.

2. Humanitarian response often lacks a focus on disability inclusion. There is limited capacity building initiatives on disability-inclusion to increase the technical competence of humanitarian actors in providing strategic support and advisory role to governments and other stakeholders.

7 Recommendations

7.1 Enabling environment

a. **Ratify the CRPD and reform national legislative frameworks.** For countries that have not ratified the CRPD, prioritise the ratification of the convention. Enforcement of the CRPD must be periodically monitored to ensure exclusion is not taking place. Across the region, governments must aim to review and reform domestic laws and policies that go against the prescripts of the CRPD, particularly Article 24 and General Comment No. 4. Legal mandates must consistently and explicitly promote the inclusion of children with disabilities in the general education system and recognize that segregation and integration are not the same as inclusion. Definitions of disability must be aligned with the CRPD and made consistent across the legislation. The existence of legislative frameworks endorsing special education should not prohibit governments from progressively pursuing inclusive education. Any reform initiatives must involve children with disabilities, their families, and/or Organisations of Persons with Disabilities that represent them.

b. **Increase accountability through disability-inclusive strategic planning, monitoring, and financing.** Education sector planning needs to set out practical ways in which the system can be shifted towards inclusive education. This could mean breaking down broad national strategic goals concerning children with disabilities into detailed and costed implementation plans to strengthen accountability, ensure resource allocation, and enlist support from various stakeholders. Corresponding monitoring and evaluation frameworks should accompany strategic plans and must aim to capture the experiences of children with disabilities and the factors facilitating or hindering inclusion. Governments and decentralised structures must aim to increase financial investments toward inclusive education to effectively address multiple deprivations experienced by children with disabilities. Investments should be directed towards improving early identification and intervention, providing accessible learning environments, learning materials, assistive devices, provision of reasonable accommodation, and teacher education on the use of assistive technologies and application of learner-centred pedagogies.

c. **Improve disability data collection.** Increasing accountability in inclusive education means setting out disability indicators in data collection systems at the national, sub-national, and particularly the school level, employing methodologies aligned with the social model. Data should not be limited to counting the number of children with disabilities in schools. Meaningful data collection that could guide decision-making entails gathering information on the learners' experiences in school, the barriers they face, support requirements such as accessibility of the learning environment, and support services they have access to or need to access. Teachers must be supported in collecting these data and in identifying functional difficulties.

Data on violence against children in schools should include a disability and gender lens. Studies on the drivers of violence against children with disabilities, such as negative attitudes toward disability and intersectionality of other factors such as gender, poverty, and ethnicity should be conducted to inform policies and interventions.

d. **Strengthen or establish inclusive early identification and intervention systems.** There should be clear and rights-based systems, including guidelines and tools, for early disability identification and intervention. This should be implemented through a cross-sectoral approach, involving multidisciplinary professionals from the education, health, and social protection sectors, and the active participation of parents and families. The system should set out clear pathways from the identification of functional difficulties to assessing support requirements and provision of appropriate interventions. Governments must aim to provide a continuum of services including rehabilitation, habilitation, and early childhood education, among others. Schools can serve as integrated service platforms where accurate identification and appropriate intervention are conducted. Screening in-school children for functional difficulties or risks of developing disabilities and referral to the right intervention programs would entail building capacities among teachers, parents, specialists, and other professionals.

e. **Strengthen the capacities of education leaders on inclusive education and multi-sectoral collaboration.** Initiatives to increase understanding of the principles, practices, and values that facilitate an equitable quality inclusive education system must be supported. Although government commitments are apparent, often, there are misunderstandings and confusion on the definition of inclusive education and the required transformations in culture, policies, and practices. At the national, sub-national, and school levels, key policymakers and leaders across different sectors must be orientated on the requirements of the GC4. School leaders, in particular, have a key role in creating supportive spaces where teachers are encouraged to learn, collaborate, experiment, reflect, and develop inclusive values and classroom practices. Review existing coordination mechanisms and establish one where there is none to harmonise the inclusive education efforts of all stakeholders. This will reduce conflicting initiatives that would undermine the progress of inclusion.

7.2 Supply-Side

a. **Gradually phase out special education.** Phasing out special education systems would have to be strategically managed, and the approach could be incremental, based on capacities and available resources. Expertise and resources from the special education system could be utilized as support services within general education.

b. **Prioritise teacher education and school-based support mechanisms for professional development.** All teachers must be prepared to teach and support all learners in diverse classroom contexts. The continuous offering of specialized teacher training/university programmes for special education teachers perpetuates the notion that children with disabilities need specialized teaching methodologies delivered by teachers with specialized knowledge and skills. Addressing inclusion at the pre-service level is therefore a key priority for any government committed to providing inclusive education for all. Teacher preparation must aim to dismantle traditional notions of special education and enable teacher trainees to develop reflective practices, agency, and values to independently examine their own beliefs about disability and child rights. For teachers already in the service, continuous and work-based professional development support, such as communities of practice, is essential. Inclusive education

must be a priority in teacher training and school-based learning sessions, emphasizing that inclusive education is the same as quality education and that it benefits all children. Teacher development initiatives must reflect the principles of inclusive education as outlined in Article 24 of the CRPD and the GC 4 and must include practical approaches on how these can be applied in varied classroom contexts. Collaborative practices among teachers, including special education teachers/staff must be strengthened and encouraged. Existing practices such as itinerant teachers assisting mainstream teachers could be a good foundation for fostering collaboration in the schools.

c. **Ensure accessibility of the learning environment and the teaching and learning process.** Principles of Universal Design should be applied in building standards and guidelines for the accessibility of all school buildings, facilities, and shared spaces like playgrounds. Stakeholders should be supported in developing increased technical capacity for universal design approaches. All educational facilities must be made accessible, including WASH facilities.

UDL must also be applied in curricula, instruction, and assessment as it promotes learner-centred approaches. The capacity building of teachers in implementing UDL in the teaching and learning process must be supported. Formative assessment must be promoted.

Ensure the availability of accessible learning materials in a variety of platforms and formats, as well as enhance teacher capacities to develop flexible and adaptable teaching and learning materials to ensure that all students have an equal opportunity to learn. Conduct further research on the country-specific demand and supply of assistive technologies for children with disabilities. Data on the capacity of education stakeholders to produce, supply, distribute, and use appropriate low-to-high technologies would inform better planning and programming. In many areas, low-cost technologies and contextualised teaching and learning materials can better support teachers and learners with disabilities in the classroom. This would require strong collaboration and capacity building at the school and community levels.

d. **Support the creation of safe and welcoming learning environments.** General provisions in legislation and policies on child protection are not enough. Enforcement mechanisms that include a comprehensive approach to addressing violence against children with disabilities in schools should be developed based on strong evidence bases.

e. **Strengthen early identification and intervention systems.** Identification tools and procedures must adopt rights-based approaches that are strengths-based, such as the Washington Group Questions. Referral systems should establish clear pathways and offer a continuum of services. Ensure early intervention and other support services are integrated and delivered by multi-disciplinary teams of professionals. Governments must invest in improving or establishing social protection schemes where they are non-existent, inaccessible, or do not reach most children with disabilities. Identification must be directly linked with service provision, and this could be done effectively within the school setting.

7.3 Demand-Side

1. **Raise awareness of disability and inclusive education and address negative attitudes**. Understanding the complex and intersecting factors that hinder children with disabilities from accessing quality education is necessary for strategic advocacy, communication, and behaviour change campaigns. Comprehensive studies on the underlying roots of negative attitudes and beliefs about disability and inclusive education should be conducted. Findings from these studies should inform policymakers, education actors, and relevant organisations in developing advocacy and social and behavioural change interventions.

   Social and behavioral change strategies and interventions should consider social and cultural contexts and to be effective, should target all levels of society. This means that advocacy and awareness-raising efforts should address negative attitudes and beliefs at the levels of the individual, family, community, social institutions (such as organisations, and service providers), and state (government laws and policies). Local community members, persons with disabilities, and their families are then key actors in driving positive behaviour change strategies.

2. **Encourage meaningful participation of children, families, communities, and OPDs in advancing inclusive education.** Enforce legislation that supports the participation of children with disabilities in education processes and related services. This would entail implementing policies and guidelines and corresponding financial allocations from the government. Increase the quality of participation of children with disabilities and OPDs. This would mean a seat at the table where decisions are being made. It is not enough that they can raise issues that affect them or that they are consulted in education programmes and plans. Children with disabilities, their families, and OPDs should actively participate in all stages of inclusive education programming, from the identification of issues to the implementation and evaluation of programmes. Increase the knowledge and technical capacity of government actors, CSOs, OPDs, and other stakeholders in the rights-based model of disability and inclusive education. Since they are key actors in advancing inclusive education, they must have the technical capacity to provide strategic support in addressing contextual barriers to the education of children with disabilities.

7.4 Cross-Cutting Issues

1. **Ensure all interventions are gender-transformative.** Interventions that comprehensively address structural barriers to education faced by girls with disabilities require the collaboration of different sectors and government agencies, including the active participation of women and girls with disabilities and OPDs. Further research should also be conducted on the experiences of girls with disabilities and the drivers of gender-based discrimination and violence. These studies should investigate the roots of negative attitudes and beliefs and examine the intersection of gender, disability, poverty, ethnicity, location, among others, and how these affect their access to education and support services.

