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ACCESS TO QUALITY EDUCATION FOR CHILDREN AND YOUTH WITH DISABILITIES IN CONFLICT, CRISIS AND STABLE COUNTRIES: BACKGROUND REPORT

Prepared for:
USAID/EQUIP 1

Prepared by:
Kirsten M. Ellingsen, Ph.D., &
Mary S. Thormann, Ed.D.

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Executive Summary

Universal education is increasingly viewed as a powerful mechanism that can be used to address extreme poverty and economic disparity, as well as to promote political stability. Moreover, access to quality educational systems is critical for promoting the health, development, and positive functioning of children. Schools and support services can play a positive and protective role for children who have experienced trauma and displacement due to civil unrest, armed conflict, or natural disasters. Access to primary education has been presented as a human right in globally endorsed declarations and UN initiatives; yet there remain groups of children who are excluded from these international efforts and programs. In fact, it appears that the most vulnerable children and youth living in the most fragile circumstances have the least access to educational programs.

The largest group of children excluded from international efforts to increase universal access to primary education is children with disabilities. Less than 2 percent of children with disabilities in developing countries participate in formal education. In addition, children affected by armed conflict were identified in the UNESCO Education for All 2010 Global Monitoring Report¹ to be “among the farthest from reaching the EFA goals.” Efforts to increase access to education and implement quality educational programs require understanding about disability prevalence and about reasons for exclusion. However, information

about the challenges for providing education to children with disabilities in developing countries and during emergency situations is lacking.

USAID outlined three goals in the 2010 Education Strategy; (a) improve reading skills; (b) improve tertiary and workforce development, and (c) increase equitable access to education in crisis and conflict environments. This research-based desk study was commissioned by USAID in response to Goal 3 to assess the educational needs of children with disabilities and to identify ways to increase equitable access to quality education and related services in conflict, crisis, and stable environments. This report synthesizes the importance of developing initiatives directed specifically at supporting children vulnerable to poor learning outcomes with limited or no access to education—namely children with disabilities and special education needs.

Besides exclusion from school, children in crisis and conflict situations are at significant increased risk for preventable disabilities and impairment due to trauma, limited or insufficient food and water, and lack of health care and immunizations. The effects of trauma are not limited to “visible” impairments such as maiming or loss of limb due to landmines or gunshot wounds, but also include psychological trauma, including anxiety and Post-Traumatic Stress Disorder (PTSD) from persistent sense of insecurity, physical and sexual assault, family displacement or loss of caregiver. A consequence has been that rates of preventable disabilities have increased significantly. The cumulative risk of poor developmental outcomes

1 Source: *UNESCO Global Monitoring Report* (2011) available at: <http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/efareport/reports/2011-conflict/>

for children with disabilities in conflict or crisis situations is severe, and requires a systematic approach to effective intervention; however the knowledge base is very limited. This desk study integrates and prioritizes international knowledge about problems of access to education and related services for children with disabilities in crisis and conflict countries in order to identify needed initiatives to promote developmental outcomes and prevent secondary disabling conditions.

This desk study provides an overview and analysis of available information to address the following questions:

- What are factors that limit access to education for children with disabilities in stable, conflict, and crisis countries?
- What are the challenges to establishing inclusive educational programs and services in these countries?
- What are the initiatives and resources needed to address these challenges?

The report draws on a review of international conventions, declarations, literature on global education and disability initiatives, and a brief review of the historical context for rights-based education and social services for children with disabilities. Obstacles faced by children with disabilities to access and complete primary education are substantial and inherently more complicated in the midst of conflict or crisis situations.

Challenges in providing access to education in conflict and crisis situations, measuring and documenting disability prevalence rates and including children with disabilities in public schools are described. Challenges are both conceptual and practical. Making universal access to education a reality requires coordinated initiatives for defining the nature and prevalence of disability, collecting reliable data, advancing policies, building capacity development, implementing service delivery, and designing systems to monitor progress and evaluate outcome.

This report presents current initiatives, promising practice, and recommendations for increasing the knowledge base and moving implementation efforts forward. Achieving measurable and sustainable educational outcomes in crisis and conflict environments necessitates a comprehensive and integrated approach to address the negative effects of disease, malnutrition, and psychological trauma on learning and development. A comprehensive and integrated approach can reduce or prevent potential developmental problems and disabling conditions.

Acknowledgement of the rights of children with disabilities to education, intervention and support is an important first step in promoting universal access to education. Initiatives to implement inclusive and non-discriminatory practices that specifically support access to education for children with disabilities are very limited. Access to prevention and rehabilitation programs for

children during and after conflict is essential; benefits for children extend beyond acquisition of academic skills to improved health and development and the importance of experiencing stability and predictability of daily routines in a safe environment.

In summary, children with disabilities have limited to no access to education in developing countries, particularly during and after crisis and conflict situation. Providing equitable access to education for all children requires reliable prevalence data on childhood disability, documentation of factors limiting access to education and identification of necessary supports and resources. The development of effective programs for children needs to build on inclusive education policy and targeted efforts to facilitate access to education for children with disabilities. To that end, research is needed on barriers to education experienced by children with disabilities as the basis for designing initiatives to insure their access to inclusive education. Findings should be used to inform the design of a comprehensive project to implement and evaluate programs to provide equitable access to education for children with disabilities in countries defined by crisis, conflict or relative stability.



Acronyms / List of Abbreviations

ABD	Asian Development Bank
AIR	American Institutes for Research
ADEA	Association for the Development of Education in Africa
CBR	Community-Based Rehabilitation
CRPD	Convention on the Rights of Persons with Disabilities
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
EFA	Education for All
EPDF	Education Program Development Fund
EI	Early Intervention
EMIS	Education Management Information System
EPDF	Education Program Development fund
ESSP	Education Sector Strategic Plan
EQUIP	Education Quality Improvement Program
FTI	Fast Track Initiative
GHI	Global Health Initiative
GIVS	Global Immunization Vision and Strategy
GPDD	Global Partnership for Disability and Development
GPE	Global Partnership for Education
HIV	Human Immunodeficiency Virus
HHS	Department of Health and Human Services
ICF	International Classification of Functioning, Disability, and Health
ICF-CY	International Classification of Functioning, Disability, and Health, Children and Youth
INEE	Interagency Network for Education in Emergencies
IRC	International Rescue Committee
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
NGO	Non-Governmental Organization
OECD	Organization for Economic Co-operation and Development

OVC	Orphans and Vulnerable Children
PTSD	Post-Traumatic Stress Disorder
SENs	Special Education Needs
SRA	Situation-Response Analysis
UN	United Nations
UDHR	Universal Declaration of Human Rights
USAID	United States Agency for International Development
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNICEF	United Nations Children’s Fund
UNHCR	United Nations High Commission for Refugees
WB	World Bank
WHO	World Health Organization

Access to Quality Education for Children and Youth with Disabilities in Conflict, Crisis, and Stable Countries: A Background Report

1. INTRODUCTION AND OVERVIEW

Quality educational systems are critical for promoting the health, development, and positive functioning of children. Schools and support services also play a positive and protective role for children who have experienced trauma and displacement due to civil unrest, armed conflict, or natural disasters. To that end, educational programs can provide stability and structure for children and youth, as well as a mechanism to share public health information and offer preventative health care.

Access to education and related services are particularly important during crisis or conflict situations, where a child's risk for preventable disabling conditions from subsequent infectious disease, violence, and malnutrition is greatly increased. In addition, the children most vulnerable to poor health and developmental outcomes are virtually excluded from educational opportunities in developing countries, with estimates of less than 2 percent of children with disabilities participating in formal education.

USAID commissioned a research-based desk study of the educational needs of children and youth with disabilities to seek ways to increase equitable access to quality education and social services in conflict, crisis, and stable environments in Africa. The study was requested in response to the new USAID Education Strategy 2011–2015, specifically with respect to Goal Three: Increased Equitable Access to Education in Crisis

and Conflict Environments for 15 Million Learners by 2015.²

The Education Quality Improvement Program (EQUIP1) is tasked with conducting a desk study on the education of children with disabilities in conflict, crisis, and stable countries, focusing on identifying and reviewing available data, studies, research, and practices. This document will be an EQUIP1 LWA deliverable initially known as “Research on Access to and Quality of Education for Children with Disabilities: A Baseline for Action.”

Purpose

The purpose of this study is to present USAID with a document that provides an overview and analysis of existing information on the educational challenges faced by children with disabilities, and related challenges faced by educational systems in selected conflict, crisis, and stable contexts.

The information in this report will begin to answer the following questions: What are problems of access to education for children with disabilities in conflict and crisis countries? What are the shared challenges to establishing inclusive educational programs and services? What are the available resources and initiatives that could address these challenges?

This report is divided into seven focus areas, listed below. Each of the areas is discussed,

² USAID Education Strategy 2011–2015, p. 17.

and “next step” recommendations linked to the respective areas are embedded in the summary, recommendations and conclusion sections of the document.

Areas of Focus

- A Rights-Based Approach to Education for Children and Youth with Disabilities: Historical Perspective and Important Global Initiatives
- Defining Disability and Measuring Prevalence in Developing Countries
- Identifying and Serving Young Children with Disabilities
- Inclusive Education: A Zero Reject Policy
- Guidelines and Toolkits
- Advocates and Development Partners as Resources
- Conducting Research to Compare and Contrast Access and Learning Outcomes for Children with Disabilities in Stable, Crisis, and Conflict Countries in Africa

The Problem: Persistent Disparities in Access to Education

Access to quality education is increasingly viewed as the key to both individual and country development.³ Education has been associated with higher individual incomes, better health, and reductions in infant mortality and morbidity. Education is considered necessary for economic growth and political stability. According to the Global Partnership for Education, “investing in education is the single most effective means of reducing poverty.”⁴ Consequently, establishing safe and effective educational systems in developing countries and during times of crisis and conflict has become an international priority evident in multilateral global initiatives aimed at reducing poverty and inequality by promoting universal education.

In 2000, world leaders met at the United Nations headquarters to commit their nations to a new global partnership intended to reduce extreme poverty by implementing time-bound goals by 2015⁵ (i.e., the Millennium Development Goals, MDGs). One of these goals was to provide universal primary education for all children. While the right to education was initially recognized in the 1948 Universal Declaration of Human Rights and addressed in subsequent collective commitments

3 Millennium Development Goals 2010 Facts and Figures, available at: <http://www.unesco.org>

4 Global Partnership for Education, available at: <http://www.globalpartnership.org/>

5 See <http://www.un.org/millenniumgoals/bkgd.shtml>

and action plans, the 2002 Education for All Fast Track Initiative (EFA-FTI) aims to accelerate progress toward MDG2. In Africa the Education for All- Fast Track Initiative (EFA-FTI) has helped enroll more than 19 million children between 2002 and 2009. While this is important progress, approximately 67 million children continue to remain excluded from school.

The primary problem examined in this desk study concerns the lack of access to education for the children most vulnerable to poor health, developmental, and economic outcomes, particularly children with a disability and those living in destabilizing conditions. This is despite the overwhelming endorsement of the international community to provide education for *all* children.

Access to School for Children in Conflict and Crisis Situations

Millions of children are currently growing up in families and communities experiencing armed conflict. Access to an education for children living in conflict and crisis situations is often not a reality. What is a reality is physical and emotional suffering from events such as witnessing family members being killed, separation from their families, displacement from home and community, exposure to combat, and other life-threatening situations, as well as disruption of community life, including schooling. According to UNESCO estimates in 2011, 40 percent of the world's 67 million out-of-school children live in countries affected by fragility or conflict. The

United Nations High Commission for Refugees (UNHCR) estimated that only one million out of approximately 5.5 million children in the 6-to-18 age group are enrolled in UNHCR-supported education programs.⁶

Education plays a significant role in mitigating the effects of fragility and conflict for children and youth. Schools and support services also can play a positive and protective role for children who have experienced trauma and displacement due to civil unrest, armed conflict, or natural disasters. In emergencies, education can “save lives by protecting against exploitation and harm and by disseminating key survival messages on issues such as landmine safety or HIV/AIDS prevention... sustain life by offering structure, stability and hope for the future during a time of crisis...and help to heal the pain of bad experiences, build skills, and support conflict resolution and peace building.”⁷ To this end, educational programs can provide stability and structure for children as well as serve as a mechanism to share public health information and offer preventative health care. This is particularly important during crisis or conflict situations, where a child's risk for preventable disabling conditions from subsequent infectious disease, violence, and malnutrition is greatly increased.

Although education for children in emergency situations such as ethnic conflicts and war has

6 See <http://www.unhcr.org>

7 2010 Annual Report: Promoting Results in Education. Chapter 4: Educating all, reaching vulnerable groups. Available at: <http://www.globalpartnership.org/newsroom/focus-on/2010-annual-report/>

received increased attention from the international community in recent years, of the total number of primary school age children in the world who are not enrolled in school, 42 percent (28 million) live in poor countries affected by conflict: “Armed conflict is robbing 28 million children of an education by exposing them to widespread rape and other sexual violence, target attacks on schools and other human rights abuses.”⁸ Armed conflict, and its impact on education, is the “hidden crisis,” according to UNESCO’s 2011 Global Monitoring Report, which stated that 35 countries were affected by armed conflict from 1999 to 2008.

Negative consequences of armed conflict for the health, development, and well being of children and youth are profound. Recent data⁹ indicate that more than two million children have died as a direct result of armed conflict over the last decade, and at least six million children, have been permanently disabled or seriously injured. Landmines continue to cause disabilities or death. Children with disabilities are particularly vulnerable during times of crisis and emergencies. Consequences of instability for children and youth during conflict and crisis situations may involve significant disruptions in living environments and family structure, insufficient resources to meet basic needs, and limited access to preventative and necessary health care.

8 UNESCO Press Release (March 1, 2011), based on UNESCO’s 2011 Global Monitoring Report, The hidden crisis: Armed conflict and education.

9 http://www.unicef.org/protection/index_armedconflict.html

In addition, there is massive displacement of the population in armed conflict, and “education is one of the principal losses in emergency situations.”¹⁰ Of the approximately 1.5 million refugee children worldwide who are beyond primary school age (ages 12 to 17), only 3 percent have access to education. Children and youth who are internally displaced or living in refugee camps face additional challenges related to both access and discriminatory attitudes, and face increased risks of negative health and development due to elevated rates of disease and poor living conditions.

The problems related to providing education for children and youth during and after conflict are complex and intertwined. Approximately 20 million children have been displaced from their homes, either as refugees or internally displaced because of conflict and human rights violations. In addition, over the last century the nature of conflict has changed such that civilians and public facilities such as schools and hospitals have become targets and are purposefully destroyed.¹¹ Further, much of the psychological disability brought on by conflict-related trauma often remains undiagnosed and unrecorded.¹²

10 Winthrop, R., and Mendenhall, M. (2006). Education= in Emergencies: A Critical Factor to Achieving the Millennium Development Goals. The Commonwealth Ministers Reference Book, 2006.

11 dos Santos-Zingale, M., & McColl, M. A. (2006). Disability and participation in post-conflict situations: the case of Sierra Leone, *Disability & Society*, 21, 3, pp. 243-257.

12 Elwan, A. (December,1999). Poverty and disability: A survey of the literature, *SP Discussion Paper No. 9932*. The World Bank,.

During times of instability, health care and social assistance systems may stop working, resulting in normally treatable conditions becoming disabling.

From a prevention standpoint, accessing education for children and youth appears to be most critical during and after conflict and crisis situations. Children are particularly vulnerable in conflict situations. Armed conflict increases rates of disabilities. More than six million children have been permanently disabled or seriously injured during armed conflict.¹³ Prevention of secondary conditions is essential. During crisis and post-conflict situations, “attention to environmental factors – including nutrition, preventable diseases, safe water and sanitation, safety on roads and in workplaces – can greatly reduce the incidence of health conditions leading to disability.”¹⁴

After conflict, death and preventable physical disabilities continue, with an estimated 8,000 to 10,000 children killed or maimed by landmines every year in developing countries. “Those who are already disabled, or become disabled during a conflict, are particularly vulnerable to deteriorating health under the severe conditions caused by war.”¹⁵ In addition, while research is extremely limited on children with disabilities in

the developing world, available research indicates that violence against these children occurs at annual rates at least 1.7 times greater than their peers without disabilities.¹⁶

UNESCO (2011) suggests that most donors do not fund education programs in crisis or post-conflict situations because education is not viewed as a life-saving intervention.¹⁷ Yet, according to the United Nations High Commission for Refugees (UNHCR),¹⁸ education can be both life saving and life sustaining. Also, communities affected by crises or emergencies have been found to identify education as among their top priorities. Education is related to reduced infant mortality and can lessen the impact of disaster. Moreover, education allows children, youth and adults to be aware of their rights and addresses the root causes of vulnerability.¹⁹

While the challenges to providing education in crisis or conflict environments are similar to those faced in less-fragile contexts, there are additional problems that need to be addressed; the “mix and urgency of the challenges that face fragile states are usually different, which is why fragile states warrant a significantly more intense approach.”

13 Parnes et al. (2009). Disability in low-income countries: Issues and implications, *Disability and Rehabilitation*, 31(14): 1170–1180.

14 World Report on Disability. (2011). p. 8. Available at: http://www.who.int/disabilities/world_report/2011/report/en/index.html

15 Elwan, A. (1999). Poverty and disability: A survey of the literature. p. iv. Available at: <http://www.world-bank.org/sp>

16 <http://www.disabled-world.com/disability/statistics/>

17 UNESCO, EFA Global Monitoring Report (2011). The hidden crisis: Armed conflict and education

18 Source: <http://www.globalpartnership.org/newsroom/focus-on/2010-annual-report/>

19 2010 Annual Report: *Promoting Results in Education*. Chapter 4: “Educating all, reaching vulnerable groups.” Available at: <http://www.globalpartnership.org/newsroom/focus-on/2010-annual-report/>

Access to School for Children in Developing Countries

Access to school for children in developing countries has markedly improved since 1990 and the Education For All (EFA) global initiative—nearly 47 out of 163 countries have achieved universal primary education and an additional 20 countries are estimated to be “on track” to achieve this goal by 2015. However, vast challenges remain in 44 countries, 23 of which are in sub-Saharan Africa, where almost half (31 million) of 69 million school-age children are not in school.²⁰ The current pace of progress is insufficient to meet the target of universal primary education for all by 2015.²¹

Rates of enrollment and successful participation in educational systems vary widely across the world, with children and youth in developing countries and resource-poor environments far more likely to be out of school. In 2002, an estimated 86-million school-age children were not attending school. Although this number has decreased by almost 20 percent over the past decade, the children who remain out of school are far more likely to be children with disabilities and those in extreme poverty. Even in developing countries considered close to achieving universal primary education, children with disabilities continue to be excluded,²² despite increased

attention and global initiatives aimed at providing free basic education for all children.

