

Education for children with disabilities during the Covid-19 crisis in ESAR: observation and guidance

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Introduction

The objective of this observation and guidance document is to raise awareness of the specific challenges faced by children with disabilities and their return to school as well as their access to alternative learning during full or partial school closures. The document also offers recommendations for UNICEF country offices, schools and governments on how to address the specific challenges faced by children with disabilities in their access to quality inclusive education. UNICEF country offices can use it in their advocacy with their government counterparts and relevant stakeholders to ensure children with disabilities have access to education in the pandemic context.

Closure and reopening of schools in ESAR

In many African countries, as elsewhere, at the start of the pandemic, governments closed schools as one of various public health and social measures intended to curb COVID-19 transmission. This left 127 million pre-primary, primary and secondary learners out of school for an extended period, in some cases for over a year, in addition to 37 million children who were already out of school before the pandemic. School reopening in most countries was delayed for long time spans fueled by the fear of putting children and school staff at risk as well as accelerating COVID-19 transmission.

By the beginning of 2021, all countries in the Eastern and Southern Africa region had partially or fully reopened schools, with all cohorts called upon to return to face-to-face learning, even if only on a rotational basis. The second COVID-19 wave in Southern Africa which started in late 2020, driven by the emergence of new variants of the coronavirus led to yet more country-wide school closures, including in South Africa, Mozambique, Malawi, Eswatini, and Kenya.

As of July 2021, schools in most countries are open. However, the third COVID-19 wave has resulted in recent school closures in Uganda, Zambia, Zimbabwe, and Botswana as well as partial school closures in Rwanda and Somalia.

Unfortunately, children with disabilities have not been prioritized in the phased return to face-to-face learning. For example, in Botswana where a two-shift learning system in primary schools was instituted, the pause on pre-school age children and children with disabilities remained at home.

Why are Children with Disabilities missing from schools or missing out on access to distance learning?

I. Limited data

In general, there is lack of data on the situation of children with disabilities in the ESA region, and on the number of children with disabilities who are not enrolled in school or who have dropped out of school. Existing data indicates that many children with disabilities were not enrolled in school before the onset of the pandemic and many children with disabilities who were enrolled, have not gone back to school for various reasons. For example, data from a rapid assessment in Somalia on the impact of school closures from March to August/September 2020 found a significant drop in the number of children with disabilities, with 33% fewer girls and 19% fewer boys with disabilities attending pre-primary school in 2021 compared to 2020.¹ There is also limited data on the situation of children with disabilities and their access to distance learning during current full or partial closure of schools.

II. Existing barriers preventing children with disabilities from accessing education

Stigma and discrimination, lack of available and accessible transportation to schools, lack of accessible school premises, limited capacity of school staff to support all learners and limited accessible teaching materials, and lack of assistive devices create barriers for access to education for children with disabilities. For example in Somalia, in facilities for learners with “special needs”, there is an average of 0.5 classrooms with ramps and an average of 1.7 mobility aids per school, and only a minority of schools appeared to have latrines accessible to children with disabilities.²

Many children with disabilities grow up in families living in poverty who do not possess the means to cover school fees and materials, including necessary personal protective equipment for their children to attend school, or to ensure their children benefit from distance learning on an equal basis with their peers. The unprecedented socio-economic crisis due to the pandemic is exacerbating the dire situation of many families with children with disabilities. Economic constraints may in turn force parents/caregivers to choose which of their children to send back to school.

III. Stigma and discrimination

Stigma and discrimination play a role in parents/caregivers’ decision to send children with disabilities to school. There are prevailing negative prejudices about the potential of children with disabilities to learn and to become active citizens in their communities, including gaining access to employment and economic independence later in life. Such myths and prejudices might negatively influence parents/caregivers’ decision on whether to invest in the schooling of children with disabilities.

¹ *Somalia Education Rapid Assessment, June 2021*

² *ibid*

IV. Support Services Interruption

UNICEF's review of socio-economic impact surveys and situation reports show that in many countries' services supporting families of children with disabilities, including child protection services, may have been interrupted or limited either partially or fully due to the pandemic. For example, in many African countries, UNICEF has witnessed lack of budgets to cover assistive devices like crutches and wheelchairs as Health ministries have given priority to cover COVID response. Lack of access to assistive devices hamper the ability of many children with disabilities to return to school.

V. Barriers created by protective measures

The protective measures put in place to combat the pandemic are creating barriers for children with disabilities to learn on an equal basis with their peers. For example, the use of face masks creates additional barriers for children who are deaf and children who are hard of hearing. Many rely on lip-reading and facial expression. Subsequently, face coverings make it impossible to read lips, resulting in communication difficulties.