Challenging gender norms and stereotypes and misconceptions about disability is a long process that could begin with teaching inclusive values and gender equality in the classroom. Gender mainstreaming in the curricula of formal and non-formal education requires a comprehensive analysis of the existing curricula, including that of teacher education programs, and teaching and learning materials with a gender lens. Gender equity and inclusive values should be embedded in students' learning objectives and outcomes articulated in the curriculum. Similarly, gender responsiveness and inclusion should also be integrated into teacher competency standards.

2. **Humanitarian actors should invest in raising their technical capacity for disability-inclusive humanitarian action, including preparedness, response, recovery, and resilience.** ~~response.~~ All humanitarian actions should be inclusive and have an explicit disability focus. The rights of children with disabilities, including the right to inclusive quality education, do not diminish during emergencies and conflict. Building the understanding of rights-based disability and training on disability inclusion in humanitarian programming and coordination would help improve the targeting of children with disabilities in all humanitarian actions including preparedness, response, recovery, and resilience. Existing coordination networks with OPDs can include an element of knowledge and skill sharing where they can exchange good practices on disability inclusion. Build and strengthen existing partnerships with OPDs, raise their technical capacity and leadership skills, and increase their participation in all phases of humanitarian action.

Appendix A. Theoretical Framework
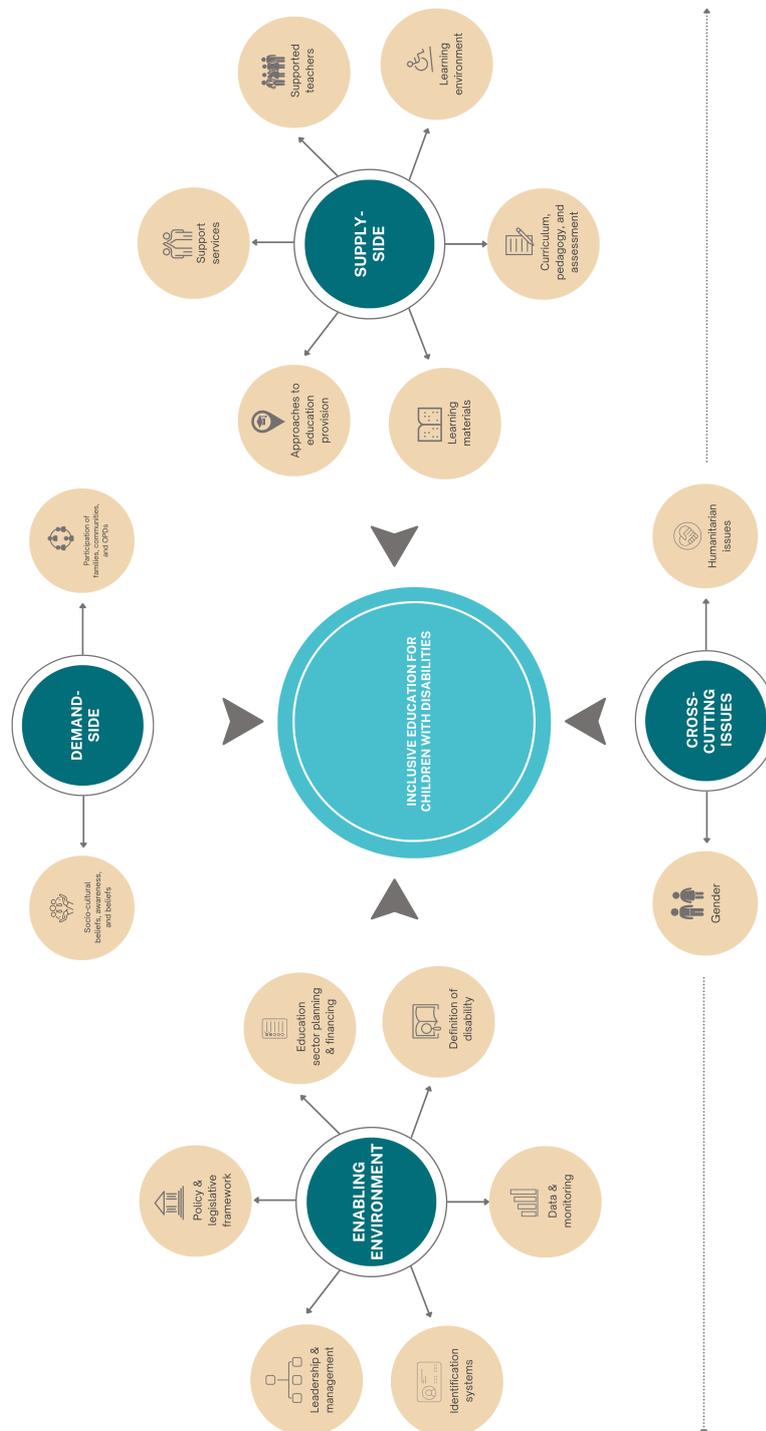
Based on the theoretical framework, the study will specifically address the following research questions:

Domain/Dimensions	Areas of analysis	Research questions
1. ENABLING ENVIRONMENT		
1.1. Policy and legislative framework	- Ratification and enforcement of the CRPD and CRC - National disability law/policy - National education law/policy - Specific law/policy on inclusive education	1. Which countries have ratified the CRPD and CRC? 2. What are the enforcement mechanisms established to implement the CRPD and address the recommendations from the Committee on the Rights of Persons with Disabilities regarding inclusive education? 3. What legal frameworks are in place that establish the right of children with disabilities to inclusive education? 4. What approaches to educating children with disabilities are promoted in disability laws/policies? 5. What approaches to educating children with disabilities are promoted in education laws/policies?
1.2. Education sector plan and financing	- Education sector analysis - Education sector plan (ESP) and ESP implementation - Proportion of public education budget allocated to disability-inclusive education	1. To what extent are children with disabilities addressed in education sector analyses? 2. What initiatives for children with disabilities are planned in the ESP? 3. What approaches to educating children with disabilities are promoted in the ESPs? 4. To what extent are financial resources invested towards promoting inclusive education vis-à-vis resources allocated for special education?
1.3. Definition of disability	Definition of disability	1. How do countries define and categorize disability/persons with disability? 2. Are the definitions aligned with the social model of disability?

1.4. Data and monitoring	- Disability-inclusive data collection methods/systems - Disability prevalence among the population - Disability prevalence among children with disabilities in the school age population - Data on enrolment, completion, and	1. What are existing methods/systems to collect information on children with disabilities in the country (i.e., disability prevalence among children, types, and degrees of difficulties)?
		2. What mechanisms have been established to periodically monitor inclusive education implementation and how do these mechanisms operate?
		3. What information on children with disabilities are collected in the EMIS? What disaggregation and analysis are available?
		4. What are the available data in terms of:
		   a. disability prevalence among children;
		   b. access and participation in education; and
		   c. learning outcomes of children with disabilities?

Domain/Dimensions	Areas of analysis	Research questions
	learning outcomes among children with disabilities • Disability indicators in Educational Management Information Systems (EMIS)	
1.5. Identification systems	• Systems and tools for identification of children with disabilities	1. What are the systems and tools in place for the identification/child functioning screening of children with disabilities? 2. Is the approach to disability identification multi-disciplinary? 3. Is the approach integrated and implemented within the education system?
1.6. Leadership and management	• Ministries responsible for education of children with disabilities and clear articulation of responsibilities • Horizontal and vertical coordination mechanisms within government • Partnerships and coordination • Capacity development of key education leaders for inclusive education implementation	1. Which ministry/ies is/are responsible for the education of children with disabilities? 2. Are roles and responsibilities of ministries in relation to inclusive education clearly defined? 3. What coordination mechanisms (horizontal and vertical) are in place to facilitate disability-inclusive education? 4. Is there an inter-agency committee in place to facilitate holistic delivery of relevant services for children with disabilities? 5. What mechanism is currently existing to coordinate efforts related to inclusive education? Which key partners are supporting the government in implementing its inclusive education strategy? 6. What initiatives have been implemented to develop the capacity of key education and local/community leaders in inclusive education?
2. SUPPLY		
2.1. Approaches to education provision	• Approaches to education provision for children with disabilities at pre-primary, primary and lower secondary levels currently being implemented	1. What types of provisions (formal and informal) are implemented (i.e., segregated, integrated, fully inclusive) for children with disabilities at different levels (pre-primary including Early Childhood Development programmes, primary, and lower secondary) by government and non-government organizations? 2. To what extent is practice aligned with policy in terms of education delivery for children with disabilities?
2.2. Supported teachers	• Teacher education policy • Pre-service teacher development	a. To what extent does policy (e.g., teacher professional development standards) promote the development of inclusive teachers? b. What initiatives have been implemented to train teachers in inclusive education?