Access to School for Children with Disabilities in Developing Countries

Ensuring primary education for all children requires an understanding about which children are currently out of school. Children with disabilities and those living in conflict-affected and fragile states are considered to be the largest groups of children and youth remaining out of school. Exclusion from education can have lasting consequences, including low literacy rates, social isolation, and reduced participation in a community’s workforce that may contribute to a cycle of poverty and diminished quality of life for an individual.

Education has become an “indispensable means for effective participation in the societies and economies of the twenty-first century, which are affected by rapid globalization.”²³ However, an estimated 90 percent of children with disabilities in the Global South do not attend school.²⁴ Children may be out of school due to a number of reasons, including poverty, disability, gender, child labor, ethnic group, geography, being orphaned due to AIDS, and living in conflict areas. Estimates have decreased for the overall number of children out of school with recent funded global initiatives;

20 See <http://www.un.org/millenniumgoals/education/shtml>

21 See <http://www.fasttrackinitiative.org>

22 The Millennium Development Goals Report, 2010, p. 5.

23 The Dakar Framework for Action, 2000, p. 8.

24 Parnes et al., (2009). Disability in low-income countries: Issues and implications, *Disability and Rehabilitation*, 31(14): 1170–1180.

nevertheless, several circumstances greatly increase the chance that children remain excluded from accessing educational services.

School-age children with disabilities represent one of the largest cohorts who do not attend school. Of the 77 million children who were reportedly not in school in 2006, almost one-third were children with a disability (at least 25 million).²⁵ Exclusion from education for children with disabilities is greatest within developing countries, with only an estimated 2 percent of children with disabilities receiving any education or rehabilitation.²⁶

As many as half of the impairments experienced by people with disabilities are preventable and are directly linked to poverty.²⁷ War and displacement due to armed conflict or natural disasters increase rates of poverty and increase the subsequent risk of disease and disabling conditions from living in crowded, unsafe, or inadequate housing with limited access to water, nutritious food, and medical care. Education is a way to break the poverty cycle.

25 Better Education for All, A Global Report. Citing UNESCO 2006 data. According to preliminary estimates carried out by the UNESCO Institute for Statistics in March 2010. See <http://www.efareport.unesco.org>

26 UNESCO policy brief on early childhood. Inclusion of children with disabilities: The early childhood imperative (2009).

27 Parnes et al., (2009). Disability in low-income countries: Issues and implications, *Disability and Rehabilitation*, 31(14): 1170–1180.

Learning Outcomes: The Goal of Educational Resource Provision

The overriding concerns in the education sector for all children in developing countries are poor learning outcomes and low-quality education. As indicated in UNESCO's EFA Global Monitoring Report (2011), poor school completion rates are an indicator of inefficiency in the education system. In many developing countries, less than 60 percent of primary school pupils who enroll in first grade reach the last year of schooling.²⁸ UNICEF reports that millions of children who enter primary school drop out before completing a full primary cycle.²⁹ The EFA Global Monitoring Report, published by UNESCO (2011),³⁰ states that in sub-Saharan Africa alone, 10 million children drop out of primary school every year.

Engagement in quality education programs, beginning in early childhood, promotes the health, development, and positive functioning of children. Learning is influenced by capabilities and functioning across developmental domains, as well as by individual experiences, instructional opportunities, and environmental resources. The ability to acquire new information from experience, practice, or instruction and subsequently apply this knowledge enables children to develop increasing independence

28 UNESCO, 2005. EFA Global Monitoring Report 2005: *Education for All, the Quality Imperative*. Paris: UNESCO Publishing.

29 See http://www.unicef.org/infobycountry/flyer/Final_OOSC_Flyer.pdf

30 See <http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/efareport/>

and successfully participate in expected social roles. An ability to read, express ideas with written language, and perform mathematics accurately facilitates the attainment of increasingly complex and specific academic knowledge.

Demonstrated success in learning begins with accessing an educational program, but it depends on adequate policy, facilities, teaching, and sustained child participation. School success and positive learning outcomes are influenced by several factors outside of the classroom. The literature on why students drop out of school before completing the primary cycle indicates a number of reasons, including factors related to the quality of education and the curriculum's lack of relevance.

There is a particular focus on making sure children achieve basic literacy skills in recent global education initiatives. Literacy also has been viewed as important for children with disabilities in human rights and economic efforts. Because there is a positive link between development and literacy, literacy rate has been considered a reflection of a country's developmental progress.³¹ Problems with access to quality education are an ongoing barrier to achieving literacy learning success for children with disabilities in both developed and developing countries.³²

Language of instruction is a major issue, although efforts have been made in many countries such as India to provide the curriculum in the child's home language for the first three years of primary school. In addition, children may need to work to help support their family or have difficulty paying fees for education.

Gender disparities exist. In developing countries overall, girls in the poorest 20 percent of households are 3.5 times more likely to be out of school than girls in the richest households and four times more likely to be out of school than boys in the richest households, according to the 2010 Millennium Development Goals Report.³³ Education for girls is also associated with reduced infant mortality, lower rates of HIV transmission and fewer children.³⁴

Overcrowded classrooms are common, with teacher-pupil ratios typically exceeding 40:1 and many approaching 70:1.³⁵ A lack of materials (textbooks/exercise books for each student) along with poorly trained and unqualified teachers are some of the factors that affect educational quality. Another perennial problem in many developing countries is teacher absenteeism. And in many cases, the opportunity costs of an education remain too high for poor parents to continue

31 Erikson, K. (2005), Literacy and persons with developmental disabilities: why? And how? Background report for the EFA Global Monitoring Report 2006 Literacy for Life.

32 Ibid.

33 Source: <http://www.un.org/millenniumgoals/calendar.shtml>

34 Source: <http://www.right-to-education.org/node.248>

35 <http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/efareport/reports/2011-conflict/>

their children's schooling and the children enter the labor force at an early age. For many poor parents, fees for school and for school uniforms make schooling prohibitive for their children.

Learning outcomes are enhanced with competent teachers who use child-centered pedagogical approaches, with appropriate materials, in a friendly and welcoming school environment. Parental involvement is also essential. These are the foundation, but the specific context in each country, especially in conflict and crisis situations, requires "outside the box" thinking in designing and implementing safe and relevant educational programs.

The challenges include deeply entrenched structural inequalities and disparities. In turn, these are linked to many factors, including poverty, child labor, conflict, and natural disasters. Urban-rural disparities in educational opportunity, favoring children from urban areas, are well known. Complex and mutually reinforcing patterns of disadvantage create barriers to schooling and educational opportunity.

2. RESULTS AND FINDINGS

Despite these enormous challenges, there has been progress made since the landmark Universal Declaration of Human Rights in 1948 and the Convention on the Rights of the Child in 1989. These and other international legal and policy frameworks are discussed in the following section.

Focus Area I: A Rights-Based Approach to Education for Children and Youth with Disabilities: Historical Perspective and Important Global Initiatives

The major global initiatives over the past couple of decades that have aimed to promote access to quality education for all, including children with disabilities, are discussed in the section that follows. These initiatives, presented in chronological order, include the Convention on the Rights of the Child (CRC), Education for All (EFA), "Standard Rules," Salamanca Statement and Framework for Action, the World Education Forum in Dakar, Millennium Development Goals (MDGs), the Fast Track Initiative (FTI), and, in 2006, the UN Convention on the Rights of Persons with Disabilities (CRPD), with special reference to education (Article 24). A summary of these initiatives is presented in Table 1.

Table 1. Important Global Initiatives Related to Education and Disability

Date	Initiative/Activity
1948	Universal Declaration of Human Rights (UDHR). The UDHR is regarded as the foundation of international human rights law. Article 28 calls for free, compulsory primary education for all children; Article 23 addresses the right of children with disabilities to special care and training designed to help achieve self-reliance and a full and decent life in society.
1959	UN General Assembly adopts the Declaration of the Rights of the Child. Included is a focus on children’s rights to education, health care, and special protection.
1982	The World Program of Action Concerning Disabled Persons (WPA). The WPA promotes the implementation of efforts to reduce preventable disabilities, provide rehabilitation, and increase full participation of persons with disabilities in society.
1989	Convention on the Rights of the Child (CRC). The CRC establishes minimum standards for all areas of children’s lives, including free, compulsory primary education for all (Article 28), and addresses reasons that children may be out of school—for example, protection from economic exploitation (Article 32), prohibiting youth under 15 years of age from engaging in direct armed conflict, and facilitating treatment of health and illness (Article 24), and physical and psychological recovery from trauma, war, and abuse (Article 39).
1990	Education for All (EFA). Originating at the 1990 World Conference in Jomtien, Thailand, EFA includes 6 specific education goals, including ensuring that all children receive a free, compulsory primary education, expanding early childhood care and education, promoting equal access to education for males and females, and improving learning and literacy for all.
1993	UN Standard Rules on the Equalizing of Opportunities for Persons with Disabilities “Standard Rules”; Rule 6 of the Standard Rules refers specifically to education, including providing education for all children regardless of type of disability, early intervention, and mainstreaming education.
1994	Salamanca Statement and Framework for Action. The Salamanca Statement on Principles, Policy and Practice in Special Needs Education represents a worldwide consensus on future directions for special needs education, advocating inclusive practice and proposing that schools should accommodate all children regardless of physical, intellectual, social, emotional, or language problems or learning difficulties.
2000	Dakar Framework for Action. This reaffirmed the international community’s commitment outlined in the World Declaration on Education for All to meet the learning needs of every child.
2000	Millennium Development Goals (MDGs). The MDGs outline 8 developmental issues that UN agencies, governments, and civil societies should address through collaboration to reduce poverty and improve global health. Goal 2 relates directly to education (achieving universal primary education for all children).
2002	The Fast Track Initiative (FTI). The World Bank, together with development partners, launched the Education for All Fast Track Initiative to provide additional funding for model programs and projects aimed at helping countries meet the MDGs.
2006	UN Convention on the Rights of Persons with Disabilities (CRPD). The CRPD was ratified in 2006 and intends to protect human rights for individuals with disabilities; while no new “rights” are put forward in the convention, areas where human rights violations are concerns are delineated to protect individuals with disabilities as a legal agreement. Article 7 relates to children with disabilities; Article 24 refers to education; Article 11 specifies support for persons with disabilities during crisis and conflict situations; Article 25 addresses health and the prevention of disabilities through early identification and early intervention; Article 26 ensures appropriate rehabilitation and habilitation services and supports.

The Universal Declaration of Human Rights (UDHR)

UDHR is regarded as the foundation of international human rights law. Under this approach, exclusion from social structures and environments due to disability status is viewed as a human rights issue. The UDHR has inspired numerous international treaties, conventions, and declarations, and served as a catalyst for action against injustice and social exclusion for individuals with disabilities. The international influence of this document includes inspiring several country-specific human rights bills and constitutional provisions that, taken together, “constitute a comprehensive legally binding system for the promotion and protection of human rights.”³⁶

Thus, the UDHR remains influential in legitimizing the current social and human rights conceptualization of disability and serves as the basis for subsequent education and disability initiatives. The UN General Assembly adopted the Declaration of the Rights of the Child just over a decade later. This document was the first international agreement to focus on children’s rights to education, health care, and special protection. Subsequent child rights international conventions and national legislation efforts followed.

36 Source: http://www.un.org/en/documents/udhr/hr_law.shtml

The World Program of Action Concerning Disabled Persons (WPA)³⁷

The UN General Assembly proposed the World Program of Action (WPA) in December 1982. The WPA was an outcome of the International Year of Disabled Persons and helped bring increased attention to issues of disability and human rights. Approaching disability from a human rights perspective, the WPA calls for global efforts aimed at the prevention of disabilities, including addressing malnutrition, reducing environmental pollution, providing adequate prenatal and postnatal care, and reducing water-borne diseases, as well as efforts to promote equality and full participation of persons with disabilities in society. It provided “a global strategy to enhance disability prevention, rehabilitation and equalization of opportunities, which pertains to full participation of persons with disabilities in social life and national development.”³⁸

Convention on Rights of the Child (CRC)³⁹

The Convention on the Rights of the Child (CRC) was adopted by the General Assembly of the United Nations in November 1989 and came into force in September 1990. The CRC established minimum standards for every aspect of children’s lives, including education. The core minimum targets for education include free, compulsory

37 The WPA can be found at <http://www.un.org/esa/socdev/enable/diswpa01.html>

38 <http://www.un.org/disabilities/default.asp?id=23>

39 The Convention on Rights of the Child (CRC) can be found at <http://www2.ohchr.org/english/law/crc.htm>

primary education for all (Article 28) and the right of children with disabilities to special care and training designed to help achieve self-reliance and a full and decent life in society (Article 23). Regarding children in crisis and conflict situations, states parties are to follow international humanitarian law as it relates to children and sets a minimum age (15 years old) for engagement in “direct hostilities” and armed conflict (Article 38); moreover, Article 39 calls for promoting psychological and physical recovery of children who have participated in armed conflict, or who have been abused, tortured, or exploited. In addition, the CRC endorses a minimum age for children to work and asks states parties to protect children from economic exploitation that might interfere with a child’s education (Article 32). By 1997 almost all States had signed the CRC, which establishes that children under 18 years of age (Article 1) have specific rights, without discrimination of any kind. (Ghana ratified the CRC in 1990—the first country to do so.)

Education for All (EFA)⁴⁰

One year later, the first World Conference on Education for All was held in Jomtien, Thailand. In 1990 the Education for All (EFA)⁴¹ movement began, with the aim to bring “the benefits of

education to every citizen in every society.” The EFA emerged from a broad coalition of national governments, civil society groups, and development agencies such as UNESCO and the World Bank, which committed to achieving the following six specific education goals:

- Expand and improve comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.
- Ensure that by 2015 all children, particularly girls, those in difficult circumstances, and those belonging to ethnic minorities, have access to and complete free and compulsory primary education of good quality.
- Ensure that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programs.
- Achieve a 50 percent improvement in adult literacy by 2015, especially for women, and achieve equitable access to basic and continuing education for all adults.
- Eliminate gender disparities in primary and secondary education by 2005, and achieve gender equality in education by 2015, with a focus on ensuring girls’ full and equal access to and achievement in basic education of good quality.

40 Meeting Basic Learning Needs: A Vision for the 1990s. See: www.unesco.org/education/pdf/11_92.pdf

41 <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTEDUCATION/0,contentMDK:20374062~menuPK:540090~pagePK:148956~piPK:216618~theSitePK:282386,00.html>

- Improve all aspects of the quality of education and ensure excellence so that recognized learning outcomes are achieved by all, especially in literacy, numeracy, and essential life skills.

The EFA represents an international commitment to providing an opportunity for all children to access and complete a quality basic education. It “was particularly significant because it acknowledged that large numbers of vulnerable and marginalized groups of learners were excluded from education systems worldwide.”⁴²

UN Standard Rules on the Equalizing of Opportunities for Persons with Disabilities⁴³

The UN Standard Rules on the Equalizing of Opportunities for Persons with Disabilities (referred to as the “Standard Rules”) were adopted by the United Nations in 1993. The Standard Rules summarize the message of the World Program of Action⁴⁴ and further supports the rights of persons with disabilities. Although the Standard Rules are not legally binding, this instrument provides guidance to governments on making social, political, and legal changes to ensure that persons

with disabilities become “full and equal citizens of their countries.” Rule 6 of the Standard Rules refers specifically to education.

Included in the Standard Rules is the concept that States should “ensure that the education of persons with disabilities is an integral part of the education system” and that education in mainstream schools presupposes the provision of interpreter and other appropriate support services. Rule 6 further stipulates that parents and organizations of persons with disabilities should be involved in the education process at all levels. Education for children and youth with disabilities should become integral in a national education plan. Where education is compulsory, Rule 6 stipulates that education be provided to girls and boys with “all kinds and all levels of disabilities, including the most severe” and that special attention should be given to very young children with disabilities and preschool children with disabilities. Additional stipulations apply specifically to inclusive education (or, “education in the mainstream”), such as curriculum flexibility and ongoing teacher training and support. These are integrated into the discussion on inclusive education in this report.

The Salamanca Statement on Principles, Policy and Practice in Special Needs Education and a Framework for Action

The Salamanca Statement, which emerged from the World Conference on Special Education held in Salamanca, Spain, in June 1994,⁴⁵ is considered

42 Miles, S. & Singal, N. (2010). The Education for All and inclusive education debate: Conflict, contradiction or opportunity, *International Journal of Inclusive Education*, 14, p. 3.

43 The UN Standard Rules on the Equalizing of Opportunities for Persons with Disability can be found at <http://www.un.org/documents/ga/res/48/a48r096.htm>

44 See <http://www.un.org/esa/socdev/enable/dissre00.htm>

45 The World Conference on Special Education was

a powerful instrument in proclaiming inclusive education as the leading principle in special needs education. It states that those with special educational needs must have access to regular schools that should accommodate them within a child-centered pedagogy capable of meeting these needs. Inclusive education is regarded as the most effective means of combating discriminatory attitudes and is believed to provide an effective education to the majority of children and improve the efficiency and ultimately the cost effectiveness of the entire educational system. The guiding principle outlined in the Framework for Action is that schools should accommodate all children, regardless of their physical, intellectual, social, emotional, linguistic, or other conditions. It also encouraged international cooperation, including multilateral organizations and NGOs, to endorse and support (planning, implementing, evaluating) inclusive schooling and special education programs.

The Dakar Education Forum: Framework for Action

The World Education Forum met in Dakar, Senegal, in 2000 to review the progress of states toward achieving EFA. The Dakar Framework for Action, adopted by the World Education Forum (April 2000), reaffirmed the vision of the Jomtien

organized by the Government of Spain in cooperation with UNESCO. A total of 92 governments and 25 international organizations reaffirmed their commitment to the goals of Education for All (EFA), recognizing the necessity and urgency of providing an education for children and youth with special needs within the regular education system.