For many children, it is difficult to wear a mask. Children with intellectual disabilities particularly, might not easily understand why they must wear a mask, what is the correct way to put it on and how to wear it (e.g. to not touch it), and on how to dispose of used masks. Children with autism might face difficulties to the change of routine to having to wear masks as well as all the other changes following the pandemic.

The new routine of frequent handwashing might raise issues for children with intellectual disabilities who in many instances have learned that handwashing is connected to mealtime. Information about how to wash hands, or the handwashing facilities, might not be accessible.

Physical distancing creates challenges for children who rely on personal assistance and support for daily life. For example, children with physical disabilities and children with visual impairments might need personal assistance to support with practical tasks such as getting in and out of the school, using sanitation facilities, especially if the school premises are not accessible. Children who are blind and deaf-blind children as well as those with visual impairments might need tactile learning support through touch to be able to learn on an equal basis with their peers.

VI. Barriers to return to school

It is also important to note that children with disabilities returning to school might be at a disadvantage as many have not had sufficient support to continue their learning at home. This can be due to lack of digital equipment or insufficient digital skills of the children, their parents/caregivers or teachers. This can also be as a result of lessons provided in one format, e.g. lessons on TV or radio excluding deaf children, those who are blind and also hard of hearing, or that teachers' lack capacity to adapt their lessons and materials to support children with disabilities learning at home.

School closures are still a threat to children's learning. As mentioned above, Uganda, Zambia, Botswana and Zimbabwe have recently fully closed schools while in Rwanda and Somalia, schools are partially closed. One and half years after the onset of the pandemic, schools and parents/caregivers are still not equipped with the skills and/or with the necessary equipment and materials to ensure children with disabilities access learning on an equal basis in case of school closures.

For some children, such as children with intellectual disabilities and psycho-social disabilities may be more at risk of forgetting the skills and knowledge acquired before the crisis. The longer schools remain closed, the more critical the loss of learning will be for these children.

VII. Limited knowledge

There is also limited knowledge of health risks and disability. Many parents/caregivers of children with disabilities have limited knowledge of whether their child's disability makes them more vulnerable to contract the virus and whether their child's health would be at greater risk because of their disability if they were to contract the virus. Parents/caregivers might choose to keep children with disabilities at home to protect their children and the family from contracting the virus.

In addition, it is evident that significant number of children with disabilities may also have underlying health conditions and families may opt to keep them home in fear of additional health risks. In most African countries, access to vaccination against COVID-19 is limited and prioritization of vaccines is mainly done by age, which does not include children despite the underlying health conditions they may have.

Tips for overcoming challenges of Children with Disabilities in accessing education in the pandemic context

What UNICEF can do:

1. Generate evidence on the situation of and barriers faced by children with disabilities and access to education both by undertaking disability specific researches and also using existing researches on the situation have component on children with disabilities.
2. Raise awareness of the specific challenges of children with disabilities in access to education, including both in return to school and in distance learning.
3. Partner with Organizations of Persons with Disabilities to identify specific challenges of children with disabilities and their families at the local level and collaborate to design interventions to address these challenges.
4. Support governments to ensure an inclusive response to the pandemic, e.g. ensure WASH facilities are built with accessibility in mind, ensure risk communication and community engagement is inclusive and accessible, provide children learning at home with necessary digital equipment or additional teacher support, promote continuation of services for children with disabilities and their families, and design additional services such as cash assistance for families in need.

What schools can do:

1. Schools need to collect data and track children with disabilities who have not returned to school after COVID-19, including through rapid assessments, and identify the impediments for their return to inform planning and budgeting. For example, it is when schools know how many students are deaf that they can budget for accommodation such as purchase of transparent masks.

2. There is a need to adopt an individual approach to support every child's return to school. Children with disabilities are not a homogenous group. Children can have sensory (hearing, seeing) impairments, physical impairments, mental health conditions/psychosocial disabilities, intellectual disabilities, and developmental delays. When planning return to school, the school should collaborate with the parents/caregivers and the child to assess any additional support needs, including support to children who have not received sufficient support to continue their learning at home, or any accommodation needed to ensure the child can access learning and other activities at the school while respecting protective measures. The school should consider how to support children who need personal assistance and support, including tactile learning, while respecting protective measures. For example, the school could ensure that there is a dedicated person working with a child who needs personal assistance and support to minimize contact to one person. The school should also consider procuring transparent masks, at least for school staff, that allow children who are deaf or who have hearing impairments to read on lips. The school can also ensure that educational information is provided in alternative formats, such as in writing (including closed captioning), and to reduce background noise.
3. The school should consult with relevant parental organizations and local Organizations of Persons with Disabilities to identify practical solutions to support children with disabilities returning to school.
4. Schools should conduct specific outreach and follow up with families of children with disabilities to encourage the return to school. Consider offering community-based information sessions to raise awareness of the rights to education of children with disabilities, which may encourage those not previously in school to enroll.
5. Schools should engage their staff in particular teachers acquire the required expertise to support their students with disabilities in such very dynamic situation and enroll them in CPD and other existing capacity building initiatives.
6. Schools should create referral linkage with service delivery entities including rehab centers to ensure the fulfilment of assistive devices to facilitate the full participation of children with disabilities in education. In particular, school management should seek support services are uninterruptedly provided for children with disabilities going to school and ensure their additional costs to schooling are taken care of by new and existing social protection schemes as this is a generation-long investment.