Domain/Dimensions	Areas of analysis	Research questions
	• In-service teacher development	a. What initiatives have been implemented to embed inclusive education in pre-service teacher training/curriculum? b. What initiatives have been implemented to embed inclusive education in in-service teacher training? c. Are there decentralized and/or school-based teacher education systems or mechanisms for supporting continuing professional development (systems and expertise in place within MoE's decentralized structures to support teachers in their day-to-day practice)? c. Are there mechanisms for collaboration between special education teachers and mainstream teachers? d. What initiatives have been implemented to promote the employment of teachers with disabilities?
2.3. Learning environment	• Accessible school locations and disability-friendly school facilities including Water, Sanitation and Hygiene (WASH) • Child protection	1. What initiatives have been implemented to apply universal design in creating accessible learning environments and facilities? 2. What programmes or systems are in place to ensure child protection, including preventing abuse and violence against children with disabilities in schools?
2.4. Curriculum, pedagogy, and assessment	• National curriculum • Classroom teaching and learning practices • Examination policy and learning assessment practices	1. To what extent does the national curriculum for general education adhere to the principles of Universal Design for Learning? 2. Is there evidence of teachers employing inclusive teaching and learning approaches in the classroom (e.g., in lesson planning, instruction, etc.), including provision of reasonable accommodation? 3. What initiatives have been undertaken to make assessment systems (classroom and national assessment) flexible and inclusive?
2.5. Learning materials	• Accessible learning materials • Assistive technology and devices	1. What programmes are in place to ensure learning materials are flexible and accessible for all children? 2. What initiatives have been undertaken to provide access to necessary assistive technology/devices for children with disabilities?
2.6. Support services	• Access to specialized support services • Social protection programmes	1. What specialized services (e.g., community-based rehabilitation, therapy interventions, etc.) are available for children with disabilities and their families? To what extent do children with disabilities and their families able to access these services? 2. What are the social protection programmes in place to support the financial needs of families of

Domain/Dimensions	Areas of analysis	Research questions
		children with disabilities and is there any conditionality related to enrolment in school?
3. DEMAND		
3.1. Socio-cultural beliefs, awareness, and attitudes	• Socio-cultural beliefs • Awareness of disability and inclusive education • Attitudes towards disability and inclusive education	1. What social or cultural beliefs are influencing the education of children with disabilities and to what extent? 2. What are the prevalent beliefs about the right of children with disabilities to receive education? 3. What are the challenges in terms of awareness and attitudes in relation to disability-inclusive education (e.g., stigma, discriminatory practices)? 4. What strategies have been undertaken to raise awareness and develop positive attitudes towards disability and inclusive education? To what extent have these been effective?
3.2. Participation of children with disabilities, families, communities and OPDs	• Participation of families with children with disabilities • Community engagement • Participation of OPDs	1. What are the experiences of children and youth with disabilities about their access, participation, barriers, and support received in school? 2. How are children with disabilities involved in the educational process [e.g., in inclusive lesson planning (including the development of Individual Education Plans); consultations and decision-making related to school improvement; feedback mechanisms] 3. What are the mechanisms in place that encourage family, community and OPDs' participation in inclusive education? To what extent have they been effective?
4. CROSS-CUTTING ISSUES		
4.1. Gender	Gender-related issues	1. To what extent do disability-inclusive education initiatives address gender-specific needs and barriers? 2. What are the issues children with disabilities face on the basis of their gender (e.g., gender-based violence and discrimination)?
4.2. Humanitarian issues	• Humanitarian issues • COVID-19 pandemic	1. To what extent are programmes and initiatives specific to a particular context, (economic status, humanitarian contexts, emergency) needs, and available resources? 2. What humanitarian issues persist in the region and how do these influence the education of children with disabilities? 3. To what extent has the COVID-19 pandemic accelerated/frozen/given new opportunities to inclusive education for children with disabilities?

Appendix B. Survey A - Government policies, systems, and practices in disability-inclusive education

Respondents' Profile

Full name	
Job title	
Organization	
Country	
Email address	

Full name	
Job title	
Organization	
Country	
Email address	

1. What are the major programmes or initiatives implemented in the country by your organization within the last 10 years, in any of the following areas? (If there are NO major programmes or initiatives implemented, please write "no intervention")

1. Enabling Environment	
1.1. Enforcement of CRPD or CRC in relation to disability-inclusive education	
1.2. Improving national laws and policies to reflect inclusive principles	
1.3. Disability-inclusive education sector analysis, planning and implementation	
1.4. Funding inclusive education	
1.5. Improving disability data, monitoring, and quality assurance	
1.6. Identification and screening of children with disabilities	

1.7. Establishing coordination mechanisms and partnerships
  1.7.1. Vertical coordination (national level to sub-national to school level)
  1.7.2. Horizontal (inter-agency coordination with other government units)
  1.7.3. Building partnerships and coordination mechanisms with development partners (international development agencies, CSOs, OPDs)	

2. Supply-side conditions	

2.1. Capacity building on inclusive education for education leaders	
2.2. Providing access to education for children with disabilities (describe the types of provision available: special school, mainstreaming in general school, inclusion)xxii	
2.3. Teacher training (pre-service, in-service, decentralized teacher development models)	
2.4. Learning environment (school infrastructure, school facilities including WASH, child protection to prevent and respond to abuse, bullying, and discrimination)	
2.5. Curriculum, pedagogy, national and classroom assessment	
2.6. Learning materials including assistive technology	
3. Demand-side	
3.1. Support services (financing schemes for families of children with disabilities, early intervention, rehabilitation, therapy, and other specialized services)	
3.2. Addressing negative social norms, increasing awareness of disability-inclusive education, and developing positive attitudes	
3.3. Increasing participation of children with disabilities in inclusive lesson planning and decision making about their education	
3.4. Increasing participation of families, communities and OPDs in inclusive education	
4. Cross-cutting issues	
4.1. Reducing gender inequities in education, especially for children with disabilities	
4.2. Responding to educational needs of children with disabilities in humanitarian situations and emergencies	

Please upload any document relevant to the initiatives described. Skip if there are no documents to share or if you had shared them previously.

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2. What do you think are the major successes or good practices in disability-inclusive education in the country in the last 10 years? Please name up to 3 successes.
3. What do you think are the primary factors that contributed to these successes?
4. What do you think are the most critical challenges in disability-inclusive education in the country that should be addressed? Please name up to 3 major challenges.

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xxii Definitions

- **Special school:** the education of students with disabilities is provided in separate environments designed or used to respond to a particular impairment or various impairments, in isolation from students without disabilities.

- **Mainstream:** placing persons with disabilities in existing mainstream educational institutions, as long as the former can adjust to the standardized requirements of such institutions.

- **Inclusion** involves a process of systemic reform embodying changes and modifications in content, teaching methods, approaches, structures and strategies in education to overcome barriers with a vision serving to provide all students of the relevant age range with an equitable and participatory learning experience and environment that best corresponds to their requirements and preferences (CRPD, 2016). UNICEF (2013) defines inclusive education to mean that each learner with or without disability, rich or poor, regardless of gender, ethnic, religious, cultural origins – can attend a neighbourhood school, which fully nurtures every learner's potential.

5. If the government and its partners could prioritize only 3 areas to advance disability-inclusive education in the next 5 years, what do you think should these priorities be and why?
6. What other suggestions or recommendations could you provide to advance inclusive education in your country?

Appendix C. Survey B - Inclusive education initiatives by non-state actors

Link to the survey: https://bit.ly/ESAROSurveyB

Full name	
Job title	
Organization	
Country	
Email address	

1. What are the major programmes or initiatives implemented in the country by your organization within the last 10 years, in any of the following areas? (If there are NO major programmes or initiatives implemented, please write "no intervention")

1. Enabling Environment	
1.1. Enforcement of CRPD or CRC in relation to disability-inclusive education	
1.2. Improving national laws and policies to reflect inclusive principles	
1.3. Disability-inclusive education sector analysis, planning and implementation	
1.4. Funding inclusive education	
1.5. Improving disability data, monitoring, and quality assurance	
1.6. Identification and screening of children with disabilities	

1.7. Establishing coordination mechanisms and partnerships
  1.7.1. Vertical coordination (national level to sub-national to school level)
  1.7.2. Horizontal (inter-agency coordination with other government units)
  1.7.3. Building partnerships and coordination mechanisms with development partners (international development agencies, CSOs, OPDs)	

2. Supply-side conditions	
2.1. Capacity building on inclusive education for education leaders	
2.2. Providing access to education for children with disabilities (describe the types of provision available: special school, mainstreaming in general school, inclusion)xxiii	

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xxiii Definitions

- **Special school:** the education of students with disabilities is provided in separate environments designed or used to respond to a particular impairment or various impairments, in isolation from students without disabilities.
- **Mainstream:** placing persons with disabilities in existing mainstream educational institutions, as long as the former can adjust to the standardized requirements of such institutions.
- **Inclusion** involves a process of systemic reform embodying changes and modifications in content, teaching methods, approaches, structures and strategies in education to overcome barriers with a vision serving to provide all students of the relevant age range with an equitable and participatory learning experience and environment that best corresponds to their requirements and preferences (CRPD, 2016). UNICEF (2013) defines inclusive

2.3. Teacher training (pre-service, in-service, decentralized teacher development models)	
2.4. Learning environment (school infrastructure, school facilities including WASH, child protection to prevent and respond to abuse, bullying, and discrimination)	
2.5. Curriculum, pedagogy, national and classroom assessment	
2.6. Learning materials including assistive technology	
3. Demand-side	
3.1. Support services (financing schemes for families of children with disabilities, early intervention, rehabilitation, therapy, and other specialized services)	
3.2. Addressing negative social norms, increasing awareness of disability-inclusive education, and developing positive attitudes	
3.3. Increasing participation of children with disabilities in inclusive lesson planning and decision making about their education	
3.4. Increasing participation of families, communities and OPDs in inclusive education	
4. Cross-cutting issues	
4.1. Reducing gender inequities in education, especially for children with disabilities	
4.2. Responding to educational needs of children with disabilities in humanitarian situations and emergencies	

Please upload any document relevant to the initiatives described. Skip if you there are no documents to share or if you had shared them previously.