World Declaration on EFA that all children, youth, and adults have the right to benefit from an education that will meet their basic learning needs. The meeting also noted the importance and challenge of considering the educational needs of children with disabilities, and those affected by conflict, with poor health, or living in poverty for the successful implementation of an inclusive plan.⁴⁶

More than 180 countries developed regional action plans as part of EFA Assessment 2000, with particular regard to inclusive education. The relevant statements for each of the regions (sub-Saharan Africa, Asia and the Pacific, the E-9 countries, Arab States, and the Americas) follow (*italics added*):

- “Reaffirm that education is a basic right and a basic need for all African children, youth and adults, including *those with disabilities*, as recognized in the international instruments, including the Universal Declaration of Human Rights, the African Charter on Human and Peoples’ Rights, the Convention on the Rights of the Child and the recommendations of the Salamanca Conference” (Sub-Saharan Africa, December 1999).
- “...Education systems must be able to adapt to the individual needs of the child...within an *integrated and inclusive system of basic education*...specific measures should be taken

46 Miles, S., & Singal, N. (2010). The Education for All and inclusive education debate: Conflict, contradiction, or opportunity, *International Journal of Inclusive Education*, 14, 1-15.

to ensure the inclusion of women and girls with disabilities in all educational processes” (Asia and the Pacific, January 2000).

- “Total inclusion of *children with special needs* in mainstream schools...” (E-9 countries, January/February 2000).
- “...The inclusion of *learners with special needs*, especially those with disabilities and learning difficulties, in educational programs, as a right and an essential means for their self-actualization and social integration” (Arab States, January 2000).⁴⁷
- “To formulate *inclusive education policies and to design diversified curricula* and education delivery systems in order to serve the population excluded for reasons of gender, language, culture, or individual differences (The Americas, February 2000).

At the Dakar World Forum, conflicts, crisis, and situations of chronic instability and natural disasters were identified by governments and agencies as major obstacles to the achievement of EFA. A strategy session on education in situations of emergencies and crisis resulted in a recommendation, accepted by UNICEF, UNESCO, and UNHCR, to convene a meeting to agree on mechanisms for improved collaboration to address those obstacles.⁴⁸

47 Dakar Framework for Action, April 2000.

48 Launching a Global Survey on Emergency Education Programs for Refugee, Internally Displaced, and War-Affected Children and Youth. Women’s Commission for Refugee Women and Children and the International Rescue Committee, September 2000.

Millennium Development Goals (MDGs)⁴⁹

Building upon a decade of major UN conferences and summits, world leaders came together at the United Nations headquarters in September 2000 to adopt the United Nations Millennium Declaration, committing their nations to a new global partnership to reduce extreme poverty and setting out a series of time-bound targets to achieve eight international development goals, known as the Millennium Development Goals (MDGs),⁵⁰ by the year 2015. The MDGs reiterate the international commitment to the EFA. They consist of 21 quantifiable targets and 60 indicators. (A copy of the eight MDGs and targets is included in the appendix). According to the UNDP, “education underpins the entire set of MDGs.”⁵¹ The eight MDGs include Goal 2, to achieve universal primary education, with the commitment that all children can complete a full course of primary schooling. According to Miles and Singal, “the importance of education as a strategy in poverty reduction is made explicit in these international targets which seek to end the vicious cycle of exclusion from education leading to chronic poverty and further social exclusion”.⁵² The MDGs form a blueprint agreed to by 192

49 Source: <http://www.un.org/millenniumgoals/bkgd.shtml>

50 Targets and indicators can be found at <http://www.undp.org/mdg/basics.shtml>

51 UNDP (2010). What will it take to achieve the Millennium Development Goals? An International Assessment review of progress, p. 1.

52 Miles, S. & Singal, N. (2010), The Education for All and inclusive education debate: Conflict, contradiction or opportunity, *International Journal of Inclusive Education*, 14, p. 4.

United Nations member states and at least 23 international organizations⁵³ to achieve the eight development goals by 2015.⁵⁴

The Fast Track Initiative (FTI): Global Partnership for Education (GPE)

The Education for All – Fast Track Initiative is now the Global Partnership for Education (GPE). The Education for All – Fast Track Initiative officially became the Global Partnership for Education with an announcement and unveiling at the United Nations General Assembly on September 21, 2011. This change builds on the initiative’s successes over the last 10 years and is part of a redoubled commitment to making sure all children in low-income countries have access to quality education and opportunities to learn.⁵⁵

The purpose of the Education for All Fast Track Initiative (EFA FTI), launched in 2002 in which the World Bank played a central role, was to support the implementation of Millennium Development Goal 2. Further, it was to provide funding to countries to accelerate progress toward the EFA goal of providing universal primary education by 2015. It was designed around the idea of mutual commitments: Developing countries prioritize primary education, produce national education plans, and increase domestic education funding

while donors, in turn, provide coordinated financial and technical assistance.⁵⁶

The Global Partnership for Education is currently comprised of 46 developing countries, and over 30 bilateral, regional, and international agencies, development banks, the private sector, teachers, and local and global civil society groups. The Global Partnership provides developing country partners with incentives, resources, and technical support to build and implement sound education plans. Members of the Partnership mobilize and coordinate resources to support the achievement of these plans’ targets to help more children enroll in school for a better education.

In recent years, support to countries in crisis and post-conflict situations (fragile states) has become a strategic priority of the Global Partnership for Education. Areas afflicted by conflict often have “poor governance, low accountability, weak institutional capacity, and uncertainty [that] undermine governments’ capacity to provide basic services to their population.” The EFA FTI extended support to many countries, but the Catalytic Fund was initially intended to fill funding gaps in situations where strong sector plans and government commitment existed. As the partnership began to prioritize more fragile contexts where these elements were not necessarily in place, there was recognition that

53 See <http://www.cfbt.com>

54 The eight MDGs include: End Poverty and Hunger; Universal Education; Gender Equality; Child Health; Maternal Health; Combat HIV/AIDS; Environmental Sustainability; and Global Partnership.

55 Source: <http://www.worldbank.org>

56 Source: <http://web.worldbank.org/WBSITE/EXTERNAL/ TOPICS/EXTEDUCATION/0,contentMDK:20278663~ menuPK:617564~pagePK:148956~piPK:216618~theSitePK:282386,00.html>

interim or transitional education plans should also be considered for support.⁵⁷

Along with Fragile States, the Global Partnership for Education's strategic priorities include learning outcomes and girls' education. Countries requesting financial support are expected to develop sound strategies to address these strategic areas as relevant: for example, in countries with persisting gender disparities, the Global Partnership will expect education plans to contain robust strategies to address gender. The new Global Partnership for Education Fund provides funding opportunities for the development of education plans (e.g. baselines or analytical work required to develop the plan), for the development of programs for Global Partnership support, and for the implementation of education plans. The latter provides the bulk of funding and replaces the former Catalytic Fund. In addition, the Global Partnership has established a fund for Global and Regional Activities (GRA), focusing on three areas where knowledge gaps require global collaboration to enhance practices and share experiences. These include (for the 2011-2013 GRA program cycle): learning outcomes; out of school children; and education financing.

The UN Convention on the Rights of Persons with Disabilities (Article 24)

The Convention on the Rights of Persons with Disabilities (CRPD) was adopted on December 13, 2006, during the 61st session of the UN

⁵⁷ Source for this and the following section on the GPE can be found at <http://www.globalpartnership.org>

General Assembly. Although the United States is not a signatory to the CRPD, a recent statement (September 2, 2010) by Judith Heumann, Special Advisor for International Disability Rights at the U.S. State Department, confirmed the United States' commitment, through its laws, to providing children, youth, and adults with disabilities a right to education without discrimination and on the basis of equal opportunity "...critical to achieving the core principles of the Convention, including inclusion, respect for dignity, autonomy and independence, and respect for children."⁵⁸ The CRPD, along with the World Program of Action Concerning Persons with Disabilities and The Standard Rule on Equalization of Opportunities for Persons with Disabilities, together are seen as the new framework for disability issues and operationalization of goals.⁵⁹ The most recent country to sign and ratify the CRPD⁶⁰ is Sierra Leone (October 4, 2010).⁶¹

The following articles in the CRPD relate to providing education and support for children

⁵⁸ <http://usun.state.gov/briefing/statements/2010/146767.htm>

⁵⁹ UN Disability and the Millennium Development Goals (2011)

⁶⁰ http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4&lang=en

⁶¹ A number of signatories to the CRPD have indicated exceptions to specific Articles. Special note is made of Article 2: Definitions; Article 6: Women with disabilities; Article 7: Children with disabilities; Article 8: Awareness-raising; Article 11: Situations of risk and humanitarian emergencies; Article 24: Education; Article 25: Health, and Article 26: Habilitation and Rehabilitation

with disabilities.^{62,63} Article 7 concerns ensuring the full enjoyment of children with disabilities of all human rights and fundamental freedom, and consideration of the best interest of the child in all actions. Article 24 relates specifically to education for individuals with disabilities. Five sections in Article 24 delineate how rights should be recognized and educational services provided for persons with disabilities.

Regarding children and youth, states agree to ensure an inclusive education system that aims to develop persons' "fullest potential" to effectively participate in society. States parties agreed to ensure that children with disabilities are not excluded from the educational system and that children can access an inclusive, free primary education on an equal basis with other children in their communities, be provided reasonable accommodations, and receive "effective individualized support" in environments that maximize academic and social development. This includes facilitating alternative communication modes when necessary and hiring and training teachers who can provide appropriate special educational needs instruction. Article 11 is relevant for children with disabilities during conflict and crisis situations. Article 11 states that international humanitarian law should take "all necessary measures" to protect and keep safe

persons with disabilities in situations of risk, such as armed conflict, humanitarian emergencies, and after natural disasters.

Early identification of disabilities and early intervention aimed at preventing secondary conditions and facilitating development is described in Article 25, under the area of health. In addition, Article 26 describes how states parties should promote maximum development, independence, and functioning to allow participation in all aspects of life through comprehensive habilitation and rehabilitation services. Health, education, and social services should be based on multidisciplinary assessment of individual needs and strengths, begin at the earliest possible stage, and provided close to a child's home or community and support community participation and inclusion. Under this convention, professionals are to be trained and use effective technology and devices, as needed.

A 2010 publication, conducted for the European Commission,⁶⁴ is a rich source of information for understanding the CRPD. The study analyzes in detail the obligations in the Convention, and in particular presents information about the various practices related to the implementation of the Convention (in this case, by the EU and

62 The CRPD can be accessed online at <http://www.un.org/disabilities/convention/conventionfull.html>

63 <http://www.un.org/disabilities/convention/conventionfull.shtml> – Report of the Ad Hoc Committee on a Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities.

64 The Study on Challenges and Good Practices in the Implementation of the UN Convention on the Rights of Persons with Disabilities (October 2010). See http://www.study-uncrpd.eu/files/repository/20110126162849_VC20081214_FINAL_REPORT_101010.pdf

its member states) in terms of challenges and good practices.

Contributions and Limitations of Global Initiatives

Education initiatives developed since the UDHR have been based on a human rights perspective and the belief that education is central to individual well being and national development. The Standard Rules and the Salamanca Statement and Framework for Action advocate inclusive education and advocate integrating special needs education into mainstream school systems. However, these initiatives did not appear to facilitate adequate progress in many countries toward access for children with disabilities. Further, reference to children with disabilities and providing inclusive education was not explicitly made in the MDGs. In the 2010 UNDP progress report on the MDGs, the population of children with disabilities excluded from school did not appear to even be considered when countries were assessed as “nearly achieving” primary school universal access.⁶⁵

Although the MDGs are viewed as ambitious and aligned with previous global development initiatives, with no explicit reference to disability issues, children with disabilities and those with special education needs (SENs) were overlooked in guidelines and funding requirements for the FTI, and remained the largest groups of children excluded from educational systems. Thus, the UN calls for future inclusion of persons with

disabilities and consideration of disability in the next phase of implementation and suggests that the MDGs cannot be achieved without including persons with disabilities in policies, programs, and monitoring and evaluation efforts.

Regarding MDG2, disability was mentioned for the first time in the 2010 review of progress toward the MDGs. The exclusion of disability as an explicit issue addressed in global initiatives has also been considered a “significant oversight” for the entire MDG effort. Criticism includes the lack of systematic inclusion of persons with disabilities in programs and policies intended to foster action around the MDGs, the lack of any mention of disability in the Millennium Campaign, and the “lack of the systematic collection and monitoring of disability-related statistics and analysis of this data, which are the primary tools for tracking MDG efforts and allocating further funding and resources at the local, regional and global levels.”⁶⁶

Preliminary findings from a World Vision and the Global Partnership for Disability and Development (GPDD) study that examined “disability responsiveness” of 20 countries funded through the FTI suggest few examples of “promising practice” related to including children with disabilities in national educational plans and systems.⁶⁷ The review found a limited amount of

65 The Millennium Development Goals Report 2010

66 <http://www.un.org/disabilities/default.asp?id=1470>
Disability and the Millennium Development Goals: A Review of the MDG Process and Strategies for Inclusion of Disability Issues in Millennium Development Goal Efforts (Advance unedited text)

67 <http://www.worldvision.org.uk/what-we-do/>

coverage for the topics of inclusion and disability in submitted national plans: “The study also found that disability and inclusion in relation to education was only referred to in seven of the assessments of country plans made by donors in-country. Other assessments did not comment, irrespective of whether policies and plans for disability were sound, indicative, weak or non-existent...”⁶⁸ In addition, the study identified several problems related to including children with disabilities in education initiatives, including system management and financing issues.

Focus Area II: Defining Disability and Measuring Prevalence in Developing Countries

A significant constraint to policy development and program planning is the lack of valid and reliable statistical information about children with disabilities in developing countries. This is a reflection, in part, of the larger problem of the lack of consensus on the definition of disability. Different definitions of disability yield considerable variation in disability rates. Issues associated with defining, measuring, and documenting disabilities are “complex, dynamic, multidimensional, and contested.”⁶⁹ This variation is caused by several

factors: differing definitions of disability, different methodologies of data collection, and variation in the quality of study design.

Data on children with disabilities who attend school “are largely nonexistent...and where they have been collected, may not be reliable.”⁷⁰ This lack of information is due to problems with variability in defining disability, collecting data, and assessing functional impairment, particularly for children with “invisible” disabilities such as learning difficulties or mental health concerns resulting from trauma and abuse. Moreover, statistics do not take into account children with “invisible” disabilities such as learning disabilities or those with mild disabilities, often not diagnosed, but frequently leading to school failure.

During situations of war and armed conflict, “violence is a daily manifestation in the lives of children.”⁷¹ Limited access to water and sufficient food may lead to malnutrition and increase vulnerability to psychological and physical injuries.⁷² Shelling and combat can result in physical injuries as well as “invisible” disabilities such as generalized anxiety that can significantly impact a child’s ability to learn in a classroom. For

advocacy/education/disabled-children-and-education/educations-missing-millions

68 http://www.worldvision.org.uk/upload/pdf/Education%27s_Missing_Millions_-_Summary_Report.pdf

69 The World Disability Report (2011)

70 Education’s Missing Millions: including disabled children in education through EFA FTI processes and national sector plans http://www.worldvision.org.uk/upload/pdf/Education%27s_Missing_Millions_-_Main_Report.pdf

71 Macksoud, M. (2000). Helping children cope with the stresses of war: A manual for parents and teachers.

72 Source: *UNESCO Global Monitoring Report* (2011) available at: <http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/efareport/reports/2011-conflict/>

example, “sudden and frightening experiences as well as chronic environmental stresses can make children feel very scared, helpless and out of control. In addition, “the extremely violent and volatile atmosphere of war constantly erodes children’s attention so that their ability to focus on schoolwork is then reduced.”⁷³

Defining Disability

Existing data on child health and disability are considered inadequate and unreliable. At the center of the problem is the lack of a universal definition of childhood disability. Attempts to conceptualize differences among children with and without disabilities “is a challenging educational problem that defies simple solution.”⁷⁴ Moreover, until recently there was no shared conceptual framework available to guide data collection and information systems for surveillance and globally comparable prevalence rates.

According to the Inter-Agency Network for Education in Emergencies (INEE),⁷⁵ disability is an evolving concept that results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. Disability is defined in the Convention on the Rights of

Persons with Disabilities (2007) in Article 1 as including persons “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.” The CRPD does not define ‘disability’ on an individual basis, but rather through an ecological model in which disability is seen as an evolving concept that results from interactions with environmental factors.⁷⁶

Consistent with the WHO framework, a *developmental disability* is defined in this report as any impairment, loss, or limitation of body structures or body functions manifested in infancy or childhood. Such disabilities include impaired limbs or other organs, and limitations of vision, hearing, speech, learning, motor, cognitive, language, social, emotional, or behavioral functioning or a chronic health condition. A disability could be genetic or acquired, such as from an accident, disease, or trauma.

Measuring Prevalence

According to a recent publication by UNICEF,⁷⁷ the overall prevalence rates of child disability ranged from 0.4 percent to 12.7 percent, with the estimates of prevalence varying based on the study, definition of disability, and methodology selected. Chronic conditions are increasing in absolute prevalence for both high- and low-income countries. Advances in medical technology are

73 Macksoud, M. (2000). Helping children cope with the stresses of war: A manual for parents and teachers.

74 Florian et al., (2006), Cross cultural perspectives in the classification of children with disabilities: Part 1 issues in the classification of children with disabilities, *The Journal of Special Education*, 40, 36-45 p. 41.

75 See <http://www.ineesite.org/page.asp?pid=1424>

76 See http://www.un.org/disabilities/documents/gadocs/a_65_173.doc

77 UNICEF, *State of the World's Children 1996*. New York: Oxford University Press.

also reducing high-risk infant mortality rates and increasing the number of children who are experiencing learning, mobility, and quality-of-life limitations. In addition chronic conditions such as obesity and asthma are increasing in absolute prevalence.⁷⁸ Developmental disabilities related to other preventable conditions such as lack of immunizations and malnutrition are significantly more common in low-income and developing countries, as well as during times of conflict or crisis.