What governments can do:

1. Governments need to ensure the continuity of support services for families with children with disabilities, including child protection services, rehabilitation services and access to assistive devices.
2. Protective measures that children are required to use when returning to school, should be provided with affordable prices and or if possible free of charge, particularly to children from disadvantaged families.
3. There is a need to provide information about protective measures in accessible alternative formats, including visuals/pictograms, audio, written and easy to read and understand format.
4. Governments should equip schools with the skills, equipment and materials to support children with disabilities who continue to learn from home during any school closures.

5. Governments should establish different temporary schemes like cash transfer for schooling children with disabilities and their families to alleviate economic burdens due to the pandemic, be it additional transport cost, protective equipment, or loss of income of families of children with disabilities. It is also important to strengthen collaboration between Ministry of Education and Ministry of Social Affairs for social protection support in schools.
6. Parents/caregivers should receive practical support, including how to talk about the pandemic with children with disabilities through tailored messaging dependent on children's ages, how to manage their own mental health and the mental health of their children, and tools to help support their children's learning.
7. Governments should ensure children with disabilities with underlying health conditions are covered by appropriate vaccine schemes regardless of their age, in line with recommendations from the WHO on vaccination of children.

Good practices from the region

- **Angola:** Nationally, approximately 395,600 children from grade 0 to grade 9 continued to access education during the COVID-19 pandemic thanks to distance learning through TV and radio provided by the Ministry of Education (MED), with technical and financial support from UNICEF. TV classes included Angolan sign language to make them more accessible for children with hearing disabilities. UNICEF worked closely with MED to develop the comprehensive COVID-19 education sector response and developed safe school reopening guidelines.
- **Eswatini:** Sign language in distance learning and tracking of the return of vulnerable children including children with disabilities
- **Eritrea:** IEC materials were jointly developed by the MoH, MoE and MoI, quality-assured and pre-tested among students, with appropriate contextualization and provided in an inclusive, accessible way (disability-friendly). Audio visual materials were made available in sign language for persons who are deaf.
- **Kenya:** UNICEF supported the Ministry of Education (MoE) to develop and implement a COVID-19 Response Plan to strengthen the resilience of the education system. Using earlier investments, the MoE was able to provide remote learning using radio, TV and internet to support continuity of learning, especially for marginalized students. Because an estimated six million students were not able to access the government's remote lessons, UNICEF's supported the distribution of textbooks and solar-powered radios to reach 85,165 children in disadvantaged areas. Another 1,500 students were able to access the internet through the Giga school connectivity project. UNICEF's support ensured the utilization of Universal Design for Learning (UDL) framework to improve education platforms and ensure that learning content was accessible to all children including those with disabilities. UNICEF also worked with the Kenya Institute of Curriculum development of accessible digital textbooks.
- **Lesotho:** UNICEF supported inclusive education by working with the Lesotho National Federation of Organizations of the Disabled (LNFOD) to reach children with disabilities who are affected by COVID-19 and to ensure more children with disabilities re-enroll in 20 pre-primary, 15 primary, 35 secondary, and 50 TVET schools when these schools reopen. LNFOD also translated national COVID-19 messaging into accessible formats and made these available online and delivered in person to 1,829 people with disabilities. Without reliable data on the numbers of people living with disabilities, it is difficult to know the scale of reach.