2. What do you think are the major successes or good practices in disability-inclusive education in the country in the last 10 years? Please name up to 3 successes.
3. What do you think are the primary factors that contributed to these successes?
4. What do you think are the most critical challenges in disability-inclusive education in the country that should be addressed? Please name up to 3 major challenges.
5. If the government and its partners could prioritize only 3 areas to advance disability-inclusive education in the next 5 years, what do you think should these priorities be and why?
6. What other suggestions or recommendations could you provide to advance inclusive education in your country?

education to mean that each learner with or without disability, rich or poor, regardless of gender, ethnic, religious, cultural origins – can attend a

neighbourhood school, which fully nurtures every learner's potential.

Appendix D. Survey C - Inclusive Education Progress Review

1. Enabling Environment

This includes conditions that facilitate an inclusive education system including legal framework, sector plan and financing, conceptualization of disability, data on children with disabilities, and governance.

1.1. Policy and legislative framework

No intervention	There are no existing laws or policies which clearly establish the rights of persons with disabilities to education. The country has not signed/ratified the CRPD.
Initiating	The country has signed/ratified the CRPD but is in the early stages of adopting the convention's principles. Inclusion of children with disabilities in education is not strongly endorsed by educational and/or disability policies. Initial discussions and planning have taken place to conduct a review of laws and policies and develop a strong legislative framework for disability-inclusive education.
Developing	Policy reforms are ongoing. Education and other policies related to education of children with disabilities are being reviewed. A specific policy on inclusive education is being drafted with active participation of OPDs. Inclusive education pilot projects are being implemented.
Establishing	Laws have been reformed to promote equity and inclusion principles. A law or policy on inclusive education mandating the provision of education for children with disabilities in inclusive settings has been developed and enacted/adopted, supported by a national strategic implementation plan. Implementation remains limited in scale. However, promising practices are emerging and there is clear articulation from the government for scaling up.
Championing	Legislative reforms have taken place. A specific policy on inclusive education with explicit reference to the full inclusion of children with disabilities is widely implemented. The policy defines disability and inclusive education from a rights-based perspective. It mandates the development of resourced regular schools with non-segregated provision and articulates clear roles of special schools and specialized services. There is strong evidence of positive large-scale impact.

Progress Rating	Summary of Evidence

1.2. Education sector plan and financing

No intervention	The Education Sector Analysis (ESA) does not consider disability issues in education. The Education Sector Plan (ESP) in place does not mention approaches to providing education

	for children with disabilities. There is no evidence of financial allocation for education of children with disabilities national/sector budget.
Initiating	Planning and discussions are taking place to include disability issues in ESA and to promote inclusive provisions in the ESP. Government allocates both human and financial resources for children with disabilities mainly to support education in special school settings reflecting a medical model of disability. Sector plan indicates policy commitment to finance inclusive education provisions.
Developing	The ESA includes some information on children with disabilities. There is an ESP, but it speaks broadly to inclusion. The ESP directs the provision of education for children with disabilities largely through a combination of integration/mainstreaming in regular classrooms and/or in separate/special schools. Inclusion in general education is dependent on the child's abilities. Small pilots of inclusive models are articulated in the plan. The effectiveness of implementation is yet to be established. Human and financial resources are directed to supporting education of learners with disabilities in inclusive settings, and in parallel, in special school settings. Different financing models to support children in both inclusive and separate settings are in in place.
Establishing	The ESA includes a comprehensive review of the situation of children with disabilities, including barriers in education, which provides a baseline for progress monitoring and evaluation. The ESP strongly emphasizes the provision of educational opportunities for all learners, including children with disabilities, in inclusive settings, with appropriate support and reasonable accommodations. There is evidence of promising practices resulting from the implementation of the ESP. There is a defined human and financial resource allocation for the education of children with disabilities in inclusive settings, evident in the national budget. Funding and resources are available at the school level to support disability-inclusion.
Championing	The ESA includes a comprehensive review of the situation of children with disabilities, including barriers in education which provides a baseline for progress monitoring and evaluation. The ESP strongly emphasizes the provision of educational opportunities for all learners, including children with disabilities, in inclusive settings, with appropriate support and reasonable accommodations. Concrete strategies are articulated in the ESP to progressively phase out all segregated and institutionalized schooling for children with disabilities. Sector analysis and planning processes actively involved OPDs and children with disabilities. Strategies articulated are widely implemented and there is evidence of positive results at a large scale. There is a defined human and financial resource allocation for the education of children with disabilities in inclusive settings evident in national policies/sector plans. Actions have been taken to ensure that the distribution of resources is equitable and flexible with a particular focus on children with disabilities. Synergy is evident among finance, education, health, and social protection ministries in terms of financing education and support services for children with disabilities.

Progress Rating	Summary of Evidence

1.3. Definition of disability

No intervention	The definition of disability articulated in the laws and policies is based on the medical model which views disability as a disease and the person with disability as a patient requiring medical attention. There are currently no planned initiatives to review this definition.
Initiating	Planning and discussions are taking place to revisit the country's definition of disability to align it with the CRPD.

Developing	The CRPD definition[xxiv] of disability is articulated in a law/policy but is contradicted by another law/policy. Actions are being undertaken to address this.
Establishing	Laws and policies are consistent in articulating the CRPD definition of disability. However, data collection and identification systems and tools need to be further aligned with legislation.
Championing	Laws and policies are consistent in articulating the CRPD definition of disability. There is evidence of adopting the definition in national data collection systems (e.g., census, household surveys, EMIS) and disability identification systems/tools.

Progress Rating	Summary of Evidence

1.4. Data and monitoring

No intervention	There are no existing interventions in this area led by the government or any partner development organization. There are no measures in place for monitoring and ensuring quality of education for children with disabilities.
Initiating	There are limited arrangements for monitoring disability-inclusive education. Planning and initial discussions have begun to strengthen disability data collection and monitoring of inclusive education. Some data on child disability are captured in censuses, national surveys, EMIS, administrative records, and school system, but is characterized by medical diagnosis. No reports on enrolment of children with disabilities are produced, except for special schools. Discussions are ongoing to address these gaps.
Developing	Disability data are captured in the population census, national household surveys and other periodic national data collection systems. Some data are available on children with disabilities and their education but limited to enrolment. However, measurement of disability remains largely based on medical categories. The government is developing a monitoring system to track the implementation of disability-inclusive education. The monitoring framework consists of structural, process and outcome indicators, and specific baseline and targets for each indicator consistent with SDG4.
Establishing	Disability data are captured in the population census, national household surveys and other periodic national data collection systems. Rigorous data are available on children with disabilities and their education including indicators on access, participation, learning outcomes and barriers encountered in schools, captured in the EMIS. The government has a monitoring system in place linked with the national standards for inclusion and/or quality education, to track the implementation of disability-inclusive education. The monitoring framework consists of structural, process and outcome indicators, and specific baseline and targets for each indicator consistent with SDG4. The country is beginning to adopt approaches to measuring disability based on the social model, for example, the use of the Washington Group of Questions/Child Functioning Module. Implementation is limited but promising practices are emerging.
Championing	The government has a monitoring system in place linked with the national standards for inclusion and/or quality education, to track the implementation of disability-inclusive education. The monitoring framework consists of structural, process and outcome indicators, and specific baseline and targets for each indicator consistent with SDG4. Definition and measurement of disability is aligned with the social model (e.g., use of WG questions). The system generates regular reports on access, participation, and achievement of children with disabilities in education. It ensures that segregation or integration is not happening formally or informally and measures the quality of education learners with disabilities are receiving. Monitoring activities involve children with disabilities through OPDs, and parents/caregivers, where appropriate. Strong evidence of data utilization of data in planning and programming is present.

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xxiv Persons with disability are "those with "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (Article 1, CRPD).

Progress Rating	Summary of Evidence

1.5. Identification systems

Progress Rating	Summary of Evidence
No intervention	There are no established identification systems in the country, led by the government or development partner organizations. Children with disabilities remain largely invisible in laws, policies, and strategic plans.
Initiating	The government recognizes the importance of early identification but is unclear on a systemic and multi-sectoral approach. Some form of early identification services exists but access for children with disabilities remains limited. Plans and discussions are ongoing to address early identification of disability in children.
Developing	The government is developing a disability identification system. Approaches based on the social model (e.g., ICF, WG questions) have been introduced. Pilot projects have been documented but implementation and reach remain limited. Delineation of roles among ministries is unclear, as well as the roles of teachers and parents of children with disabilities.
Establishing	The government has established a disability identification system rooted in rights-based approaches to defining and measuring disability (e.g., ICF, WG questions). Roles of government units, teachers and parents are articulated clearly. The system and corresponding tools are gradually being implemented in schools. Identification of disability is linked to the provision of or referral to appropriate support services. Implementation is limited and quality could be improved.
Championing	The government has established a disability identification system rooted in rights-based approaches to defining and measuring disability (e.g., ICF, WG questions). Roles of government units, teachers and parents are articulated clearly. The system and corresponding tools are gradually being implemented in schools. Identification of disability is linked to the provision of or referral to appropriate support services. The system is widely implemented, and evidence of positive impact has been documented.