Research on traumatic experiences suggests that armed conflict can alter a child's physical, emotional, cognitive, and social development.⁷⁹ Researchers at the Child Trauma Academy have conducted extensive research on the significant influence of stress and trauma on brain development. As summarized on their website, "trauma's aftermath affects children's abilities to focus mentally, calm themselves emotionally and be aware of others. It is the source of chronic learning and attention problems, emotional and social problems and physical problems."⁸⁰

78 Lollar, D. & Simeonsson, R. J. (2005). Diagnosis to function: Classification for children and youths, *Developmental and Behavioral Pediatrics*, 323-330.

79 Perry, B. (2002). Helping Traumatized Children: A Brief Overview for Caregivers

80 Several articles for caregivers, teachers, and professionals can be accessed at <http://www.childtrauma.org>; the website also offers free online information about the impact of trauma on the developing child. See <http://www.childtraumaacademy.org>

"Invisible Disabilities"

Many children with disabilities are not registered at birth, "with the result that they are not known to health, social services, or schools," and these children therefore are not recorded in statistics.⁸¹ Children with disabilities may remain invisible for several reasons, including socio-cultural attitudes, including stigma and fear; health or impairment-related restrictions on social participation and attending school; sharing of responsibility and lack of coordination across several ministries; perceptions that the education of disabled children will not be productive or cost-effective; concerns of parents or teachers that appropriate schooling cannot be provided; and other policy priorities.⁸²

While the exact prevalence rates for childhood disability and chronic conditions are not known, data that are available often do not include the "invisible" disabilities such as learning disability and effects of psychological trauma (which may profoundly inhibit a child's learning and acquisition of knowledge in a school/ an educational setting). The following sections briefly explore two of the most common disabilities that may not be readily apparent or missed in short screening measures, yet substantially affect a child's success in school and learning outcomes.

81 UNICEF (2007). Innocenti Digest No. 13 Promoting the Rights of Children with Disabilities

82 UNICEF The State of the World's Children (2006): Excluded and Invisible <http://www.unicef.org/sowc06/>

Learning Disabilities⁸³

Learning difficulties have been proposed as the most common childhood disability or disorder. According to research conducted by the National Institute of Health's (NIH), 20 percent of the United States' school-age population, or one in five American students, has a learning disability. Children may be predisposed to having learning problems for different etiological reasons, including having a specific neurological or medical condition (e.g., lead poisoning, fetal alcohol syndrome, fragile X syndrome), impairment in auditory processing, visual perception, attention, memory or language processing, perinatal injury, or having a family member with a learning disability. However, consistent with other "types" of disabilities, there is no professional consensus regarding how to conceptualize, define, and identify a learning disability.

Given the diagnostic and conceptual variability within the educational, psychological, and medical fields for assessing learning difficulties, a universal standard classification system would be helpful to facilitate communication and provide a common framework. Recent conceptualizations and proposed strategies to measure problems in learning or applying knowledge reflect a broader philosophical shift in viewing child disability as no longer existing exclusively within the child, but rather as a manifestation of ongoing dynamic

interactions between a child and his or her environment. Measuring child learning within the *International Classification of Functioning, Disability, and Health – Children and Youth (ICF-CY)* framework would produce a profile of functioning as well as a picture of environmental and relational factors that would promote or hinder optimal functioning, rather than yield a "yes" or "no" decision about the presence of a disability.

Learning difficulties have been proposed as the most common childhood disability or disorder. Therefore, it is important to reliably identify children who exhibit problems learning academic material, starting with those who have significant difficulty learning how to read, write, or calculate, so that early instruction and intervention can promote future educational success.

Given the criticism about the lack of progress in literacy for many children attending schools in developing countries, addressing potential learning disabilities and identifying mental health issues and psychological functioning are two areas that can be addressed through evidence-based practice to facilitate general health and facilitate learning in a school setting. For example, the International Rescue Committee (IRC) is currently piloting a trauma-focused clinical intervention for refugee children who have experienced abuse, particularly sexual abuse, in Thailand and in Ethiopia. Supporting educational outcomes in conflict and crisis

83 Ellingsen, K., M., Burch-Lewis, A., & Pham, A. (2011). Learning and Applying Knowledge (d, ICF-CY) In Annette Majnemer (Ed.) *Measures of outcomes and their determinants for children and youth with developmental disabilities*.

situations necessitates collaborative work with mental health professionals who can assess and treat potentially disabling stress and anxiety.

Mental Health and Trauma

Childhood trauma has profound effects on development and child wellbeing. Understanding the documented effects of trauma as it relates to learning and functioning is critical when planning to work with children in crisis or conflict environments. Perry (1994) summarized research that found PTSD in children who survived sexual abuse, victims of violence, witnesses to violent acts, survivors of natural disasters, survivors of catastrophic accidents, and burn victims. Children who experience early abuse and trauma may demonstrate significant information processing, behavioral, and communication challenges. These functional challenges may be pervasive and may significantly impact ability to be successful in an educational environment. Characteristics of a child who has experienced significant trauma include manifesting behavioral impulsivity, inattention, and hyperactivity, or presenting as hypervigilant. A child may remain in a physiological state of arousal or in a “fight or flight” state that is not always detectable in casual observation. Moreover, if in a state of heightened physiological arousal, a child will experience some difficulty participating in learning activities.

Issues Associated with Measuring Disability

The process used to identify disabilities varies significantly among countries and within different agencies and professional disciplines. It is difficult

to compare data when there is no agreement about the definition of what is being measured. Because of this, it has not been possible to conduct valid comparisons of disability prevalence or to attain sufficient knowledge about cause of variation and differential consequences of a health condition or disability.⁸⁴ Understanding the consequences and complications that are influenced by interactions between the person and the environment, and designing effective programs to prevent secondary conditions, begins with research to establish baselines on prevalence rates and data on manifestations of disease or health condition in functional domains.⁸⁵ Disability statistics have not been well developed or utilized compared with other areas of statistics, such as statistics related to the labor force, education, women, and older people.⁸⁶

Traditionally, disability statistics have been conceived as a matter of counting people who fall into specific groups – ‘the blind,’ ‘the deaf,’ ‘wheelchair users’ – in order to determine who qualifies for benefits. However, this categorical approach “gives a fragmented and distorted picture of disability since it suggests that person with disability fall neatly into a few categories

84 Florian et al. (2006). Cross cultural perspectives in the classification of children with disabilities: Part 1 issues in the classification of children with disabilities, *The Journal of Special Education*, 40, 36-45.

85 Simeonsson, R. J., McMillen, J., & Huntington, G.S. (2002). Secondary conditions in children with disabilities: Spina bifida as a case example. *Mental Retardation and Developmental Disabilities Research Reviews*, 8(3), 198-205.

86 WHO/ESCAP Training Manual on Disability Statistics (2008), p. ii.

with clear boundaries” and is not consistent with a social model of disability or functional approach.⁸⁷ The child becomes the category, rather than being represented by a profile of functions and behaviors that describe capability or environmental factors as barriers and facilitators for functioning. Thus, very little information is gained about the child in the fragmented categorical approach.

Various approaches to measurement (e.g., censuses and surveys) typically yield very different rates of disability. In developing countries, there have been relatively few census measures, surveys, and registration sources of information collected on childhood disability.⁸⁸ Nevertheless, findings from recent studies in developing countries (Brazil, Ecuador, India, Nicaragua, Vietnam, and Zambia) suggest that an estimated rate of 10–12 percent is not unreasonable. This is consistent with the figure of 10 percent that is often cited by the United Nations.⁸⁹ However, a single disability prevalence rate can be problematic, according to current thinking. It is argued that at least two prevalence rates should be reported, one for functional limitations and one with a more severe threshold.⁹⁰

Challenges Identifying Children During Crisis and Conflict

87 WHO/ESCAP Training Manual on Disability Statistics (2008), p. 2.

88 Elwan, A. (1999) Poverty and disability: A survey of the literature

89 World Health Organization (WHO); UNICEF (2007)

90 Mont, D. (2007). Measuring Disability Prevalence, SP Discussion Paper No. 0706, Washington: The World Bank. p. 2.

Identifying childhood disability and serving children and youth with disabilities is additionally challenging during times of crisis and conflict. Accurate documentation is difficult due to internal displacement, and issues of safety need to be considered as schools and hospitals may be targets during armed conflict. In addition, barriers such as language differences may further hinder accurate data collection and service provision.

It is critically important to ask the right questions. The purpose of measurement determines the questions to be asked, based on the definition of disability.⁹¹ According to the UN Washington Group on Disability Statistics (WG), created by the United Nations Statistical Commission (UNSC), the three major purposes for collection of data on disability include monitoring the level of functioning in a population, designing service provision, and assessing the equalization of opportunity. According to the WG, the following checklist of good measurement and question-asking practices includes:

- Questions should be based on functionality;
- Questions should focus on basic core activities;
- The word “disability” should not be used; Avoid derogatory language; and
- Responses should be scaled rather than yes/no.

Research suggests that significant trauma in early childhood has neurological consequences,

91 See <http://www.cdc.gov/nchs/citygroup.htm>

often leading to chronic stress and a constant elevated state of physiological arousal even when a child appears to be in a quiet or rested state (e.g., see work by Dr. Bruce Perry⁹²). If a child is functioning in a heightened state of arousal, which would be expected during unsafe and unpredictable environments, he or she will have difficulty acquiring new information and learning in a classroom setting. It is critical when designing educational programs for children in crisis or post-conflict situations that mental health services or psychological counseling be included as a routine component.

Adequate understanding about equitable access to education for all children relies on credible prevalence rates and a thorough needs assessment, facilitated by the inclusion of children with disabilities on the 21st research agenda. However, Msall and Hogan report that, “despite the large impact on child health, family life, and economics, research in childhood disability has been woefully inadequate,” and suggest that this is particularly true for low-income countries and when there is limited public health infrastructure and no formal arrangement between health and education services.⁹³

92 See <http://www.childtrauma.org>

93 Msall, M. E. & Hogan, D. P. (2007). Counting children with disability in low income countries: Enhancing prevention, promoting child development, and investing in economic wellbeing, *Pediatrics*, 120, 1, 182-185.

Standardized Measures of Disability

Establishing prevalence rates of disability is problematic for a number of reasons, especially the lack of a systematic framework for classification. “Although differences in concept and definition contribute to the variability of the prevalence estimates, the underlying problem is lack of information.”⁹⁴ A lack of reliable global data also makes it difficult to adequately investigate preventable secondary conditions due to a health condition, specific medical diagnosis, or disease.

In response to the CRPD, the Department of Measurement and Health Information Systems in the World Health Organization (WHO) statistics division and UNESCAP released a training manual on disability statistics. This manual aimed to promote a standard definition and methodology, using the WHO-endorsed global taxonomy on health: the *International Classification of Functioning, Disability and Health (ICF)*.⁹⁵ The ICF, an international standard taxonomy and designed within the human rights framework, is endorsed by the WHO as the current classification of adult health and disability. A version for children and youth (ICF-CY) was derived from the ICF in 2007; both are described in the next section, along with the implications for facilitating more reliable information about the current status of access to education for children with disabilities.

94 Elwan, A. (1999) Poverty and disability: A survey of the literature. p. 2.

95 The WHO's online version of the ICF can be accessed at <http://apps.who.int/classifications/icfbrowser/>

The basic and current trend is to measure functional limitations, rather than categories of disability. The ICF draws on a social model of disability, as compared to the medical model, which is based on various presenting conditions (physical, mental, sensory, psychology). The ICF is the starting point for measuring functional capacity and limitations. The concept of disability in the ICF is not “all or nothing.” It takes a holistic approach to classifying persons with disabilities and allows for a detailed description of their functioning within various domains: Body Function and Structure; Activities; and Participation.

The reader is directed to the World Bank’s SP Discussion Paper (No. 0706), *Measuring Disability Prevalence*, by Daniel Mont⁹⁶ for an in-depth explanation and discussion of the ICF framework, and salient issues to consider in determining country level and international prevalence of disability. Mont points out that general prevalence measures for international comparisons should have a census-based approach because in poorer countries this is often the only option for collecting valid data.

The World Health Organization (WHO) Member States endorsed the ICF as a framework for measuring health and disability on May 22, 2001.⁹⁷ The ICF is the WHO’s current framework for health and disability. It aims to provide a unified and standard language and framework for

the description of health and health states based on the dimensions of functioning at the body functions and structure level, with activities at the individual level, and participation in society.⁹⁸ The ICF is applicable to health and rehabilitation services for adults, and provides a universal method and common language to document dimensions of human health, functioning, and disability. However, the ICF was found not comprehensive enough to document health and functioning characteristics in children, especially during the very early years of childhood.⁹⁹

The ICF represents important changes to the current perspective of disability. It reflects a functional model of disability and is intended to emphasize the level of health and daily functioning rather than the person’s disabilities. However, it did not specifically address children or adolescents. Because it was not sensitive enough to capture the rapid changes, dynamic manner, and unique dimensions of functioning in childhood, the WHO commissioned a derived classification system from the ICF specifically for children and youth.¹⁰⁰

96 Mont, D. (2007). *Measuring Disability Prevalence*, SP Discussion Paper No. 0706, Washington: The World Bank.

97 <http://www.who.int/classifications/icf>

98 Granlund, M., Eriksson, L., & Ylven, R. (2004). Utility of International Classification of Functioning, Disability and Health’s participation dimensions in assigning ICF codes to items from extant rating instruments, *Journal of Rehabilitation Medicine*, 36, 130-137.

99 Simeonsson et al. (2003). Applying the International Classification of Functioning, Disability and Health to measure childhood disability. *Disability & Rehabilitation*, 25(11-12), 602-610.

100 Lollar, D. J., & Simeonsson, R. J., (2005). Diagnosis to function: Classification for children and youths, *Developmental and Behavioral Pediatrics*, 323-330.

International Classification of Functioning for Children and Youth (ICF-CY).^{101,102} After almost a decade of design work, the WHO published the International Classification of Functioning, Disability and Health-Children and Youth (ICF-CY) in 2007 as the “first internationally agreed upon classification code for assessing the health of children and youth in the context of their stages of development and the environments in which they live.”¹⁰³ Designed within a framework guided by United Nations Rights of the Child, the ICF-CY is the first standard international taxonomy of health and disability designed exclusively for children and youth. The ICF-CY provides an opportunity to document the specific contexts, such as home and school and environmental factors, including ongoing interactions with caregivers, that may serve as facilitators or barriers to functioning and development and that profoundly influence developmental trajectories.

The ICF-CY is a taxonomy designed to record the characteristics of developing children for multiple

purposes, such as use in program planning, surveillance, research, and documentation of intervention outcomes in any setting and country (WHO, 2007). A global classification system of child development and functioning provides an opportunity for greater communication across disciplines and countries, more consistent comparisons of child health, and increased reliability of prevalence rates of problems and manifestations of disease or disability. In addition, a taxonomy based on an ecological perspective allows researchers, clinicians, and policymakers to capture potential significant effects of variations in environment and potential risk factors to target intervention efforts.

Applying the ICF-CY for disability data collection. The International Classification of Functioning, Disability and Health – Children and Youth Version (ICF-CY) encompasses the developmental characteristics of children and youth from birth through age 17, the same age range that defines childhood in the UN Convention on the Rights of the Child (CRC). The ICF-CY provides a standard universal classification inclusive of children and youth, and an approach that applies specifically to children—habilitation, special education, and early childhood education. The ICF-CY offers a new way to conceptualize, implement, and document characteristics of children and youth with disabilities and their environments.

The ICF-CY (for children and youth) and the ICF (for adults) are consistent in organizational and structural features (Health condition; Body Functions and Structures; Activities; Participation;

101 Discussion of the ICF-CY in this section follows on the chapter by Simeonsson, R. J., Sauer-Lee, A., Grandlund, M., & Bjorck-Akesson, E. (2010), Developmental and health assessment in rehabilitation with the ICF for children and youth, in *Rehabilitation and Health Assessment Applying ICF Guidelines* (2010), Mpofo, E. and Oakland, T. (Eds.) and is based on the published dissertation “Deriving developmental code sets from the International Classification of Functioning, Disability and Health, for Children and Youth (ICF-CY) by Ellingsen, Kirsten Marie, Ph.D., The University of North Carolina at Chapel Hill, 2011, 115 pages.

102 <http://apps.who.int/bookorders/WHP/detart1.jsp?sesslan=1&codlan=1&codcol=15&codcch=716>

103 WHO ICF-CY Manual, 2007, p. 1.

Environmental Factors; and Personal Factors). Specificity of detail and the expansion of content, influenced by Bronfenbrenner and Ceci's (1994) ecological model, characterize the ICF-CY's new features, and include the concept of developmental delay, important in early childhood interventions. The ICF-CY allows for specifying the extent of a problem or difficulty, including documenting environmental factors that may be hindering a child's functioning, health, activities, and participation, as well as indicating environmental factors that have a facilitating role.

Efforts directed at educating and supporting vulnerable children within crisis or conflict environments can be informed by ICF-CY indicators of functional risk and identifying where specific problems, limitations, or impairments reside, including within the community or school environment, which is crucial for prevention and early intervention efforts and reduction in prevalence of secondary conditions.

The ICF-CY can be applied as a conceptual framework and common language to define disabilities and standard documentation system for screening disability and measuring childhood health and functioning. In terms of assessment, problems and functional limitations experienced by children and youth can be documented. In addition, the ICF-CY's emphasis on documenting the impact of environmental factors has important implications for prevention and intervention efforts. The continued advances in assistive technology, for example, hold promise for enhancing children's responses to assessment as

well as facilitating their engagement in activities and participation in everyday life.¹⁰⁴ Finally, accurate data on children with disabilities enables policymakers in the respective countries to make more informed decisions on education policy. At the global level, the ICF-CY provides a useful framework for interdisciplinary practice and research.

Challenges to Using the ICF-CY. Reducing the number of items is clearly necessary. The ICF-CY has over 1,600 separate categories and far too many domains to cover as a screening or surveillance measure. While the comprehensive categorization of disability and environmental factors is important conceptually and for individual profiling of functioning, determining "essential" areas of functioning to measure health status and document impairment or disabling conditions for different settings, purposes, or age group may would enhance the utility of the ICF-CY. Specifically, the creation of reduced item sets from the ICF-CY based on age groups that generally correspond to early childhood, primary school, and secondary school would be useful.