- **Madagascar:** UNICEF supported provision of kits to centers for children with disabilities.
- **Malawi:** A Real Time Evaluation of UNICEF Malawi's response to the COVID-19 was initiated in 2020. The Developmental Evaluation phase II will further inform the ongoing change management process. Following short interruption, the National Statistical Office was supported to complete the MICS survey, including the completion of two new modules tracking the learning outcomes and the situation of children with functional difficulties. UNICEF also supported printing of Braille non-digital learning materials. As emphasized under the school reopening guidelines, efforts were undertaken to include children with disabilities in preventing further spread of the pandemic through the GPE funding for disability-friendly WASH facilities in schools. Materials adapted for children with disabilities (e.g. Braille IEC materials for schools) were developed and disseminated. Access to masks for marginalized children was ensured through mother groups that produced cloth masks for free.
- **Namibia:** Integrated school health taskforce (school counselors, social workers, community liaison officers, community health workers) at community level are monitoring vulnerable and at-risk children such as children with disabilities, pregnant girls, children at risk of dropping out (identifying and facilitating their retention) and assessing the impact of COVID-19 on the school environment and enrolment. Almost all children with disabilities have gone back to school (boarding schools), but data is still to be confirmed. UNICEF provided technical assistance to the RCCE pillar in the national response plan for the development of a social listening dashboard to facilitate COVID-19 rumor and misinformation management. To date 750,000 of the targeted 1,000,000 people were reached with prevention and access to services, and disability-inclusive messages. Also, 75,700 of the targeted 100,000 people shared their concerns and asked questions about COVID-19 support services. Guidelines on the prevention and management of COVID-19 in schools as well as other communication materials are developed and translated into Braille by MoE and MoH with UNICEF support. UNICEF also partnered with Side-by-Side Early Intervention Centre and further strengthened the capacities of 707 disability service providers and parents for the early identification of disabilities, assessment, and referral to services. The trainings equipped parents with skills to handle stigma and discrimination, prevent and identify abuse and violence towards children with disabilities and COVID-19 prevention.
- **Rwanda:** With the impact of COVID-19 and subsequent school closure, UNICEF ensured continuity of quality learning for basic education students through the development of radio and television lessons, reaching more than 2,473,625 students (1,241,760 boys and 1,231,865 girls) including children with disabilities and pre-primary children. UNICEF also supported home visits for children with disabilities. Progress was made in the regular programme with increased parental demand to support children with disabilities in remote learning opportunities. Both national and community-level interventions ensured that children with disabilities were provided learning opportunities, which included the use of sign language interpretation in television lessons, to the provision of airtime for local education stakeholders to be able to reach households and provide remote support via telephone. A Rapid Assessment is underway to understand how the COVID-19 pandemic is affecting children including those with disabilities, adolescents and teachers.
- **Zambia:** UNICEF supported development of digital learning for children with "special needs".

- **Uganda:** Pre-pandemic, Uganda was already facing challenges in access to quality education, with only 1 in 9 children with disabilities able to access basic education. The phased re-opening of schools that commenced in mid-October targeted only examination candidate classes at primary and secondary levels, bringing no more than 10% of all school-aged children back to school. Continuity of learning measures ensured that the right to education was at the forefront of the response to COVID-19, using radio, television, print materials, and Braille and audio for children with disabilities. However, Uganda is not yet ready to fully utilize Internet-based solutions to home learning. Only 6% of households have access to a computer, 99% of Internet access is through mobile phones and only 8% of households report school aged children accessing the Internet where it is available. In response to school closure, in partnership with Ministry of Education and Sports more than 2.6 million learners in 48 districts continuity learning through provision of self-study materials, radio education programmes, and distribution of Braille and audio materials for more than 1,469 primary and secondary school learners with disabilities.

References

ESARO Guideline for Inclusion of Children with Disabilities in COVID-19 Response Programs, May 2020.

EAPRO COVID-19 Technical Guidance on Ensuring an inclusive return to school for children with disabilities, June 2020.

Accessible Digital Learning Portal: <https://accessibledigitallearning.org/>

UN (2020) Policy Brief: A Disability Inclusive Response to COVID-19 Accessed at: https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_persons_with_disabilities_final.pdf on 15 June 2021

UNICEF, How-to note: Making life-saving materials on COVID-19 accessible for all, including adults and children with disabilities. Accessed at: https://sites.unicef.org/disabilities/files/How-to_note_Making_materials_on_COVID-19_accessible_for_all.pdf

UNICEF, COVID-19 response: Considerations for Children and Adults with Disabilities. Accessed at: https://sites.unicef.org/disabilities/files/COVID-19_response_considerations_for_people_with_disabilities_190320.pdf

UNICEF, Risk Communication & Community Engagement for COVID-19- Engaging with Children and Adults with Disabilities. Accessed at: https://sites.unicef.org/disabilities/files/COVID-19_engagement_children_and_adults_with_disabilities_final.pdf

Humanity & Inclusion, Inclusive Education Sector Guiding Note on COVID-19. Accessed at: https://inee.org/system/files/resources/IE%20Sector%20COVID-19%206%20pager%20last%20version_ENG.pdf