Progress Rating	Summary of Evidence

1.6. Leadership and management

Progress Rating	Summary of Evidence
No intervention	The capacity of key government leaders to implement inclusive education is limited. There are currently no interventions to address the issue.
Initiating	It is unclear which government unit is mandated to oversee and advance inclusive education for children with disabilities. Plans and discussions are ongoing to gain clarity on this. Planning to improve capacities of education leaders (national and sub-national) and establish structures and systems to manage, coordinate, monitor and evaluate the implementation of inclusive education is ongoing.
Developing	Silos between government units exist. Special education is managed by the ministry of social welfare. The education ministry has some roles in inclusive education, but children with disabilities remain to be a concern of the social protection ministry. Coordination mechanisms across ministries, between national and sub-national government units, and with development partners have been established but implementation could be improved. Capacity building activities for education leaders (national and sub-national) have been implemented. There is documented evidence that education leaders are beginning to develop an understanding of the principles of equity and inclusion. However, there is limited evidence of knowledge and awareness being translated into practice.

Establishing	The ministry of education has a clear mandate to provide inclusive education for all children, including those with disabilities. There is a working mechanism for cross-sectoral coordination (horizontal coordination) and between the national and sub-national education units, down to the school level (vertical coordination), and coordination among development partners. The mechanism enables regular exchange of information and sets out clear responsibilities among government departments relating to education for children with disabilities. Inclusive education is strongly advocated in key government documents which demonstrates commitment of education leaders to promoting inclusive policies, culture, and practices. Positive changes are evident because of improved leadership and management structures.
Championing	The ministry of education has a clear mandate to provide inclusive education for all children, including those with disabilities. There is a working mechanism for cross-sectoral coordination (horizontal coordination) and between the national and sub-national education units, down to the school level (vertical coordination). The mechanism enables regular exchange of information and sets out clear responsibilities among government departments relating to education for children with disabilities. Inclusive education is strongly advocated in key government documents which demonstrates commitment to promoting inclusive policies, culture, and practices. This commitment is supported by evidence of actual inclusive practices at the national and sub-national level.

Progress Rating	Summary of Evidence

2. Supply

This domain focuses on the availability and accessibility of educational and support services for children with disabilities.

2.1. Approaches to education provision

No intervention	All children with disabilities are excluded in education. There are no existing policies that recognize their right to education or programmes that provide any form of learning opportunities.
Initiating	Most children with disabilities are educated in separate schools that provide special education and/or through home education where they are isolated from their peers.
Developing	Most children with disabilities are integrated in the same school as their non-disabled peers but are taught in separate classes, using a separate curriculum.
Establishing	Most children with disabilities are integrated in regular classes but lack appropriate support and reasonable accommodations. Inclusive education is piloted in some areas where children with disabilities have access to and participate in mainstream classes.
Championing	Most children with disabilities receive education on an equal basis with their non-disabled peers, in mainstream inclusive schools, taught by an inclusive teacher, within the communities where they live.

Progress Rating	Summary of Evidence

2.2. Supported teachers

No intervention	There are no initiatives to strengthen the capacity of teachers in inclusive education.
Initiating	While there are capacity building activities for teachers, the perspective on inclusion remains based on the medical model of disability. Inclusion is not an integral part of the pre-service curriculum. Training of in-service teachers and support staff emphasizes segregated

	provision of education for children with disabilities. Pre-service and in-service programmes for special education teachers are limited in capacity and quality. Professional competency standards for teachers are either non-existent or do not mention inclusion and equity principles. Planning activities and discussions units are ongoing to address these.
Developing	There are significant efforts to align the content and approach to teacher professional development with the principles of inclusion and equity. Review of the pre-service teacher education curriculum is planned for or ongoing. Teacher training on responding to diverse learners have been implemented, with emphasis on supporting children with disabilities in inclusive settings but combined with some references to segregated provisions. Knowledge and experience from specialized training programmes are beginning to be transferred to mainstream teacher preparation and in-service teacher development programmes. The development or review of existing professional competency standards for teachers have commenced to ensure they reinforce equity and inclusion.
Establishing	Capacity building activities for teachers have been undertaken and promising inclusive classroom practices results have been documented. Pre-service teacher education curriculum has been reformed to ensure teachers are prepared to respond to the needs of diverse learners, including children with disabilities. Inclusive education is either embedded in pre-service teacher training or offered as a course in some teacher training institutes and universities. All teachers have received basic in-service training on fundamental concepts and principles of equity and inclusion, inclusive values, and basic inclusive classroom strategies. Training content supports the social model of disability but programmes for ongoing professional development is lacking, and the cascade training model is the dominant approach. The government has established its national professional competency standards for teachers that strongly emphasize disability-inclusive education.
Championing	The country strengthens capacities of teachers to implement inclusive education. There is strong evidence of inclusive practices resulting from capacity building programmes. The revised pre-service teacher education curriculum is being implemented widely which equips future teachers with the necessary knowledge, skills, and values to create inclusive classrooms. Training programmes emphasizing inclusive principles and strategies are available for all in-service teachers. The government has established a national policy and set up structures for school-based teacher development where inclusive education is a key professional development area. Teachers, including teachers with disabilities receive continuous professional development and necessary support to develop inclusive values and meet diverse learning needs in the classroom. Strong in-service training programme also exists for specialist teachers who are positioned as inclusive education advisory teachers. The country is widely implementing a set of professional competency standards for teachers which follow the principles of inclusion and equity. Demonstrable results are evident at a large scale.

Progress Rating	Summary of Evidence

2.3. Learning environment

No intervention	There are no existing interventions in this area led by the government or any partner development organization. Learning environments are inaccessible and exclude children with disabilities.
Initiating	The government acknowledges the importance of building accessible learning infrastructures and facilities in national policies/plans. National plans aim to tackle

	stigmatization, bullying, abuse and discrimination but guidance is weak or still based partly on the medical model of disability.
Developing	Government has started drafting national standards that guarantee all school buildings, facilities, resources, and services are accessible to all learners. There are efforts to improve accessibility in schools following the principles of universal design, but implementation is limited. The Ministry of Education has procedures in place for safeguarding the rights of children to protection from stigmatization, bullying, abuse and discrimination but are not widely implemented.
Establishing	National standards with implementation guidelines based on universal design are in place to ensure that students with disabilities have full equitable access to buildings, facilities, resources, and services. Some schools in the country have accessible infrastructure and equipped with accessible facilities. The Ministry of Education has institutionalized procedures for safeguarding the rights of children based on the principles of inclusion and equity. Effective measures to prevent abuse and bullying are in place at the school level. Programmes aimed at creating inclusive, safe, and positive learning environments in the schools are implemented but limited in scale.
Championing	National standards with implementation guidelines based on universal design are in place to ensure that students with disabilities have full equitable access to buildings, facilities, resources, and services. Guidelines are reflected in school improvement plans. It affords schools accessible classrooms and other support services that remove physical barriers (including accessible toilets and recreation areas) for children with disabilities. School infrastructures are assessed based on the principles of UDL. Most schools in the country have accessible infrastructure and equipped with accessible facilities. The Ministry of Education has institutionalized procedures for safeguarding the rights of children based on the principles of inclusion and equity. Effective measures to prevent abuse and bullying are in place at the school level. Programmes aimed at creating inclusive, safe, and positive learning environments in the schools are implemented at a large scale. The Ministry reinforces peer group in learning, building positive relationships, peer to peer mentoring and coaching, friendships and setting out strategies to tackle stigmatization at the school level. All children's learning needs are supported in the classrooms and are enabled to feel safe, supported, stimulated and able to express themselves as part of a positive and inclusive school community.

Progress Rating	Summary of Evidence

2.4. Curriculum, pedagogy, and assessment

No intervention	The national curriculum, pedagogy and assessment systems are rigid and do not respond effectively to the needs of diverse learners.
Initiating	Planning activities and discussions are ongoing to review and reform the national curriculum, pedagogy, and assessment system. Specialized curricula tailored to specific disabilities are in place based on the medical model and applied in special school settings.
Developing	Actions have been taken by the government to reform the standard national curriculum and assessment system at the national and classroom levels to ensure flexibility, adaptability, and responsiveness to all learners. Inclusive pedagogy and assessment have been introduced and there is evidence of effective practice in some mainstream schools.
Establishing	The country is implementing an inclusive and flexible national curriculum and assessment system accessible by all learners following the principles of universal design for learning. There is no separate special curriculum for children with disabilities. Teaching and learning and assessment methods at the national and classroom levels are modified to cater to different abilities, educational needs and learning styles. Some evidence of effective practice of formative assessments in schools have been documented. Quality could be improved, and implementation is limited in scale.
Championing	The country is implementing an inclusive and flexible national curriculum and assessment system accessible by all learners following the principles of universal design for learning.