A recent international study¹⁰⁵ asked a diverse sample of experts to rate key indicators of the ICF-CY to reflect functioning for children in different

104 Simeonsson, R. J., Sauer-Lee, A., Grandlund, M., & Bjorck-Akesson, E. (2010). Developmental and health assessment in rehabilitation with the ICF for children and youth, in E. Mpofu and T. Oakland (Eds.). (2010). *Rehabilitation and Health Assessment Applying ICF Guidelines*. NY: Springer Publishing Company.

105 Ellingsen, K. M & Simeonsson, R., J. (2011), *The ICF-CY Developmental Code Sets*.

developmental periods regardless of health condition or disability. The primary study aim was to develop age-based developmental code sets from the WHO ICF-CY that are applicable within a global context and can be used to facilitate international collaborative efforts in research and practice. Reduced item sets of essential ICF-CY categories were created for four developmentally based age groups (i.e., <36 months, 3–6, 7–12, and 13–17 years) were created by consensus from an international, professionally diverse sample representing all major regions of the world.

These “ICF-CY Developmental Code Sets” were derived from the ICF-CY using the Delphi technique based on iterative rounds of data collection by researchers, educators, clinicians, and administrators representing several experts and professionals, including representatives from the medical, mental health, education, and allied health fields from 27 different primary countries of residence. Agreement was reached about essential items to include for each age group for the body functions, activities, and participation and environmental domains. These abridged sets of key functional dimensions of development are intended to reduce the time necessary to use the ICF-CY and therefore increase feasibility of applying this model to clinical, research, and policy uses.

Multiple Indicator Cluster Survey (MICS). The Ten Questionnaire Screening Instrument (TQSI) is an international disability screening tool used in a well-known research endeavor, the Multiple Indicator Cluster Survey (MICS). The MICS is a

phased international household survey initiative used by UNICEF to assist countries to collect and analyze data in monitoring the situation of children and women. The MICS aligns itself with the ICF definition of function and disability; performance and capacity are assumed as qualifiers. The MICS also collects data related to the contextual factors of the ICF framework, particularly on the personal factors representing the background of an individual’s life and living (age, gender, ethnic, education, household wealth, nutrition, health, etc.). The idea is to use the collected data to explore associations between existing impairments in children’s activities and participation in life situations, and their contextual factors.

In the first phase, the MICS utilizes the Ten Questionnaire Screening Instrument (TQSI), designed to be applicable in virtually any setting, to ascertain functional abilities and developmental milestones. It solicits questions from primary caregivers of children aged 2–9 that screen for child impairment or inability in the realms of speech, cognition, hearing, vision, motor/physical, and seizure disorders. The data are used to explore associations between existing impairments in children’s activities and participation in life situations, and their contextual factors.¹⁰⁶

A limitation cited is that the MICS is implemented through national statistics offices, which have

106 Loaiza & Cappa, (2005). Retrieved from: http://www.childinfo.org/files/childdisability_PAAPaperLoaizaCappa.pdf

discretion regarding survey design and data collection methodology. These factors may result in wide variance of results from one country to the next. In addition, the TQSI is not a diagnostic instrument. It does not measure how many children have one or more disabilities. A medical assessment is recommended for those who screen positive, especially to calculate prevalence rates in the second phase.¹⁰⁷

In Cambodia, a new approach to collecting out-of-school data is being implemented as part of its current Fast Track Initiative (FTI) grant allocation. The approach holds potential for use in other countries, making it possible for low-income countries to collect comprehensive data on out-of-school children, including children with disabilities, and to link the data collection process directly to targeted services. The data collection exercise is being implemented on a sample size of 20,000 children ages 3–17. An important element in the model is the collaboration with civil society organizations to assess, treat, or refer children with disabilities.

To better understand functional impairments and consequences of different conditions, a range of prevalence should be reported for various levels of severity, rather than a single prevalence rate. The Washington Group on Disability Measurement

(WG)¹⁰⁸ developed a short series of screening questions to measure disability and impairment. The WG was formed in 2001 to advance work on measuring disability. The group recommended that the ICF be used as a framework for disability, and that there be a focus on comparability of cross-national data while being sensitive to culture and resources of countries. Cognitive testing was carried out on the census questions in 16 countries. Further, field tests of the census questions were conducted in the Philippines, Fiji, India, Indonesia, and Mongolia by the WHO and UNESCAP.¹⁰⁹

Focus Area III: Serving Children and Youth with Disabilities

The growing awareness of the need for targeted interventions for children with disabilities was recently reinforced by international declarations on children's needs and rights and legislation and programs to promote their physical and mental health and development.¹¹⁰ The importance of prevention and early intervention programs in global education policy is based on the premise that the first few years of life are "crucial in setting the foundation for lifelong learning, behavior, and

107 Cappa, C., Durkin, M. S., Gottlieb, C. A., & Maenner, M. J. (2009). Child disability screening, nutrition, and early learning in 18 countries with low and middle incomes: data from the third round of UNICEF's Multiple Indicator Cluster Survey (2005-06). *Lancet*, UK: 11/2009; 374 (9704):1831-9.

108 http://www.cdc.gov/nchs/washington_group/wg_background.htm

109 Mont, D. (2007). *Measuring Disability Prevalence*, SP Discussion Paper (No. 0706, p. 13) Washington: The World Bank.

110 Simeonsson, R. J., (2003). Classification of communication disabilities in children: contribution of the International Classification on Functioning, Disability, and Health, *International Journal of Audiology*, 42, 52-58.

health outcomes.”¹¹¹ Three primary prevention areas are improved nutrition, immunizations, and early childhood intervention. To that end, medical and social science research indeed suggests that the foundations of academic success and lifelong health are built in infancy and early childhood.¹¹²

Safe environments, adequate nutrition, and responsive and predictable interactions with caregivers in language-rich environments facilitate development and wellbeing. Factors such as malnutrition, abuse, and trauma, as well as disease in early childhood, compromise development and functioning, and may result in preventable impairments and diminished educational performance. During crisis and armed conflict situations these potentially disabling conditions increase. Research also supports lasting benefits for children with or at risk for disabilities, including children traumatized by violence and loss. Thus, early childhood care and education (ECCE) and early intervention (EI) services may be particularly important for children with disabilities in developing countries and during crisis and conflict situations.

A conservative estimate is that more than 200 million children under 5 years old are not fulfilling their developmental potential because of poverty, poor health and nutrition, and insufficient care.¹¹³

111 McCain and Mustard (1999); Gauntlett, Hugman, Kenyon & Logan (2000).

112 See <http://developingchild.harvard.edu/>

113 Grantham-McGregor, S., S. Cheung, et al. (2007). Development Potential in the first five for children in developing countries, *Lancet*, 369: 60-70

It is during a child’s first few years of life when brain neural connections that shape physical, social, cognitive, and emotional competence develop most rapidly and show the greatest ability to adapt and change.¹¹⁴ In addition, if adequate stimulation is not received during the first three years of life, “development will be delayed, sometimes permanently.”¹¹⁵ Moreover, significant adversity in early childhood creates a “toxic stress” that produces “physiological disruptions that undermine the development of the body’s stress response systems and affect the architecture of the developing brain, the cardiovascular system, the immune system, and metabolic regulatory controls.”¹¹⁶ In addition, a substantial proportion of impairments in developing countries are preventable, with the major cause being disease, and other causes including malnutrition and trauma, including that caused by conflict.¹¹⁷

Benefits of Early Intervention

There is a strong evidence base confirming the relationships among early childhood risk factors and children’s health and educational outcomes. Considerable research in the United States has been conducted establishing significant positive and lasting outcomes from high-quality early intervention for children. Documented benefits include gains in academic achievement, educational progress, and labor market success,

114 See <http://www.developingchild.harvard.edu>

115 See <http://www.developingchild.harvard.edu>

116 In brief: The foundations of lifelong health source: www.developingchild.harvard.edu/library/, p.1

117 World Report on Disability (2011).

as well as reduced need for special education and lower rates of delinquency and crime.^{118,119} Findings from a review of research conducted by RAND¹²⁰ summarized positive benefits established in randomized control studies and concluded that funds spent on early intervention generate a \$1.80 to \$17.07 return for every dollar spent.

In addition, emergent brain research strongly supports the importance of targeting health and education services in early childhood to promote development and get the most cost-efficient positive gains in habilitation and rehabilitation services. The World Bank also cites research in 2011 that links positive outcomes for children in developing countries, including higher rates of school participation and cognitive development.¹²¹ In addition, integrated interventions in early childhood also improved child health, through parent education and creating an avenue for providing critical immunizations and micronutrients.

Early childhood development (ECD) interventions have also been found to be “among the most cost-effective approaches for improving

outcomes for vulnerable and at-risk children.”¹²² While most orphan and vulnerable children (OVC) programming does not currently prioritize very young children, international agencies now recognize the importance of ensuring that all OVC have access to basic services (i.e., housing, health, and education), which helps protect them from abuse and exploitation. Early childhood opportunities to be included with other children can also have a significant impact on whether children are included in their community and later in community primary schools.

Key Intervention Areas that Promote Learning and Development

Considerable differences exist in the health and nutritional status of young children worldwide, and this has important consequences for children’s development, potential for learning, and ability to participate successfully in educational programs. While gains have been made in addressing malnutrition, immunizations, and health for many children under five years of age, there are regions where significant problems in these areas continue to profoundly affect the lifelong potential of children.

Statistics on progress towards the MDGs in 2009 suggest that Sub-Saharan Africa remains particularly challenged. For example, 22 percent of children under 5 in Sub-Saharan Africa were

118 For a review see Proven Benefits of Early Childhood Interventions (2005) at www.rand.org

119 AIDSTAR-One. 2011. Early Childhood Development for Orphans and Vulnerable Children: Key Considerations. Arlington, VA: USAID’s AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

120 See <http://www.rand.org> (2005) Early Childhood Interventions: Proven Results, Future Promise

121 For a list of studies and resources reviewed by the World Bank see <http://web.worldbank.org/>, Benefits of ECD Programs (2011).

122 AIDSTAR-One. 2011. Early Childhood Development for Orphans and Vulnerable Children: Key Considerations. Arlington, VA: USAID’s AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

found to be underweight, 32 percent of children did not receive even one dose of the measles vaccine, and only 43 percent of women had at least four antenatal medical visits. Although children with disabilities have not been included in progress reports or specifically identified, these areas may result in disabling conditions if left untreated. Over 200 million children are not likely to reach their developmental potential in their first five years of life in the developing world.¹²³ Risk factors that have been identified as urgent due to the adverse developmental outcomes include stunting, inadequate cognitive stimulation, iodine deficiency, and iron deficiency anemia.¹²⁴ The following sections briefly highlight three areas where key interventions directed at young children can have important benefits for success in primary school: nutrition, immunizations, and early childhood education programs.

Nutrition. Nutritional status must be considered a contributing factor to disability and poor education outcomes. Chronically malnourished children are victims of poor developmental outcomes such as low weight for age and stunting (i.e., short for their age). Conditions of stunting, wasting, and parasitic infections impair function and contribute to childhood disability. In addition, reduced cognitive functioning, blindness, and hearing

loss have been associated with specific deficits in micronutrients.¹²⁵ Malnutrition does not only reflect inadequate quantities of food, it can also be a result of unbalanced diets that lack essential nutrients for growth and development. Therefore, prevention is a critical issue to be addressed in global education and disability initiatives.

About one-third of all children under age five in developing countries are stunted, or short for their age. Of these, nearly one out of two live in eastern and southern Africa.¹²⁶ Stunting is associated with reduced years of schooling. Stunting in early childhood is preventable, as it is caused by poor nutrition and infection rather than by genetic differences.¹²⁷ Malnutrition and poor nutrition are preventable causes of disabilities in children. Malnutrition affects cognitive and physical development, leading to learning difficulties. Micronutrients are particularly important, as the amount is small but the impact on development can be severe. In the global south, 20% of the population suffers from iodine deficiency, 25 percent vitamin A deficiency, and 40–60% have anemia.¹²⁸

Nutritional deficiencies can result in impaired cognitive and physical development as well

123 Grantham-McGregor, S., S. Cheung, et al. (2007). Development Potential in the first five for children in developing countries, *Lancet*, 369: 60-70.

124 Walker, S. P et al. (2007). Child development: risk factors for adverse outcomes in developing countries, *Lancet*, 369: 145–57.

125 See <http://www.doctorswithoutborders.org/publications/research/?ref=main-menu>

126 UNESCO, *The hidden crisis: Armed conflict and education*. (2011), p. 31.

127 See www.efareport.unesco.org EFA Global Monitoring Report (2007).

128 Parnes et al. (2009). Disability in low-income countries: Issues and implications, *Disability and Rehabilitation*, 31(14): 1170–1180.

as irreversible sensory impairments. Early-onset permanent hearing loss (EPHL) is highly prevalent among undernourished infants and associated with modifiable risk factors that can be addressed at the community level and used as a basis for targeted intervention in resource-poor countries. EPHL is irreversible after a year, so early detection and treatment is critical. “Undernutrition (comprising of underweight, wasting and stunting and underpinned by maternal malnutrition, fetal growth restriction as well as micronutrient deficiency) is a leading cause of a range of developmental disabilities such as mental retardation, visual impairment, and psychosocial problems in developing countries.”¹²⁹ Early detection of undernourished infants and the associated developmental risks therefore becomes imperative as a secondary prevention strategy.

Iodine deficiency is the world’s most prevalent, yet easily preventable, cause of brain damage.¹³⁰ Iodine deficiency may begin during pregnancy with negative effects ranging from death to significant cognitive impairments and reduced intellectual capacity. Zinc is another essential micronutrient for human health, growth, and development. The highest rates of zinc deficiency are in Africa and Asia.¹³¹ Diarrhea is the leading cause of death attributable to zinc deficiency,

followed by malaria and pneumonia; zinc deficiency can lead to an increased risk for infectious diseases and growth retardation among children under 5 years of age.

Other conditions such as iron-deficiency anemia, even in mild to moderate cases, have been strongly associated with reduced cognitive function and mental capacity that may lead to adverse learning outcomes.¹³² Vitamin A deficiency (VAD) increases risk of disease with severe infections and is the leading cause of preventable blindness in children. Nutritional problems can also be exacerbated if children with disabilities have difficulty with feeding or eating, such as trouble chewing or swallowing. However, “there is increasing evidence that early interventions can help prevent the loss of potential in affected children and improvements can happen rapidly.”¹³³

Nutritional Interventions. Promising initiatives aimed at reducing mortality and deleterious effects of micronutrient deficits include the recent introduction of home-based treatment of malnutrition using ready-to-use therapeutic foods.¹³⁴ For example, a survey conducted in June 2010 by officials in Niger estimated that

129 Olusanya, B. O. (2011) *Research in Developmental Disabilities* 32 (2011) 124–132.

130 Walker, Ezzati, and Black (2009), *European Journal of Clinical Nutrition* 63, 591–597.

131 Fischer Walker, C. F., Ezzati, M. & Black, R. E (2009), *European Journal of Clinical Nutrition* 63, 591–597.

132 Ackerman, P., Thormann, M., & Huq, S. (April 2005). *Assessment of education needs of disabled children in Bangladesh*. Washington: Creative Associates International.

133 Gratham et al. (2007). Child development in developing countries, Developmental potential in the first five years for children in developing countries, *Lancet*, 369, p. 67.

134 <http://www.doctorswithoutborders.org/>

approximately one out of every six children was, or would soon be, suffering from acute malnutrition. Nigerien officials, the United Nations, and local and international NGOs successfully enrolled 300,000 children suffering from severe acute malnutrition in nationwide therapeutic feeding programs. Médecine Sans Frontière reported that preliminary results from this nutritional intervention included a 50% drop in mortality among young children who received ready-to-use therapeutic foods (RUTF), a milk-based, fortified spread, compared to those who did not.¹³⁵ International efforts are underway to advocate for the replacement of fortified blended flours (considered by most experts to be unsuitable for young children with moderate malnutrition because they lack protein and micronutrients necessary for early development) with ready-to-use supplementary food (RUSF) or lipid-based nutrient supplements (LNS) that are peanut-based pastes that contain powdered milk or whey, vegetable oils, sugar, and necessary minerals and vitamins.

Immunizations. In September 2008, 200 delegates met to examine disability and inclusion of people with disabilities in the MDGs at the statement of the Millennium Development Goals and Disability Africa Regional Conference in Nairobi, Kenya.¹³⁶ Delegates suggested that the international community could make a major

breakthrough against disabilities caused by poliomyelitis, tetanus, whooping cough, and diphtheria, and to a lesser extent tuberculosis, through a worldwide expansion of immunization programs.

It is well known that preventable disease can result in child mortality and morbidity.¹³⁷ Routine childhood immunization has been the longest and most successful survival program worldwide. Interventions that extend beyond child survival to include the early detection and prompt management of developmental disabilities have been recently demonstrated in some pilot programs in sub-Saharan Africa. Pilot programs for immunizations are encouraged as integrated interventions extending beyond increasing child survival to include early detection and prompt services for developmental disabilities. This approach represents a paradigm shift aligned with the Global Immunization Vision and Strategy (GIVS) of UNICEF/WHO¹³⁸ and aligns with the current early childhood development policies of all major UN organizations and the World Bank.

Early learning and care. Early learning and care for children has been proposed as “a fundamental part of the economic and social infrastructure of all countries.”¹³⁹ Early education programs are

135 Reducing Childhood Mortality in Niger: The role of nutritious foods. (May 2011). Preliminary findings of a Médecins Sans Frontières Study.

136 See <http://www.un.org/disabilities/default.asp?id=1432>

137 Olusanya, B. (2009). Optimizing the use of routine immunization clinics for early childhood development in Sub-Saharan Africa, *Vaccine* 27, 3719–3723.

138 Olusanya, B., (2011). Predictors of early-onset permanent hearing loss in malnourished infants in Sub-Saharan Africa. *Research in Developmental Disabilities* 32, 124–132.

139 A Global Report (2009). *Better Education for All*

important for all children, including those with disabilities and young children who face early risk factors such as loss of parents, chronic poverty, and displacement due to war or a natural disaster. In developed countries, early cognitive and social-emotional development have been found to be strong determinants of later school progress.¹⁴⁰

Research conducted within the United States has repeatedly demonstrated positive benefits of quality early childhood education. Varying experiences and resources available in early childhood have been differentially related to children's preparedness for school entry at kindergarten and subsequent academic achievement in later grades. For instance, the High/Scope Perry Preschool project and the Abecedarian studies are two frequently cited programs that served economically disadvantaged young children and have yielded long-term positive developmental and educational outcomes.¹⁴¹

While early literacy and numeracy skills are outcomes often measured to represent academic success, health and social-emotional development are receiving increased attention as the important foundation for successful learning and primary school participation. For example, in a nationally representative longitudinal study (ECLS-K),¹⁴² teachers reported that the most essential qualities for children to be ready for

kindergarten included being physically healthy, rested and well-nourished; displaying an ability to communicate needs, wants, and thoughts; and being enthusiastic and curious in approaching new activities.¹⁴³ The National Education Goals Panel's Technical Planning Group on School Readiness also reflected a holistic perspective when identifying the following five domains as important to a child's preparation for school: physical wellbeing and motor development; social and emotional development; approaches to learning; language usage; and cognition and general knowledge.

However, young children with disabilities in developing countries continue to be denied the opportunity to receive support through early childhood preparation for primary school. A conclusion from the review of initiatives and programs found a "lack of programs, and incoherent policy and programming [that] all contribute to an ECCE system that leaves children and their families without the supports and interventions to be 'school ready.'"¹⁴⁴ Children with intellectual disabilities are at special disadvantage without educational opportunity or special support. In contrast to what is advocated in international initiatives and treaties, a 'medical model' continues to predominate for children with intellectual disabilities. In education terms, this view of disability has contributed significantly

When We're Included, Inclusion International, p. 59.

140 See: <http://www.rand.org>

141 Calman, L. J. & Tarr-Whelan, L. (1995). *web.mit.edu/workplacecenter/docs/Full%20Report.pdf*

142 See <http://www.nces.ed.gov/ECLS-K>

143 A list of published studies from the Early Childhood Longitudinal Study, Kindergarten (ECLS-K) cohort data is available at <http://nces.ed.gov/pubsearch/>.

144 Better education for all: When we're included too, A global report (2009), Inclusion International, ISBN: 978-84-692-6607-6

to separate education for many children with disabilities.¹⁴⁵

Similar to the present situation with primary education, children with disabilities are increasingly being recognized as important to include in early education initiatives within international policy, declarations, and conventions. For example, the EFA includes a primary goal addressing early childhood care and education—to expand and improve comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. Although not explicitly addressed, children with disabilities certainly must be included in this identified targeted group for early childhood intervention in developing countries considering their risk for low health, development, education, and economic outcomes.

International efforts aimed at supporting children's preparation for primary school need to be collaborative and multi-sectoral. One option proposed in the 2011 USAID review of early childhood development for orphans and vulnerable children is to include ECD programs and activities within larger initiatives, such as those targeting education, safe motherhood, or family economic support. A promising initiative undertaken by the World Bank and the OECD in Cambodia to address the issues of early identification of children with disabilities and to increase community awareness, particularly parents, about early identification and inclusion.

¹⁴⁵ <http://www.intellectualdisability.co.nz/disabilityissues.php?id=11>

The two main activities involve developing appropriate materials (children's books) about the benefits of inclusion, and disseminating these to local communities and schools; and conducting a baseline screening survey, using the TQSI to help identify children with disabilities in Cambodia. The books were developed by a group of youth in Cambodia, with and without disabilities, in collaboration with an international consultant, authors, and illustrators.¹⁴⁶ The activity will be replicated in Ethiopia.

According to UNICEF (2007), well-developed early childhood programs recognize that all areas of children's growth are interdependent, and hence require a comprehensive, holistic approach in design and implementation.¹⁴⁷ The following three essential factors have also been identified as particularly important during infancy and early childhood for effective prevention and intervention and to combat the negative effects of toxic stress:¹⁴⁸

- Stable and responsive relationships with caregivers and environments with consistent, nurturing, and protective interactions with adults that enhance children's ability to learn and help develop adaptive capacities

¹⁴⁶ <http://www.educationfasttrack.org/newsroom/newsflash-newsletter/january-2011/update-on-cambodia-pilot/>

¹⁴⁷ OCV report UNICEF (2007) AIDSTAR-One. 2011. Early Childhood Development for Orphans and Vulnerable Children: Key Considerations. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

¹⁴⁸ In brief: The foundations of lifelong health, p. 3.

- Safe and supportive physical environments, free from toxins (including chemicals, dirty water, and poor sanitation) and fear
- Appropriate nutrition and disease prevention, including immunization and health-promoting levels of food intake

Focus Area IV: Inclusive Education: A Zero Reject Policy

As pointed out in an Asian Development Bank publication on inclusive education,¹⁴⁹ “few terms in education have as many varied meanings as ‘inclusive education;’ the range in definitions reflects, among other things, historical trends, educational philosophies, and development agency agendas...”¹⁵⁰

Strategies and programs have been insufficient to meet needs of children and youth with disabilities and programs that do exist tend to serve children with special needs outside the mainstream educational system. Approaches such as “mainstreaming” and “integration” may provide access for children with disabilities in regular schools, but often in separate classrooms with limited opportunity for interactions with peers. Or, if the children with disabilities are physically included in a classroom, they often may be pedagogically excluded —expected to adapt to the school’s environment, curriculum, methods,

values, and rules, or they failed. As one report from Zambia stated, “being in class is one thing and learning is another.”¹⁵¹

Over time, it became clear to governments and development agencies that a certain percentage of children remained out of the system, or quickly left, due to a number of barriers, including gender, health and nutrition status, language, geographic location, culture, religion, and economic status, and, it could be added, specific barriers associated with children and youth in crisis and conflict situations.

UNESCO’s 2009 policy guidelines on inclusion in education state that: “Inclusion is...seen as a process of addressing and responding to the diversity in the needs of all children, youth, and adults through increasing participation in learning, cultures, and communities, and reducing and eliminating exclusion within and from education. It involves changes and modifications in 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 educate all children.”¹⁵²

Provision of “appropriate services” is consistent and aligned with the Framework for Action on Special Needs Education, spelled out at the World Conference on Special Needs Education held in Salamanca, Spain, in 1994:

149 Asian Development Bank (ADB). 2010. *Strengthening Inclusive Education*. Manila.

150 *Strengthening Inclusive Education (2010)*. Asian Development Bank. ADB: Manila.. p. 3.

151 Ibid. p. 4.

152 UNESCO (2009). *Policy Guidelines on Inclusion in Education*. Paris, pp. 8-9.

The fundamental principle of the inclusive school is that all children should learn together, wherever possible, regardless of any difficulties or differences they may have. Inclusive schools must recognize and respond to the diverse needs of their students, accommodating both different styles and rates of learning and ensuring quality education to all through appropriate curricula, organizational arrangements, teaching strategies, resource use and partnerships with their communities. There should be a continuum of support and services to match the continuum of special needs encountered in every school.¹⁵³

The focus needs to shift from the child fitting into a school system, to that of schools accepting responsibility for ensuring that there are no children who “do not fit.” This requires vision and political leadership, as well as flexible curricula, accessible infrastructure, trained teachers, and accessible learning materials,¹⁵⁴ including materials in the learner’s language.¹⁵⁵

While the context is very different in the United States and other developed countries, there is a wealth of knowledge garnered mostly since 1970 in the area of education for children with disabilities. Some of this experience could be

helpful in considering initiatives for this activity,¹⁵⁶ especially in terms of a “zero reject policy” so that all children, including those in conflict and crisis situations, have access to a quality education.

In 1970 in the United States, more than 1.75 million students with disabilities were completely excluded from public schools. The “educable” students with disabilities received instruction in special self-contained classrooms and segregated schools attended only by other students with disabilities. Those who were not classified as “educable” did not receive any education. A series of “right to education” cases reached the federal courts, and in 1971 a landmark case¹⁵⁷ established the right of all students with disabilities to a public education. In 1975 Congress enacted Public Law 94-142, the Education for All Handicapped Children Act (EAHCA). Amendments in 1990 changed the statute’s name to the Individuals with Disabilities Education Act (IDEA), followed by major amendments in 1997.

In 2004, additional changes were added to the IDEA, aligning many aspects with the No Child Left Behind Act (NCLB). The law now embraces the right of students with disabilities to a *quality* education, among other provisions. However, “inclusion” is not mentioned in either IDEA or NCLB legislation. In the U.S., “inclusive education” is used by the educational community to refer to

153 Peters, S. J. Inclusive education: *Achieving education for all by including* those with disabilities and special education needs. Report prepared for the Disability Group. April 30, 2003). World Bank. Washington, D.C.

154 USAID Education Strategy 2011-2015. p.17.

155 INEE Thematic issue brief: Inclusive education (n.d.).

156 TASH, a non-profit organization founded in 1975, is a leader in disability advocacy, especially for human rights and inclusion for people with significant disabilities.

157 Pennsylvania Association for Retarded Citizens v. Commonwealth of Pennsylvania (P.A.R.C.).

how a student participates in school. It not only refers to placement in general education classes, but to a sense of belonging to a school community as an equally valued member. In addition, special education policy is now guided by the Least Restrictive Environment (LRE) principle, which requires students to be “mainstreamed” or served in general education classes to the extent possible. The position of TASH is that for a student to be truly included, three components are necessary (italics added):

- *Physical placement* in the age appropriate general education class with access to the physical environments and routines of the school;
- *Social interactions and relationships with peers* that are similar to what peers experience; and
- *Meaningful participation in the general education curriculum* with supports and services to make progress in the curriculum and the goals and objectives of a student’s individualized education plan (IEP).¹⁵⁸

Inclusive practice begins at the system level, with appropriate policies. However, education for children with disabilities is often regarded as a social welfare issue and often not under the direction of the ministry of education. This distinction is important as it reinforces the attitude that children with disabilities should not be served in general education classrooms.

158 Almazan, S., Maryland Coalition for Inclusive Education, TASH Congressional Briefing on Inclusive Education (July 9, 2009).

Governments and donors typically fund NGOs to deliver special education in separate schools as part of the social welfare system, and on a charity basis. However, this approach is inconsistent with recent international commitments and a human rights disability framework. Inclusion has been considered a matter of social justice and an essential investment for society. Rather than service that is based on charity or goodwill, inclusion should be “an integral element of the expression and realization of universal human rights.”¹⁵⁹

Another critical issue is adequately trained teachers. The extent of the challenge that this represents is reflected in data available in 2002 indicating that only one-fourth of all primary teachers in 100 developing countries had received some pedagogical training.¹⁶⁰ Moreover, future strains on the system include the challenge of providing for the estimated 1.9 million teachers needed by 2015, more than half of them in Sub-Saharan Africa, if universal primary education is to be achieved.¹⁶¹ However, an opportunity exists to provide targeted training, and “raise the bar,” for newly recruited teachers to learn ways to differentiate instruction, and make other adaptations to accommodate students with disabilities.

A World Vision report includes a comprehensive set of benchmarks and standards for inclusive

159 UNICEF (2007) Innocenti Digest No. 13

160 EFA Global Monitoring Report (2006). p..20.

161 EFA Global Monitoring Report (2011).

education systems,¹⁶² including Strong and Effective Governance, Policy and Planning (e.g., developing and implementing national/state-level plans for inclusive education, legislation for inclusion and non-discrimination, and guidelines for accommodation, public awareness, outreach to parents, and training of teachers), putting inclusive education into place in the local educational system (e.g., providing resources to parent/family groups to develop their leadership for inclusive education, identifying all children with disabilities and reaching out to parents, and providing teachers with access to information and knowledge about how to make inclusion work).

Inclusion in Crisis and Conflict Environments

The primary consideration, in terms of policy, program design and implementation, should be what is best for the child. It is axiomatic that principles of inclusive education would be endorsed, but implementation will need to be based on what is happening on the ground in a specific country. While the needs of children with disabilities cannot be overlooked, the real challenge will be sorting out which policies are realistic and which are not, all within the context of a “zero reject policy.”

UNICEF takes the position that access to education is a critical emergency intervention because it is a fundamental right and it contributes to psychosocial wellbeing by creating a sense of

¹⁶² <http://www.worldvision.org.uk/server.php?show=nav.1780>

normalcy and a safe haven. Education provides a context and a channel for transmission of essential survival information in areas such as landmine awareness or the prevention of HIV/AIDS. Education provides a safe environment for children and in that sense it serves a protective function. Schooling is key to psychosocial rehabilitation for children.¹⁶³

In the near term, there should be a concentrated effort to synthesize what is known and lessons learned about providing educational services to children with disabilities in countries that have experienced challenges similar to those in conflict and crisis environments. The assumption is that “outside the box” thinking and approaches will be needed to ensure that services are provided. The U.S. has a wealth of information to share about teaching children with disabilities, including reading disabilities. These sources can be accessed and made available for training workshops, in collaboration with NGOs and in-country educators.

Focus Area V: Guidelines and Toolkits

Protocols, procedural guidelines, and policies that influence the education of children with disabilities can be useful to government officials, policy makers, administrators, teachers, and the wider community (especially parents and family

¹⁶³ Based on Thormann, M. (2001). Inclusive education in developing countries: Contexts and challenges. Report prepared for the American Institutes for Research (AIR). Washington, D.C.

members). In the context of this desk study, with the focus on education for children and youth with disabilities in conflict and crisis situations, it is important that the selection of guidelines and toolkits be closely evaluated in terms of their specific purpose and target audience. Relevance to on the ground realities should be the guiding principle in their selection. The resources should also align with the definition of disability proposed earlier in this report, conceptual clarity, and consistency with “state of the art” practice. In the section that follows, select examples of guidelines and toolkits are briefly described. Additional resources, guidelines, and toolkits from various organizations and institutions are presented are found in Appendix B.

Inter-Agency Network for Education in Emergencies (INEE)¹⁶⁴

The Inter-Agency Network for Education in Emergencies (INEE) is a network of over 7,000 practitioners, students, teachers, staff from UN agencies, non-governmental organizations, donors, governments, and universities. INEE supports the right to quality education and a safe learning environment in emergencies through to recovery for all learners. INEE has produced a number of publications that specifically address education in crisis and conflict situations.¹⁶⁵ The *INEE Minimum Standards for Education: Preparedness, Response, Recovery*¹⁶⁶ is a

framework that articulates the minimum level of educational quality and access in emergencies through to recovery. The Standards are the foundational tool for the field of education in emergencies and can be used as a capacity building and training tool for humanitarian agencies, governments and local populations and help enhance the predictability and accountability of humanitarian actors. The *INEE Minimum Standards Handbook* provides guidance to ensure education practitioners practice inclusive education and incorporates good practices on inclusive education throughout the Handbook to ensure the content, language, and terminology is consistent with the 2008 Convention on the Rights of Persons with Disabilities (CRPD).

Other INEE tools focus explicitly on inclusive education and children with disabilities: *Education in Emergencies: Including Everyone – INEE Pocket Guide to Inclusive Education* (2009). With the input of many INEE members, INEE’s Task Team on Inclusive Education and Disability developed this tool as a quick reference guide to help practitioners make sure that education in emergencies is accessible and inclusive for everyone, particularly those who have been traditionally excluded from education. This guide is aimed at anyone working to provide, manage or support education services in emergencies and complements the INEE Minimum Standards. It outlines useful principles for an inclusive education approach in emergencies and provides advice for planning, implementing and monitoring. The guide also looks at the issue of resistance to inclusion, and highlights ways in which organizations can

164 See <http://www.ineesite.org>

165 See <http://www.ineesite.org>

166 <http://toolkit.ineesite.org/toolkit/Toolkit.php?PostID=1012>

support their emergency staff to develop more inclusive education responses.

INEE Pocket Guide to Supporting Learners with Disabilities (2010). This is one of the few tools that describes the problems for children with disabilities in conflict/crisis and provides links to possible strategies to address the issues. The guide will help to strengthen the efforts of anyone working with teachers or facilitators in an emergency, whether as part of the formal education system or a non-governmental program. This guide offers practical ideas for including children and young people with disabilities in education during or after an emergency. It strives to address current barriers to inclusive education. Of particular importance are sections that cover curriculum content and tests and learning assessments, respectively.¹⁶⁷

INEE Toolkit (2011) contains over 800 practical, field-friendly tools and resources to guide educationalists, humanitarian workers and government officials working in the field of education in emergencies through to recovery. Several sections are dedicated to issues on inclusive education and disabilities.¹⁶⁸

167 INEE Pocket Guide to Supporting Learners with Disabilities (2010),

168 <http://toolkit.ineesite.org>, <http://toolkit.ineesite.org/toolkit/Toolkit.php?PostID=1007>; <http://toolkit.ineesite.org/toolkit/Toolkit.php?PostID=1062> <http://toolkit.ineesite.org/toolkit/Toolkit.php?PostID=1102> <http://toolkit.ineesite.org/toolkit/Toolkit.php?PostID=1024>.

United Nations High Commission for Refugees (UNHCR)¹⁶⁹

Guidelines and planning and monitoring tools used by UNHCR and partners to implement education programs are as follows: Education Field Guidelines (EFG); Safe Learning Environments Guidelines (SLE); Standards & Indicators (S&I); UNHCR's Results-Based Management (RBM) Software (FOCUS); *INEE Minimum Standards for Education: Preparedness, Response, Recovery*; and Handbook for the Protection of Women and Girls.

As an example, the UNHCR Education Field Guidelines (2003), an 85-page document, incorporates the rights of the child to a quality education perspective; the document has multiple target audiences.

FTI Secretariat¹⁷⁰

A recent publication, *Equity and Inclusion In Education: A Guide to Support Education Sector Plan Preparation, Revision, and Appraisal*, is designed primarily for ministries of education as they prepare and revise their education sector plans; for coordinating agencies and local

169 UNHCR Education Strategy 2010-2012. (September 2009, p. 9).

170 The FTI Secretariat worked with the UN Girls' Education Initiative (UNGEI), UNAIDS Inter-Agency Task team (IATT) on Education, Global Task Force on Child Labor and Education, EFA Flagship on the Right to Education for Persons with Disabilities (convened by UNESCO), and civil society partners including World Vision to create a Guide on Equity and Inclusion in Education.

education groups as they provide support to governments in plan preparation; and for donors as they review plans for FTI endorsement in conjunction with the FTI Indicative Framework and Appraisal Guidelines. This first edition (April 2010) is based on the feedback from countries where the guide was piloted in 2009: Kyrgyzstan, Lesotho, and Malawi. The guide is designed to help FTI partner countries or FTI-eligible countries to prepare, revise, and appraise more equitable education sector plans.¹⁷¹

The International Rescue Committee (IRC) Guides for Teachers in Emergency Situations¹⁷²

The IRC has been providing educational services for vulnerable people affected by conflict for nearly 30 years. One of its initiatives is the *Healing Classroom Toolkit*. The IRC has also developed the *Healing Classrooms Initiative*, an approach to education programming in conflict contexts.¹⁷³ The *Healing Classroom Toolkit* includes the following two components: *Guide for Teachers and Teacher Educators*,¹⁷⁴ a basic manual for teachers and teacher educators to orient themselves to creating healing classrooms and supporting student well-being; and *Tools for*

Teacher and teacher Educators,¹⁷⁵ a compendium of resources, documents, and approaches used in IRC education programs to implement the Healing Classrooms Initiative.