	There is no separate special curriculum for children with disabilities. The revised curriculum reflects the value of diversity and learner-centered pedagogy is practiced widely. Teaching and learning and assessment methods at the national and classroom level are adapted to different strengths, requirements and learning styles and appropriate support and reasonable accommodations are provided. Learners are involved in assessments and there is a strong focus on formative assessment. There is strong evidence of high-quality implementation at a large scale.

Progress Rating	Summary of Evidence

2.5. Learning materials

No intervention	Assistive devices and materials are not generally available in schools. Books and other materials make no reference to children with disabilities.
Initiating	There is a widespread lack of textbooks and learning materials in accessible formats and languages. Assistive devices and materials are available in special schools, but not in regular schools. A few textbooks include positive references to children with disabilities. Efforts to address these gaps are articulated in national plans.
Developing	The government is developing standards and guidelines for the development/conversion of printed materials into accessible formats and languages. Assistive devices and other materials are available in special schools but only in a few regular schools. Textbooks and other materials inclusive positive references to children with disabilities.
Establishing	The government is implementing strategies to develop/adapt teaching and learning materials to fit the context and needs of individual learners. Textbooks and other learning materials are accessible, include positive reference to children with disabilities and available in most regular schools. Assistive devices and other support materials are available in most regular schools.
Championing	Textbooks and other earning materials are accessible to all learners, including children with disabilities. Textbooks include positive reference to children with disabilities and are available in all regular schools. Assistive devices and other support materials are available in all regular schools. The government invests in inclusive interactive classrooms using alternative instructional strategies and assessment methods.

Progress Rating	Summary of Evidence

2.6. Support services

No intervention	There are no existing interventions in this area led by the government or any partner development organization.
Initiating	The government recognizes the importance of providing multi-disciplinary support services for children with disabilities but is unclear on a systemic approach to multi-sector involvement, multi-disciplinary provision of a continuum of services which covers all age ranges from birth to school age. ECD and ECCE programmes exist but largely exclude children with disabilities and lack a mechanism to ensure children transition to primary education. Some form of early intervention and community-based rehabilitation services are present but access for children with disabilities remain limited. Identification and assessment systems are based on a medical perspective. Parents and teachers have limited access to support services. Discussions to address these gaps are taking place.
Developing	A multi-sector plan is in place, drafted through an extensive consultation process participated by concerned government departments, CSOs/OPDs, schools, parents, and teachers. It aims to establish a continuum of multi-disciplinary services for children with

	disabilities which ranges from identification, early intervention, transition, rehabilitation, and other specialized support services.
Establishing	A national programme is in place which ensures accessibility of a full range of multi-disciplinary services for children with disabilities, including multi-disciplinary assessment/child functioning screening services including children with disabilities who are out of school, early identification and intervention, early childhood development programmemes, transition programmemes, therapy interventions and family support and community-based rehabilitation programmes. However, access for children with disabilities remains a challenge. Implementation is limited in scale and quality could be improved.
Championing	A national programmeme is in place and widely available which ensures accessibility of a full range of multi-disciplinary services for children with disabilities, parents and teachers including: multi-disciplinary assessment/child functioning screening services including children with disabilities who are out of school, early identification and intervention, early childhood development programmemes, transition programmemes, therapy interventions and family support and community-based rehabilitation programmemes. An established referral system facilitates access of children with disabilities to specialized support services with a clear collaboration mechanism between schools/teachers and specialists. A coordinated, cross-sectoral mechanism is in place that supports holistic delivery of support services, monitoring and review. Service providers and parents/families are provided with ongoing support and training. The programme is widely implemented, and promising results have been documented.

Progress Rating	Summary of Evidence

3. Demand

Demand-side conditions pertain to social norms, awareness and attitudes, and participation of persons with disabilities and their families in inclusive education.

3.1. Social norms, awareness, and attitudes

No intervention	There are no national or sub-national programmes in place to combat negative attitudes and increase awareness on inclusion and disability. Knowledge, attitudes, and practices are largely driven by the medical view of disability, focusing on impairments rather than how the education system can be adjusted to respond to diverse learners.
Initiating	Discussion and planning are ongoing to address low awareness and negative attitudes towards disability and inclusion of children with disabilities in education. While there are some awareness raising programmes, messages are mixed and include reference to segregated educational provisions for children with disabilities.
Developing	Studies focused on knowledge, attitudes and practices towards disability have been conducted to establish a strong evidence-base for programme planning. Various capacity building and advocacy activities to increase awareness of disability and inclusion have been developed and implemented but the government could adopt a more systematic approach.
Establishing	An evidence-based strategic plan for Communication for Social Change has been drafted and funded at the national level to increase awareness on disability and inclusion. OPDs and children with disabilities are actively involved in the development and implementation of the plan. Advocacy activities are contributing to increased knowledge of disability and inclusion and positive shifts in knowledge, attitudes, and practices.
Championing	An evidence-based strategic plan for Communication Plan for Social Change is in place and implemented widely, developed through the collaboration among relevant government units and active participation of OPDs and children with disabilities. National or sub-national programmes aligned with the communication plan and the UNCRPD, are implemented to provide systematic support to increasing community awareness and community involvement in inclusive education. The programme addresses negative attitudes towards disability and inclusion at all levels of the system including the public. There is strong evidence of changes in public awareness, attitudes, and practices at the national and local levels.

Progress Rating	Summary of Evidence

3.2. Participation of children, families, communities, and Organization of Persons with Disabilities (OPDs)

No intervention	Participation of children with disabilities, their families, communities and OPDs in programmes relating to education of children with disabilities is low and need to be strengthened. Most schools do not engage with families of children with disabilities and community engagement is weak.
Initiating	In plans and policies, there is recognition that children with disabilities need to be involved in decision making affecting their education, although the extent that this is happening is yet to be established. Initial steps have been taken to increase the participation of families, engagement of the wider school community, and enhance partnerships with OPDs in programmes relating to children with disabilities.
Developing	There is evidence of some children with disabilities actively involved in lesson planning and other decision-making processes in the school, concerning their education. Mechanisms for collaboration between schools, families of children with disabilities and the local community are in place. While there are some schools demonstrating promising practices in terms of community engagement, implementation is limited in scale. OPDs are consulted in programmemes relating to children with disabilities, but their technical capacity could be improved.
Establishing	There is strong evidence of children with disabilities actively involved in lesson planning and other decision-making processes in the school, concerning their education. Mechanisms for collaboration between schools, families of children with disabilities and the local community are in place. Strategies that have demonstrated to be effective are beginning to be replicated/adapted in other areas. OPDs are engaged in the development, implementation, monitoring and evaluation of policies/programmemes relating to children with disabilities.
Championing	There is strong evidence of children with disabilities actively involved in lesson planning and other decision-making processes in the school, concerning their education. Mechanisms for collaboration between schools, families of children with disabilities and the local community are in place. Effective collaboration strategies have been adapted at a wide scale. OPDs and CSOs are active and strong partners of the government in the development, implementation, monitoring and evaluation of policies/programmes relating to children with disabilities. There is strong evidence of community engagement, placing children with disabilities and their families at the center of all support processes and ensure that they are fully involved in all decisions and plans.

Progress Rating	Summary of Evidence

Appendix E. Semi-structured guide for focus group discussion with youth with disabilities

Guide questions:

1. Do you like going to school?
2.
3. What do you like or enjoy most about your school?

4. Can you describe how you get to school?
   a. Is it easy getting to school? Why or why not?
   b. What or who helps you get to school?
5. What is the most difficult thing for you to do in school?
   a. How do your parents or siblings help you?
   b. How do your teachers and classmates help you?
   c. Do other people in your school help you? How?

6. Do your friends or classmates come and play with you or do fun activities together?
   a. Are your classmates always kind to you in the classroom or during play time?
   b. What do you do when they are not kind?
   c. What did your teacher/s or other classmates do when some children are not kind to you?

7. What would make school better for you?
    a. What do you think can be changed in your classroom so you can learn better?
    b. What do you think your teacher can do to help you and your classmates learn better?

Appendix F. Informed assent and consent forms

Informed Assent and Consent Forms for FGDs with Children and Youth with Disabilities

Informed Assent (Verbal)

The following script will be used as a guide for the interviewer to secure verbal assent from child-participants. A signed parental consent form is still required from the parents/caregivers of children.

Hello, I am   *<name of FGD facilitator>*   and I am working with UNICEF and the government. We would like to talk to you about your experiences in school.

It is okay if you do not want to participate. If you choose to participate, we will be talking for not more than an hour. I will ask you to tell me stories about your school, your teachers, and classmates. If you have any questions for me, you can ask me at any time.

You will not receive any reward for your participation but your stories will help your school to make it a more friendly and positive environment for all students.

I will not share your stories with anybody. It is also okay if you do not want to answer some of the questions. If you get too tired or if anything seems too silly or difficult, just let me know. If you want to stop at any time, you can tell me and we will stop.

Your names and all information that the group will share within this session will not be shared with anyone. To show respect for each other, we also ask you not to share any stories or information you will hear today with other people.

Do you have any questions for me?