AbleData: A Source for Assistive Technology Information

AbleData¹⁷⁶ is a source of objective information about assistive technology products and rehabilitation equipment. AbleData does not sell products but provides a way to locate companies, with domestic and international sources, that do sell the products. The site provides almost 40,000 listings in 20 categories, such as communication (e.g., alternative and augmentative communication); deaf and hard of hearing (e.g., amplification, sign language); and education (e.g., classroom, instructional materials).

National Center on Educational Outcomes (NCEO)¹⁷⁷

The National Center on Educational Outcomes (NCEO), based at the University of Minnesota, was established in 1990 to provide national leadership in designing and building educational assessments and accountability systems that appropriately monitor educational results for all students, including students with disabilities and English language learners (ELLs).

171 See <http://www.educationfasttrack.org/FTI-at-Work/vulnerable-groups/>

172 iIRC education teams are currently in Central African Republic, Chad, Democratic Republic of Congo, Ethiopia, Guinea, Ivory Coast, Kenya, Liberia, Nepal, Sierra Leone, Sudan, Tanzania and Uganda.

173 Information is available at <http://www.rescue.org/>.

174 available at: The Healing Classrooms Toolkit. <http://www.theirc.org/resources/hci-teachers-guide.pdf>

175 <http://www.theirc.org/resources/hci-tools.pdf>

176 <http://www.abledata.com/>

177 <http://www.cehd.umn.edu/NCEO/>

The NCEO publications and research are especially related to assessment and accountability issues and educational outcomes of education for students with disabilities. The publications are user friendly and can be used by teachers, parents, policymakers, and researchers involved in designing and implementing programs for students with disabilities. The NCEO site includes an extensive publications list that includes technical reports, state activity updates, policy documents, and self-study guides. These could be adapted for use in developing countries. The reports on strategies for teaching reading to students with disabilities would be relevant for teacher training workshops as part of USAID initiatives.

Focus Area VI: Advocates and Development Partners as Resources

The Importance of Advocacy

Discrimination and stigma are two major challenges that inhibit access to education for children with disabilities. Negative attitudes about children with disabilities can create major obstacles to inclusive education at the community, classroom, and family level. Thus, it is important to give adequate attention to discriminatory attitudes, as well as to national and local policies that prevent social and educational inclusion.

One method receiving considerable international attention from disability rights groups and

organizations involves including persons with disabilities and DPOs in policy and practice decisions. It is important to include key stakeholders in local communities to support advocacy efforts to address discriminatory attitudes and to understand local cultural and religious beliefs and practices that may facilitate or inhibit inclusion. Key stakeholders would include, for example, in-country experts and community leaders, as well as parents and children and youth¹⁷⁸ with disabilities (where feasible), as advocates to address stigma and discrimination.

Collaboration with Development Partners

Collaboration with NGOs and other partners in the respective countries and regions will be necessary if the task of providing educational opportunity to children and youth with disabilities is to be realized. USAID has a long history of working with NGOs, donor organizations, and other partners. Identifying them and enlisting their help will be important.

However, building local, regional, and national capacity remains the principal objective in the development and expansion of inclusive educational systems. While “there is knowledge... and a growing commitment, the system- level

¹⁷⁸ Child-to-Child, in partnership with UNICEF, is an international network with a rights-based approach to promoting children’s participation in health and development. It promotes as one of its basic principles an inclusive approach to involve as many children as possible without selection or exclusion on the basis of disability, gender, ethnicity, or religion. The network has spread to 70 countries. Information can be found at <http://www.chiid-to-child.org>

institutions and responses are not in place to deal with the scope and scale of the barriers that result in persistent and long-standing exclusion.¹⁷⁹ Addressing this issue is particularly important where conflict has affected communities in a significant way—for example, by increasing the number of impairments related to injury, malnutrition and disease.

There are many organizations that have track records of working in emergency situations in health, education, and disability. For example, the UNHCR, the IRC, and Handicap International in Belgium support children and families and may serve as valuable resources for investigating the extent of exclusion, as well as in the provision of quality educational and related services for children with disabilities.

- Handicap International in Belgium is one of eight national associations; it is active in 13 countries, 4 of which are African: Angola, Burundi, Ivory Coast, and the Democratic Republic of the Congo (DROC). Handicap International in Belgium's main activity is to raise awareness of the problems surrounding disability, and involving antipersonnel mines and other unexploded war ordnance.¹⁸⁰
- The Inter-agency Network for Education in Emergencies (INEE) is a key player in education in emergency. The INEE is an open network of representatives from NGOs,

UN agencies, donor agencies, governments, teachers, researchers and individuals from affected populations working together to ensure all people the right to quality and safe education in emergencies and post-crisis recovery.¹⁸¹ INEE's publications are a right source of information. INEE is discussed in some detail in another section of this report.

- The UNHCR has written into its education strategy (2010–2012) partnering and expanding existing relationships with other organizations such as international NGOs, refugee communities, and UN agencies, to address the gap between the need for quality education services and the organization's existing capacity.¹⁸²
- The IRC has been providing educational services for people affected by conflict for nearly 30 years based on the belief that all people have a right to a good education and that education plays a fundamental role in reducing the effects the trauma of war and conflict.

Community-based rehabilitation (CBR), initiated in the mid-1980s, is a development strategy that is currently implemented in over 90 countries throughout the world to address the needs of people with disabilities and their family members. One of CBR's aims is to promote the inclusion of persons with disabilities in their communities.¹⁸³

179 *Better Education for All: When We're Included Too, A Global Report* (2009) Inclusion International, p.117.

180 http://en.handicapinternational.be/In-Belgium_r273.html

181 See: <http://www.ineesite.org>

182 UNHCR. *Education Strategy 2010-2012*. (September 2009). Geneva: UNHCR

183 http://www.who.int/disabilities/cbr/mdg_cbr_

CBR has become a flexible and dynamic strategy that can be adapted to suit different contexts, and where properly funded and supported, can make a contribution towards the implementation of the CRPD and achievement of the MDGs.¹⁸⁴

Focus Area VII: Policy Initiatives and Research on Access to Education for Children and Youth with Disabilities

Developing effective programs and making informed decisions on inclusive education policy requires identifying shared and unique challenges and resources for crisis, conflict, and stable countries. This begins by establishing reliable baseline data about the experience of children with disabilities and available educational opportunities.

An important step in the process will be to develop a framework for action, in consultation with experts in the field, on identifying and serving children and youth with disabilities in conflict and crisis situations. A first step would be to develop a research agenda, including methodologies to be used for data collection.

Use of qualitative research methodology at the outset would allow for an examination of the challenges and supports to providing an education for children and youth with disabilities. For example, using interview and focus group formats

would allow for documentation of questions such as the community's perspective about children with disabilities? How many children experience impairment and disabilities as defined by the ICF-CY? What are barriers to education (e.g., attitudes, money, transportation, safety)? What would help facilitate access to education? Do any programs currently exist that support educating children with disabilities? If so, what is the structure and organization (e.g., inclusive vs. segregated)?

Exploration of feasible policy and research initiatives to address children and youth's lack of access to education will require a multi-pronged approach, including establishing in-country contacts and collaborating with regional offices to ensure alignment with on the ground realities in the respective regions or countries. A situation analysis would include documenting educational opportunities, challenges, and resources, as well as an assessment of cultural attitudes, views on disabilities, and potential sources of conflict (e.g., religion, geography, ethnicity, and income). The information collected could then be used to inform the research design with the goal of obtaining globally comparable and reliable data on access to target programs, services, and future inclusive policy.

infosheet.pdf

184 See <http://www.who.int/disabilities/cbr/en/>

3. SUMMARY

It is evident that considerable progress has been made in establishing global policy and shared expectations about the importance of providing education for all children, including children and youth with disabilities, since the 1948 Universal Declaration of Human Rights. UN conventions, as well as global development plans and goals include articles and policy promoting universal primary education as a human right and a powerful force in creating political stability and economic sustainability. In addition, recent international conventions and declarations reflect a new commitment to promoting education for children who have historically been overlooked or excluded from attending school. However, the fact remains that the overwhelming majority of children and youth with disabilities are left out of these efforts. Moreover, children and youth living in armed conflict, crisis, and emergency situations are at significant risk for acquiring a preventable disability. Physical and sensory impairments can be caused from war, as well as early malnutrition and diseases suffered due to food insecurity, safe water, and available immunizations.

Achieving measurable and sustainable educational outcomes in crisis and conflict environments necessitates addressing disability issues, as functional impairments increase during war and after national disasters. Rates of disease, malnutrition, and psychological trauma increase substantially during these conditions and have negative effects on development, learning, and daily functioning. Given the cumulative social,

academic, and economic disadvantages for children and youth with disabilities experiencing unstable or unsafe environments, it is critical that preventable disability be addressed.

In spite of the increased global attention and endorsed conventions, national funding and adequate system-level planning to address disability issues remains woefully lacking. Children with disabilities are often denied access to education despite the CRC and global endorsement of the EFA and MDG Goal 2 of providing primary education for all children. Further, many disabilities or conditions that lead to restricted participation in school or daily life can be prevented. Given the historically poor outcomes for children with disabilities, economically and socially, it appears that prevention efforts and early intervention aimed at providing safe and healthy environments, particularly during infancy and early childhood, are critical in effectively addressing learning outcomes.

A comprehensive review of Fast Track Initiative (FTI) countries by World Vision UK yielded “little evidence” of “system-level partnerships, policies, national plans, financing instruments or implementation and monitoring strategies – and the needed linkages between them – anywhere near the scale needed to confront the massive exclusion reported in this study.”¹⁸⁵ Research supports providing intervention services during the first few years of a child’s life. Adopting a

¹⁸⁵ See <http://www.worldvision.org.uk/what-we-do/advocacy/education/disabled-children-and-education/educations-missing-millions/>

holistic perspective of the factors that influence child functioning and learning in an educational setting is not only evidence-based practice, it aligns with the Convention on Rights of the Child and philosophical tenets advocated by the WHO ICF-CY framework for health and disability.

The UN states that the MDGs will only be met when consideration is given to disability issues and children with disabilities have the opportunity to be included in the same community and educational services as all children. The 2009 Global Monitoring Report identifies disability as “one of three main barriers to achieving the goal of universal primary education, along with child labor and ill health.”¹⁸⁶ The Global Partnership for Disability and Development (GPDD)¹⁸⁷ and World Vision UK released a report for the Education For All FTI partners that included a review of “disability responsiveness” for national education plans in an effort to make quality education a priority for primary school aged children with disabilities. In *Education’s Missing Millions*, preliminary findings from the study identified several problems, including variability in the amount of coverage for the topics of inclusion and disability in national plans, and lack of consideration of system management. In addition, data on children with disabilities was found to be “largely nonexistent.”

Education policy and humanitarian aid efforts need to target the groups of children who remain marginalized and excluded from school. Given

the extent of health and safety problems during armed conflict situations, it may be particularly important to target the early childhood population during destabilizing circumstances in an effort to enhance educational success and participation for all children. Because providing early intervention and access to ECCE can mitigate disadvantages and foster resilience, comprehensive early childhood programs and services for young children may be the most efficient method for establishing successful educational systems in developing countries. In addition, targeting early childhood education services through a collaborative and integrated model can promote child well being in the context of health and safety problems children face in crisis and conflict situations.

Access to Education and Early Intervention

As children with disabilities make up the largest group presently excluded from participating in schools and receiving a basic education, targeted efforts are needed to facilitate access to education, beginning with understanding the range of barriers shared among countries and those specific to local regions. Addressing potentially disabling conditions in developing countries and communities experiencing conflict and crisis requires a multifaceted approach that involves safety, nutrition, and disease prevention. Providing access to an education for children and youth with disabilities in conflict and crisis situations, within the framework of the Convention on Rights of Persons with Disabilities (CRPD), is an evolving area of inquiry with considerable challenge and opportunity. Education services may require not

¹⁸⁶ See p. 17 at unesdoc.unesco.org/images/0017/001776/177609e.pdf

¹⁸⁷ <http://www.gpdd-online.org>

only a more flexible approach to meet the needs of children internally displaced, in refugee camps, or living in unsafe environments, but also efforts to promote their learning, school participation, and physical health and mental health.

Supporting access to quality education for all children first requires that there are enough schools and educational programs available, and adequately staffed with trained teachers, to meet the child population needs of a community. However, optimal learning outcomes are contingent upon the health, development, and early experiences of children before they enter primary school. In addition, children with disabilities in developing countries continue to be significantly less likely to have access to early childhood intervention programs. When services or programs exist, children are segregated in programs that have little or no educational curriculum. A priority for developing countries is to identify and serve young children with disabilities and those at risk for poor health or learning difficulties to promote positive educational outcomes in primary schools and consequently influence economic growth. Providing early childhood education for children can increase their chances of completing their basic education and thereby reduce their poverty and disadvantage. Therefore, efforts to enhance primary school participation and learning outcomes for children with disabilities need to consider educational policy in a holistic perspective, with an early intervention and prevention focus.

A necessary initial step is to map out a comprehensive schema for assessing a country's current status in providing services. This framework and schema could serve as a basis for targeting resources for future USAID initiatives to provide access to quality education for children and youth with disabilities in conflict and crisis situations. The next section of this report offers recommendations to support the development and implementation of feasible and realistic policies and practices.

4. RECOMMENDATIONS FOR PRACTICE, POLICY AND RESEARCH

The significant policy advances in the human rights and disability fields in recent decades have not been adequately realized in the implementation of quality education and effective inclusive practices. Expectations about the important role of education in global poverty reduction and promotion of political stability are evidenced in the creation of several UN initiatives and global conventions over the past five decades. Many children still do not attend school, and children with disabilities are often denied access to education despite the CRC and global endorsement of the EFA and MDGs to provide universal primary education. Given that “declarations alone however, do not produce action,”¹⁸⁸ it is necessary to examine how to help move well-intentioned policies into sustainable and effective actions. On the basis of the knowledge base reviewed in this report, recommendations are made for an integrated approach of providing education and related services, policy and research initiatives to advance access to education and positive learning outcomes for children with disabilities in crisis and conflict countries.

Providing education and related services

Providing education and intervention services to children in crisis and conflict situations poses special challenges. Approaches to service delivery

(including prevention) will need to be explored in terms of feasibility and impact. Specific recommendations aimed at addressing challenges within each area reviewed in this report are presented next.

Applying International Initiatives and Global Commitments

- Use the international initiatives such as the CRC and the CRPD as tools to assess and advocate for the needs of children and youth with disabilities, including their rights in war-affected countries and crisis situations.
- As a first step in understanding a country's education system, policies, and legislation, use readily available information sources, for example, data from countries that have signed and ratified the CRPD. The EFA FTI extended support to many countries in crisis and transition situations, opening up for interim and transitional education plans rather than complete sector plans as the basis for education plan implementation grants.¹⁸⁹ A review of these could be useful as advocacy tools, and as a basis to frame policy discussions at the country level.

Collaborative Service Provision for Children and Youth with Disabilities

Educational services for young children should be a priority including the development of an early intervention system.

188 UN (2011), Disability and the MDGs.

189 For additional information see: <http://www.globalpartnership.org>

- Collaborative work with international agencies and NGOs to facilitate nutrition, adequate food and water, and immunizations in developing countries and during times of crisis and conflict is critical for decreasing the number of impairments and disabilities acquired during complicated situations.
- Increasing evidence shows that the quality of early childhood programs helps determine children’s social, language, and cognitive progress and school readiness skills. Thus, enhancing primary and secondary school learning outcomes includes supporting quality early childhood education programs.
- Recommendations from the World Vision UK study “Missing Millions”¹⁹¹ include enacting policies that stress the right to education, include physical accessibility of schools and learning environments; approaches and resources that ensure access to learning; and addressing legal barriers, so that policies reinforce equal rights and non-discrimination with legislation.

Guidelines and Toolkits

- A “Materials Support Working Group” could be set up, as part of the project design process, to develop criteria, including criteria for e-tools and assistive technologies, to address their relevance and appropriateness.
- This work group should include key stakeholders—including, for example, religious leaders, NGOs, and education specialists from the respective countries and regions where the materials would be used.

Supporting Inclusive Education

- There should be a concentrated effort to synthesize what is known about providing educational services to children with disabilities in countries that have experienced challenges similar to those in conflict and crisis states, with lessons learned.
- “Outside the box” thinking, and approaches, will be needed to ensure that needed services are provided. The U.S. has a wealth of information to share about teaching children with disabilities, focusing on instruction for literacy. These sources can be accessed and made available for training workshops, in collaboration with NGOs and in-country educators, as well as international experts who could develop situation specific tools for teacher training and for parents.¹⁹⁰
- Addressing discrimination and stigma are two major challenges, at all levels, in creating access to education for children with disabilities. Priority should be given to creating environments that support change. Involving local experts and key stakeholders,

Advocates and Development Partners as Resources

Teaching, developed by the Center for Discovery, to help teachers develop programs for children and youth with severe disabilities.

191 World Vision (2010). *Missing Millions: Overcoming Potential Barriers to Inclusion in Education*, p. 19.

190 For example, the teacher training model, SENSITIVE

including individuals with disabilities and disabled people's organizations (DPOs), in advocacy and program design efforts will be important.

Policy Initiatives

National policies, legislation, and funding define the parameters of national education systems. Policies and legislation can dictate which children are provided an education as well as general expectations for teaching and learning outcomes. Government agencies and non-government organizations (NGOs) help determine how international conventions and national policies are carried out in local communities. National and NGO funding can help establish an adequate number of schools or programs and provide adequate material resources. However, to achieve the Millennium Development Goal (MDG) of universal primary access to education by 2015, it is also necessary to understand who is not successfully participating (or cannot successfully participate) in the available system and examine the reasons that influence the (intended or unintended) exclusion.