Are you willing to participate?
If yes, we can begin our conversation.
If not, I understand if you want to leave the meeting.

Consent from the child:
(Interviewer will check the appropriate box.)

	Agreed to participate
	Refused to participate

Informed Consent Form

This form will be filled-up by parents of children/youth with disabilities participating in the study. The interviewer is responsible for obtaining parental consent, with support from the government or the school leaders/teachers.

Dear Mr/Mrs,

We are working with UNICEF and the government on a research about how schools can be made more friendly, welcoming and a positive learning environment for children. As part of the research, we are talking to school children, government officials, and representatives from non-government organizations supporting the improvement of the education system in your country. The results of our research will help them plan and implement initiatives to bring more children to school and enhance the quality of education.

Knowing the experiences of school children is important in the study. With this, your child has been selected to participate in a group discussion together with about 5 to 8 other children. We will ask your child to share some stories about their school including the things they like or enjoy the most in school and things they do not like or wish could be better. It will be a casual sharing of stories.

The discussion will take about 45 minutes to an hour and it will be recorded to ensure that we get their responses correctly. The voice and/or video recordings will not be shared with anyone outside of the research team and will be strictly used for verification purposes only. We will not proceed with recording if you do not give your permission.

Everything that the group will share with us will be kept confidential and will not be shared with anyone. Before we start asking questions, we will lead a discussion to reach an agreement among other children about keeping sensitive information confidential. When we finish all research activities, we will write a report about our findings and submit it to UNICEF and the Ministry of Education. This report will not include your or your child's name or that you were in the study.

You are free to decide if you want your child to take part in the discussion. If you refuse, it is okay and it will not have any negative effect on your child, you, or your family. As far as the research team is aware, there are no risks for you to participate. You will not receive payment or any other direct benefit for participating in this study, but your child's stories will help in making schools more effective and welcoming for all children.

If you have further questions, you may contact Ms. Arlene dela Cruz via WhatsApp/Signal at +63 917 677 1089 or email arlene.delacruz@beyondeduc.org.

Thank you very much.

Dr Peter Grimes
International Consultant

If you agree, please give your consent below by checking the boxes. If you do not agree to participate, you may leave this consent form blank.

I give my consent below:
(Please check the boxes if you agree.)

	I understand that my identity and the identity of my child will remain confidential, and my name and the name of my child will not appear in any of the research reports.
	I give permission for the researcher to record the conversation (voice and video) solely for note taking purposes.
	I will provide my contact details only for administrative purposes of the research.

	I understand that I will not receive any payment or other direct benefit for my child's participation in the study.
	I understand that my refusal will not cause me and my child harm or negative consequences of any kind.
	I fully understand the purpose of the research and voluntarily allow my child to participate.

Signature over Printed Name

Country:
Contact number or email address:
Date signed:

Appendix G. Consent form for online surveys

Informed consent form for online survey among government and non-government stakeholders in inclusive education[xxv]

About the mapping study

UNICEF East and Southern Africa Regional Office (ESARO) has commissioned a consultancy to map the progress of countries – building on existing studies, surveys, and UNICEF programmes in the East and Southern African region – in advancing inclusive quality education for children, with a particular focus on children with disabilities, of pre-primary, primary, and lower secondary school-age children. The study aims to inform strategic planning at the regional and country levels to accelerate results for children with disabilities.

As part of the data collection process, the research team is requesting your participation to fill out this survey and share your knowledge, experiences, and insights about the implementation of inclusive education in the county.

If you agree, please give your consent below by checking the boxes. If you do not agree to participate, you may leave this consent form blank.

Consent

	I understand that my identity and all personal information will remain confidential and will be used for administrative purposes only.
	I understand that my name will not appear in the any report related to the study without prior consent.
	I understand that I will not receive any payment for or other direct benefit from my participation.
	I understand that my refusal to participate will not cause me harm or negative consequences of any kind.
	I fully understand the purpose of the study and voluntarily agree to participate.

Full Name:
Designation:
Organization:
Date Signed:

[xxv] Consent will be obtained from respondents through an online survey platform (Survey Monkey).

Appendix H. Definitions of disability across ESA region

Country	Definition of Disability
Angola	**Article 20 of the Act on Persons with Disabilities** "Persons with disabilities are all those who, by reason of loss or abnormality, whether congenital or acquired, of psychological, intellectual, physiological, anatomical functions or bodily structures, have specific difficulties that, in conjunction with environmental factors, are likely to restrict or hinder their activities and prevent them from participating on an equal basis with others, including: ■ Persons with motor disabilities: all persons who, by reason of changes in their bodily structure and functions, whether congenital or acquired, have a permanent functional impairment, of a degree equal to or greater than 60 per cent, and whose mobility in public life is considerably restricted without the aid of another person or recourse to assistive devices such as prostheses, wheelchairs and crutches, in the case of motor disabilities affecting the lower limbs, or who have considerable difficulties in accessing or using national public transport, in the case of motor disabilities affecting the upper limbs; ■ Persons with multiple, serious disabilities: all persons with a motor disability who, in addition to the conditions referred to in the previous point, have one or more disabilities, resulting in a degree of disability equal to or greater than 90 per cent, that severely restrict their mobility in public life without the aid of another person or recourse to assistive technologies, or their ability to access and use conventional public transport, and who are known to be unable to drive a car; ■ Persons with disabilities who use wheelchairs: persons with a permanent motor or other disability of a degree equal to or greater than 60 per cent who can only move around using a wheelchair; ■ Persons with visual impairments: persons who have a permanent impairment affecting 95 per cent of their vision."[536] **2014 General Census** Types of disability are: mental disability, blind, deaf, mute, paralysis, upper limb amputee, lower limb amputee, other[537]
Botswana	No definition found in available documents however, the Botswana **IE Policy 2011** noted examples of 'disabilities or difficulties': "such as hearing impairment, visual impairment, intellectual impairment, physical impairment, language difficulties or emotional and behavioural difficulties"[538]
Burundi	**Article 3 of Law on the promotion and protection of the rights of persons with disabilities 2018** Person with disability - "includes a person who has a long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others"[539] **Article 3 of Decree 1/19 of 10 September 2013 on the organization of basic and secondary education** "people with "special needs" are people who face significant barriers in their learning (e.g. those with language or attention disorders) or who have a motor or sensory disability. Four types of impairment are mentioned: physical, learning, hearing and visual."[540]
Comoros	**Basic Education Action Plan for Children Living with Disabilities 2017-2026** The Plan cited WHO's definition of a person with disability: "any person whose physical or mental integrity is temporarily or permanently diminished, either congenitally or as a result of age or an accident, so that his autonomy, his aptitude to attend school or to hold a job are thereby compromised"[541] Different types of disability were identified: "albinism, trisomy 21, and other motor, mental, cognitive, sensory or degenerative disease (Alzheimer's, etc.) disabilities."[542]

Eritrea	**Disability Policy In Eritrea: Sharing Equal Opportunities Disability 2021 (Glossary)** "the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical, mental, social or environmental factors or barriers"[543] Impairment is "any loss or limitations of psychological, physiological or anatomical structure or function" person with disability is "an individual whose prospects of obtaining and retaining employment are greatly reduced due to known physical, mental or social factors"[544] Intellectual development disability is "a significantly low intellectual functioning existing concurrently with deficits in adaptive behaviour (the ability to adjust oneself to a new situation), which is manifested during developmental period"[545] "Person with disability (medical definition) a person who, by reason of any impairment of the mind, senses or body, congenital or acquired, is unable to participate fully in regular education, occupation and recreation, or who, by reason of such impairment, requires special assistance or training to enable him/her to participate in regular, mainstream or inclusive education, occupation or recreation and other spheres of life"[546]
Eswatini	**Persons with Disability Act 2018** "Persons with disabilities include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others"[547]
Ethiopia	**1994 Proclamation on the employment rights of persons with disabilities** Persons with disabilities refers to "a person who is unable to see, to hear to speak or suffering from injuries to his limbs or from mental retardation, due to natural or manmade causes; providing however, the term does not include persons, who are alcoholic, drug addicts and those with psychological problems due to socially deviant behaviours"[548]
Kenya	**Persons with Disabilities Act 14 of 2003** Disability "means a physical, sensory, mental or other impairment, including any visual, hearing, learning or physical incapability, which impacts adversely on social, economic or environmental participation"[549] **National Survey on Children with Disabilities and Special Needs in Education 2018** Definition used in the survey: "Physical, sensory, intellectual or other impairment, including visual, hearing, learning or physical incapability, which impacts negatively on social, economic or environmental participation of the person."[550]
Lesotho	**Draft Persons with Disability Equity Act 2021** Disability - "means the result of an interaction between a person with an impairment and the environment with various barriers which hinder a person with the impairment to participate in societal activities on an equal basis with other persons"[551] Mental disability – "means mental and intellectual impairment which hinders a person with such disability to interact with the society on an equal basis with others and does not include a person with mental illness who is a person of unsound mind and has mentally incapacity"[552] Person with disability – "includes a person who has a long term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others"[553] Severe disability – "means a physical, mental or intellectual impairment which has a substantial and long term effect to a person with disability to carry out normal day to day activities."[554]
Madagascar	**Framework Document on Inclusive Education in Madagascar 2016** Handicap - "C'est une perte ou une limitation des possibilités de participer à la vie normale de la collectivité sur une base égalitaire avec les autres en raison d'obstacles physiques ou sociaux (source: organisation mondiale des personnes handicapées)."[555]

	(Disability - "It is a loss or a limitation opportunities to participate in life standard of the community on a basis egalitarian with others due to barriers physical or social (source: Disabled People International).") Déficience – "La déficience réfère à un problème des fonctions anatomiques, psychologiques ou physiologique. Les différents types de déficience sont : déficience auditive, déficience visuelle, du langage et de la parole, déficience intellectuelle, déficience psychique, déficience psycho-social. (Plan National d'Inclusion du handicap Madagascar, 2015)." (Impairment – "Deficiency refers to a problem of anatomical, psychological functions or physiological. The different types impairment are: hearing impairment, visual, language and speech, intellectual disability, disability psychic, psychosocial deficiency. (National Disability Inclusion Plan Madagascar, 2015).") [556]
Malawi	**Disability Act 2012** Disability "means a long-term physical, mental, intellectual or sensory impairment, which, in interaction with various barriers, may hinder the full and effective participation in society of a person on equal basis with other persons"[557] Impairment "means any loss or limitation of psychological, physiological or anatomical structure or function" [558]
Mozambique	No definition found in available documents however, types of disabilities were identified in the **2007 Census as cited in the Plano Nacional da Área da Deficiência – PNAD II 2012 – 2019**: amputated legs, deafness, blindness, mental, amputated arm, paralysis, others[559]
Namibia	**National Disability Council Act 2004** Disability "means a physical, mental or sensory impairment that alone, or in combination with social or environmental barriers, affects the ability of the person concerned to take part in educational, vocational, or recreational activities"[560]
Rwanda	**Revised Special Needs and Inclusive Education Policy 2018** "Disability: This is the partial or complete loss of use (or ability) of a certain body part or organ. This leads to a reduction or loss of function of that body part or organ. This is also a social issue, because different societies interpret abilities or disabilities in accordance to their social norms and standards. ICF (2001) has changed this concept to 'Activity limitations, or difficulties an individual may have in executing activities". It classifies the difficulties in 10 categories ranging from 0 to 9 (0% to 100%): 0. No difficulty (none, absent, negligible,) 0% - 4 %; 1. Mild difficulty (slight, low,) 5-24 %; 2 Moderate difficulty (medium, fair,) 25-49 %; 3 Severe difficulty (high, extreme,) 50-95 %; 4 Complete difficulty (total,…) 96-100 %; 8 not specified; 9 not applicable."[561] "Impairment: This is the damage to a part of the body (organic system) caused by genetic factors, disease, accident or other causes, which may cause also disabilities. In this document, reference is made to Visual Disability, Hearing Disability, Physical Disability, Intellectual Challenges, and Multiple Disability. ICF (2001) classifies impairment according to its magnitudes, ranging from 0% to 100%: 0. No impairment (none, absent, negligible 0-4 %; 1. Mild Impairment (slight, low,) 5-24 %; 2. Moderate impairment (medium, fair,) (25-49 %;),3. Severe impairment (high, extreme, (50-95 %;) 4 Complete impairments total, (96-100 %).; 8 not specified; 9 not applicable."[562] Footnote on Disability: "International classification of functioning, disability and health: (ICF) classifies 'Impairment, Disability, Handicap in terms of challenges in Body structures, functions, activities and participation. In the Rwandan socio-cultural contexts, the concept 'Ubumuga' often used to denote 'dysfunctions of a body', is also used to generally imply all the three concepts interchangeably."[563] Handicap: This concept has been changed to 'Participation Restriction' by ICF (2001). It refers to the problems a person with a disability or other limitation faces when interacting with the environment. Thus, a handicapping condition in one's environment may not necessarily be handicapping to another's."[564]
Somalia	**Puntland Disability Policy 2014 (Glossary)**

	"Disability - Permanent and substantial functional limitation of daily activities caused by physical, mental or sensory impairment and environmental barriers resulting in limited participation." [565] "Persons with disabilities are those who live with long-term physical, hearing, vision/visual, mental, and intellectual impairments which in interaction with barriers lead to unequal enjoyment of rights."[566] "Disability results when impairments interact with barriers such as stigma/discrimination, lack of physical access (e.g., no ramps where there are steps), lack of communication (e.g., no sign language interpreters, no information in Braille), discriminating policies and/or laws, and so on." [567] "Impairment is the total loss or limited functioning of parts of the body or organs of the body e.g., paralyzed legs, damaged ears, low intellectual functioning." [568] **FGS National Special Educational Needs Disability & Inclusive Education Policy 2018** "Disability: This is lack or restriction of ability to perform an activity in the manner within the range considered normal win the cultural context of the human being."[569]
South Africa	**White Paper on the Rights of Persons with Disabilities 2015** "Disability is imposed by society when a person with a physical, psychosocial, intellectual, neurological and/or sensory impairment is denied access to full participation in all aspects of life, and when society fails to uphold the rights and specific needs of individuals with impairments."[570] "Persons with disabilities include those who have perceived and or actual physical, psychosocial, intellectual, neurological and/or sensory impairments which, as a result of various attitudinal, communication, physical and information barriers, are hindered in participating fully and effectively in society on an equal basis with others."[571] **Census 2011** In the census, disability was defined as "difficulties encountered in functioning due to body impairments or activity limitation, with or without the use of assistive devices."[572]

South Sudan	**National Inclusive Education Policy 2020**
	"Disability is an evolving concept that results from the interaction between persons with impairments, attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others."[573]
	
	Types of impairments identified in the IE policy:
	"I. Sensory impairment; is when one of your senses such as sight, hearing, smell, touch, taste is no longer normal. Examples - If you wear glasses you have a sight impairment – (referred to visual impairment) and if you find it hard to hear or have a hearing aid then you have a hearing impairment – (referred to as hearing impairment)
	    a) Hearing impairment: means complete or partial loss of the ability to hear from one or both ears; which is either mild or worse.
	    b) Visual impairment: means complete loss of sight or inability to see, it also describe any kind of vision loss, whether it's someone who cannot see at all or someone who has partial vision loss.
	II. Physical impairments; this refers to nerve, muscular or skeletal impairments e.g., quadriplegia, paraplegia, epilepsy, hemiplegia, polio, multiple sclerosis, cerebral palsy, leprosy, osteogenesis imperfecta, amputation etc.
	III. Intellectual impairments; refers to severe difficulties with intellectual function that results in the person requiring supervision in connection with daily life activities. That might begin early in life during the developmental period (before age 18), which may be due to alcohol consumption during pregnancy, iodine deficiency in pregnancy, injury to the brain at birth or later in the developmental period, genetic or metabolic disorders.
	IV. Specific learning impairments: This describes specific kinds of learning difficulty which might cause a person of average or above average intelligence to have trouble in using certain learning-related skills like reading, writing, speaking and listening e.g. dyslexia.
	V. Mental impairments; this includes a broad range of mental illnesses such as schizophrenia, bipolar mood disorders, borderline personality disorders, major depressive disorders, children with behavioural, emotional disorders, anxiety, and post- traumatic stress disorder.

	VI. Multiple impairments: This is when a person has more than one disability e.g., deaf-blind, physical and speech impairments."[574]
Tanzania, United Republic of	**Persons with Disabilities Act 2010 (Applies to Mainland Tanzania)** "disability" in relation to an individual means loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical, mental or social factors"[575] ""person with disability" means a person with a physical, intellectual, sensory or mental impairment and whose functional capacity is limited by encountering attitudinal, environmental and institutional barriers"[576] **Zanzibar Persons with Disabilities Act 2006** Disability is defined as "a state of restricted participation resulting from the interaction between persons with impairments and environmental, social and attitudinal factors"[577]
Uganda	**Persons with Disabilities Act 2020** Disability "means a substantial functional limitation of a person's daily life activities caused by physical, mental or sensory impairment and environment barriers, resulting in limited participation in society on equal basis with others and includes an impairment specified in Schedule 3 to this Act"[578] **National Council for Disability Act (2003)** States that, "Disability" means substantial functional limitation of daily life activities of an individual caused by physical, sensory, or mental impairment and environmental barriers'[579] **Uganda National Institute of Special Education Act 1995 (UNISE Act 1995)** "Disability means lack or restriction of ability caused by impairment, to perform any activity in a manner or within the range considered normal for a human being within the cultural context."[580]
Zambia	**Persons with Disabilities Act 2012** Disability "means a permanent physical, mental, intellectual or sensory impairment that alone, or in a combination with social or environmental barriers, hinders the ability of a person to fully or effectively participate in society on an equal basis with others"[581]
Zimbabwe	**National Disability Policy 2021** "The NDP adopts the meaning of disability from Article 1 of the UNCRPD which states that: "…persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." In line with the above standpoint, and that of the World Health Organisation (WHO) and the World Bank12, the NDP regards disability as a multifaceted interaction of the human body and the society in which the person lives and not just as a health challenge on a person's body."[582] Persons with disability "Include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. Persons with epilepsy and albinism are included in this group."[583]

Appendix I. Contributors

Angola

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Somalia

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