- Policy and legislation can provide a framework and guidance for the development of local educational systems that support the inclusion of all children and serve as a protection for particularly vulnerable populations of children who have historically not had access to or participated in schools and educational settings.

- In addition, partnering with local organizations is important for understanding context and cultural issues that may hinder access to education or successful participation of children in schools, particularly those with special education needs (SENs).

- Policy recommendations include establishing a legislative framework and national policies for identifying and educating children with disabilities, clarifying the definition of disability for assessment, and standardized documentation for program planning.

- Further, policies should promote collaborative networks and partnerships among the national governmental agencies, international organizations, and NGOs.

Research Initiatives

Defining and Measuring Prevalence of Childhood Disability

Research suggests a critical need for a systematic and comprehensive classification framework for identifying children with disabilities. Standardized cross-national and cross-cultural data collection methods need to be created and tested to allow internationally comparable data for prevalence, to document benchmarks, and to monitor progress in access rates and learning outcomes. There is still a need to identify the number of children with disabilities and assess their functional impairments, educational barriers, and special education needs. This must begin with a shared definition of disability and unified common screening and documentation system so that

reliable prevalence data can be gathered and comparisons conducted. Global implementation of a “unified” system would help reconcile existing procedural differences to facilitate comparable and consistent information about child health status and the effects of a health condition or disorder on behavior and development.

- The ICF-CY is recommended for the development of any future standard measure or documentation system for assessing need and monitoring outcomes related to educational and related services for children with disabilities. The ICF-CY provides a framework for conceptualizing policy and service applications, identifying sources of evidence, indicators and profiles of child functioning, and clarification of clinical diagnoses, all of which are especially relevant to this desk study.
- Applying the ICF-CY can be further explored in the study’s next phase, as can its specific application to the target population(s) in the selected states in Africa characterized by conflict and crisis. The ICF-CY Developmental Code Set items in the four brief age-based classification sets could provide a starting place or shared foundation that defines what types of information to collect when documenting child health or functioning. These selected “critical items” could be used as a common framework for data collection, assisting in documenting characteristics of children who have access to school and who remain out of school. They may also be used to define what conditions facilitate success in

learning, and provide a standard approach to organize and link outcome measures and common language that guide surveillance, monitoring, and outcome efforts.

- A small group of disability experts¹⁹² in the areas of the ICF-CY, screening tools such as the TQSI and measurement be enlisted to explore the feasibility of using the ICF-CY and the TQSI in the design of the evaluation component of the project to serve children with disabilities in conflict and crisis situations in Africa.

Measuring and learning from project implementation to increase access to education

- In the development of country-specific projects under USAID’s Goal 3 to improve access to education for children with disabilities is important that the implementation activities of such projects are monitored and the impact of the projects on educational and developmental outcomes of children evaluated.

¹⁹² Including Dr. Rune Simeonsson (UNC)

5. CONCLUSIONS

“Disability is complex, and the interventions to overcome the disadvantages associated with disability are multiple and systemic – varying with the context.”¹⁹³

There have been important global initiatives aimed at increasing education opportunities for all children over the past few decades. While the rate of children who remain out of school has decreased worldwide, “education for all” efforts have generally failed to include the children most vulnerable for compromised developmental outcomes due to poverty, health status, disability, or environmental instability. Effectively addressing these profound gaps in educational systems requires more than acknowledgement of equal access and rights in a document, although that is an important and necessary first step.

USAID outlined three goals in the 2010 Education Strategy: Improved reading skills; improved ability of tertiary and workforce development; and increased equitable access to education in crisis and conflict environments. Awareness about the risks of disabling conditions and likely compromised physical and psychological functioning of children who have experienced conflict and crisis is the critical next step after promoting access to education. Collaborative and multilateral partnerships are important to address exclusion problems as well as prevent impairments and provide the support for children who experience situational risk during crisis or conflict.

¹⁹³ World Report on Disability, 2011.

Education is considered the “key to sustainable development and peace and stability within and among countries, and thus an indispensable means for effective participation in the societies and economies of the twenty-first century, which are affected by rapid globalization.”¹⁹⁴ This report documents the importance of developing initiatives followed by multilateral action directed specifically at supporting children and youth with disabilities with access to education and positive learning outcomes.

¹⁹⁴ World Report on Disability, 2011, p. 8. Report available at: http://www.who.int/disabilities/world_report/2011/en/index.html

Appendix A: The Millennium Development Goals

Goal 1: Eradicate Extreme Poverty and Hunger

- TARGET 1.A Halve, between 1990 and 2015, the proportion of people whose income is less than \$1.25 a day
- TARGET 1.B Achieve full and productive employment and decent work for all, including women and young people
- TARGET 1.C Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Goal 2: Achieve Universal Primary Education

- TARGET 2.A Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Goal 3: Promote Gender Equality and Empower Women

- TARGET 3.A Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels of education, no later than 2015

Goal 4: Reduce Child Mortality

- TARGET 4.A Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Goal 5: Improve Maternal Health

- TARGET 5.A Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
- TARGET 5.B Achieve by 2015 universal access to reproductive health

Goal 6: Combat HIV/AIDS, Malaria and Other Diseases

- TARGET 6.A Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- TARGET 6.B Achieve by 2010 universal access to treatment for HIV/AIDS for all those who need it
- TARGET 6.C Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Goal 7: Ensure Environmental Sustainability

- TARGET 7.A Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources
- TARGET 7.B Reduce biodiversity loss, achieving by 2010 a significant reduction in the rate of loss
- TARGET 7.C Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation

- TARGET 7.D Have achieved a significant improvement by 2020 in the lives of at least 100 million slum dwellers

Goal 8: Develop a Global Partnership for Development

- TARGET 8.A Develop further an open, rule-based, predictable, non-discriminatory trading and financial system (including a commitment to good governance, development, and poverty reduction, nationally and internationally)
- TARGET 8.B Address the special needs of the least developed countries (including tariff- and quota-free access for exports of the least developed countries; enhanced debt relief for heavily indebted poor countries and cancellation of financial bilateral debt; and more generous official development assistance for countries committed to reducing poverty)
- TARGET 8.C Address the special needs of landlocked countries and small island developing states (through the Program of Action for the Sustainable Development of Small Island Developing States and the outcome of the 22nd special session of the General Assembly)
- TARGET 8.D Deal comprehensively with the debt problems of developing countries through national and international measures to make debt sustainable in the long term
- TARGET 8.E In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries
- TARGET 8.F In cooperation with the private sector, make available the benefits of new technologies, especially information

Appendix B: Additional Toolkits and Resources

Childhood Disability Classification Systems

The World Health Organization’s ICF-CY and ICF. <http://www.who.int/classifications/icf/en/>.

The WHO ICF-CY is proposed as the framework for defining and measuring disabilities in this desk study. Information about the WHO health and disability classifications can be found at Online versions of the complete ICF and ICF-CY and is available at the WHO website: <http://apps.who.int/classifications/icfbrowser/>. Publications of the World Health Organization are available on the WHO web site (www.who.int) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264)

WHO/ESCAP Training Manual on Disability Statistics. <http://www.unescap.org/stat/disability/manual/index.asp>

The WHO and ESCAP Training Manual on Disability Statistics provides an overview of the ICF framework as well as guidelines on how to operationalize the underlying concepts of functioning and disability into data collection. manual presents guidance on how to use the ICF for measuring statistics, and provides implementation and dissemination guidelines.

UNICEF Multiple Indicator Cluster Survey (MICS). http://www.unicef.org/statistics/index_24302.html

The results from MICS data collection and survey tools can be found on the website.

The Washington Group on Disability Statistics. http://www.cdc.gov/nchs/washington_group.htm

Formed in 2001, the Washington Disability Group helps facilitate comparison of cross-national disability data. Recommended short set of questions can be found at: http://www.cdc.gov/nchs/washington_group/wg_questions.htm

The ICF-CY Developmental Code Sets. http://www.icf-cydevelopmentalcodesets.com/Home_Page.html

ICF-CY Developmental Code Sets (Ellingsen & Simeonsson, 2011) can be found at A copy of the four age-based reduced item sets of ICF-CY codes are available to download.

The Ten Question Module: http://www.childinfo.org/disability_methodology.html

The MICS module on disability (also called The Ten Question Module) is a screening instrument that has been designed to identify children—in any cultural and social setting—who have congenital and developmental disabilities. These surveys have generated estimates of total prevalence rates that range from 1 percent to 4.4 percent in the case of severe disabilities, and up to 20 percent for mild disabilities.

Early Childhood

Examining Early Child Development in Low-Income Countries: A Toolkit for the Assessment of Children in the First Five Years of Life.

www.worldbank.org

The International Bank for Reconstruction and Development/The World Bank 2009 publication includes a review of early childhood developmental assessment across all developmental domains. Instruments are reviewed and described at: <http://search.worldbank.org/all?qterm=examining%20early%20childhood>

ERIC Education Resources Information Center.

<http://www.eric.ed.gov/>

ERIC provides bibliographic records of education literature and full text of education research.

The National Early Childhood Technical Assistance Center (NECTAC).

<http://www.nectac.org/portal/portal.asp>

NECTAC provides resources and links for early childhood.

Early Childhood Data Sources

<http://www.nectac.org/portal/ecdata.asp>

Provides links to national and state-by-state data, policies, and initiatives related to early childhood care and education

Zero to Three: National Center for Infants, Toddlers and Families.

<http://www.zerotothree.org/>

Center on the Developing Child, Harvard University. <http://developingchild.harvard.edu/>

Research, videos, and information about child development, early childhood intervention, and global initiatives.

Early Childhood Resource Pack: Young Child Survival, Growth & Development through Integrated Program (UNICEF). www.unicef.org/childfamily/index_22387.html?q=printme

Practitioner resources are available on the website.

Examining Early Child Development in Low-Income Countries: A Toolkit for the Assessment of Children in the First Five Years of Life (World Bank). <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTCY/EXTCD/0,,contentMDK:22425206~menuPK:344945~pagePK:64020865~piPK:51164185~theSitePK:344939,00.html>

<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTCY/EXTCD/0,,contentMDK:22425206~menuPK:344945~pagePK:64020865~piPK:51164185~theSitePK:344939,00.html>

The primary purpose of this toolkit is to provide a resource for researchers from various disciplines interested in planning and evaluating programs or interventions aimed at improving the health and development of infants and young children.

Inclusion and Special Education

IES Institute of Education Sciences, What Works Clearinghouse. <http://ies.ed.gov/ncee/wwc/>

The What Works Clearinghouse provides research on different programs, products, practices, and policies in education.

National Education Association (NEA).

<http://www.nea.org/home/19073.htm>

IDEA/special education resources can be found on the website.

Measures for Children with Developmental Disability: Framed by the ICF-CY,

Annette Majnemer (editor), MacKeith Press. See CHAPTER 20: Learning and Applying Knowledge (d110-d179, ICF-CY), Ellingsen, K., Burch-Lewis, A. & Pham, A. (2011). This book uses the ICF-CY framework to present reliable and valid measures that align with ICF-CY codes; available early 2012.

The Coalition for Evidence-Based Policy.

<http://coalition4evidence.org/wordpress/>

A nonprofit, the coalition types of research to identify the most promising social interventions.

Recognition and Response. www.cec.sped.org

The Council for Exceptional Children is developing a new screening and monitoring system for learning difficulties in early childhood. Recognition and Response will help teachers and parents identify young children ages 3–5 who may be at risk for learning disabilities.

OSEP Ideas that Work. http://osepideasthatwork.org/toolkit/ovr_dptinvest.asp (from Ed.gov)

U.S. Department of Education, Office of Special Education Programs resources and information about evidence-based practice.

Learning Disabilities online.

<http://www.ldonline.org/educators>

An online resource bank includes several links and information about learning disabilities.

Centre for Studies on Inclusive Education.

<http://www.csie.org.uk/>

An independent organization that promotes inclusive education as a human right; provides professionals to support inclusive development through training, talks, and publications.

UNESCO.

<http://www.unesco.org/new/en/education/>

The International Conference on Education 48th Session in Geneva produced a report ***“Inclusive Education: The way of the future”*** that includes “outcomes and trends in inclusive education at regional and interregional levels.” This resource can be accessed at: <http://www.ibe.unesco.org/en/communities/community-of-practice-cop/comparative-studies.html>

Understanding and Responding to Children’s Needs A Guide for Teachers, although somewhat dated, may be useful if contextualized. The guide can be used in addition to the ***UNESCO Teacher Education Resource Pack: Special Needs in the Classroom*** that aims to support teachers by providing practical ways of coping

with children who have different learning difficulties. In addition, the Embracing Diversity series: ***Toolkit for Creating Inclusive, Learning-Friendly Environments: Specialized Booklet 3, Teaching Children with Disabilities in Inclusive Settings (2009)***, was developed for teachers of children with disabilities. The toolkit provides considerable detail regarding specific disabilities and suggestions for inclusion of children with various disabilities (e.g., speech and hearing, vision, orthopedic impairments, cognitive impairments, learning difficulties, ADHD, and autism spectrum disorders).

Education Initiatives in Conflict and Crisis

The International Rescue Organization.

<http://www.rescue.org/>

The Healing Classrooms Toolkit. <http://www.theirc.org/resources/hci-teachers-guide.pdf>

Resources for education in conflict and crisis situations. The Healing Classroom Toolkit includes: ***Guide for Teachers and Teacher Educators, Tools for Teacher and teacher Educators***

The Minimum Standards for Education in Emergencies (MSEE) Handbook

www.ineesite.org

Inter-Agency Network for Education in Emergencies (INEE). Built on the foundations of the Convention on the Rights of the Child (CRC), the Dakar Education for All (EFA) framework, the UN

Millennium 4 Minimum Standards for Education in Emergencies (MSEE) Development Goals (MDG) and the Sphere Project's Humanitarian Charter. The development of the handbook was guided by a steering group with representatives from CARE USA, the International Rescue Committee, the International Save the Children Alliance, the Norwegian Refugee Council, UNESCO, UNHCR, UNICEF and the World Bank. Included in the MSEE is a ***Situation Analysis Checklist, Information Gathering, Needs Assessment Questionnaire, & Psychosocial Checklist***

OVC

Child Status Index (MEASURE Evaluation).

www.cpc.unc.edu/measure/tools/child-health/child-status-index

The Child Status Index is a toolkit designed to help assess vulnerabilities, needs, and outcomes of orphaned and other children made vulnerable by HIV/AIDS.

Capacity Building Guides: Trainings for M & E in health sectors are also available at <http://www.cpc.unc.edu/measure/tools/monitoring-evaluation-systems/capacity-building-guides>

Promising Practices: Promoting Early Child-hood Development for OVC in Resource Con-strained Settings: The 5x5 Model

www.crin.org/docs/promisingpractices.pdf.

Promotes com-prehensive care in five areas: food and nutrition; child development, including physical (gross and fine motor), cognitive (language

and sensory), and socio-emotional (psychological and emotional); economic strengthening; health; and child protection. The stated goal is to reduce vulnerability and isolation and to improve quality of life and long-term developmental outcomes for pre-primary school OVC through a set of sustainable, holistic, community-based interventions during early childhood. Location: Kenya, Uganda, Rwanda, Zambia, South Africa. Principal Donors: CARE USA, USAID (via the Hope for African Children Initiative), Conrad N. Hilton Foundation, and Covance, Inc.

OVCsupport.net

www.ovcsupport.net

OVC support is a repository for documents and information about OVC children; included on the website is a library with over 900 toolkits, papers, and reports. The OVC taskforce is a network of 60 NGOs and government agencies concerned about the wellbeing of vulnerable children.

Community-Based Rehabilitation (CBR).

<http://www.who.int/disabilities/cbr/en/>

CBR programs can work with the education sector to help make education inclusive at all levels, and to facilitate access to education and lifelong learning for people with disabilities. CBR guidelines provide practical suggestions on how to develop and strengthen the CBR program.

Additional Resources for Children Who Have Experienced Trauma

Partnership with NGOs to address safety and provide support for children who have experienced sexual abuse and trauma are recommended. UNICEF and UNODC Justice in Matters involving Child Victims online training: <http://www.unodc.org/justice-child-victims/>. The following organizations are listed on the UN website <http://www.stoprapenow.org/ngo-links/> and provide resources and information about supporting these children.

Amnesty International:

<http://www.amnesty.org/>

Feminist Peace Network:

<http://www.feministpeacenetwork.org/>

Human Rights Watch (HRW):

<http://www.hrw.org/>

Hands up for Health Workers:

<http://www.handsupforhealthworkers.org/>

War Child UK:

<http://www.warchild.org.uk/>

ChildTraumaAcademy.com offers free online training programs about the impact of trauma in childhood, as well as trainings on brain development and maltreatment and attachment and secondary traumatic stress and the impact of working with high-risk children and families.

These trainings can be accessed at <http://www.childtraumaacademy.com/>

International Organizations supporting education/disability-related work

Save the Children:

<http://www.savethechildren.org/>

Plan International:

<http://plan-international.org/>

Action Aid:

<http://www.actionaid.org/?intl=>

Pact:

<http://www.pactworld.org/>

World Learning:

<http://www.worldlearning.org/>

Oxfam:

<http://www.oxfam.org/>

World Vision:

<http://www.worldvision.org/>

Handicap International:

<http://handicap-international.us/>

Doctors without Borders:

<http://www.doctorswithoutborders.org/>

Light for the World:

<http://www.light-for-the-world.org/>

World Education:

<http://www.worlded.org/WEInternet/>

Perkins: School for the Blind:

<http://www.perkins.org/international/>

SchoolNet Africa.

<http://www.schoolnet africa.org/english/index.htm>

SchoolNet Africa promotes ICT to enhance quality of education in Africa. The network involves more than 20 African countries.

The International Disability and Development Consortium (IDDC).

<http://www.iddcconsortium.net/joomla/>

IDDC is a leading network on disability and development with aims to promote inclusion and CBR, and address issues regarding conflict and emergencies, HIV&AIDS, and disability. Links to 16 NGOs and other related resources are available on the website.

Global Partnership for Disability and Development (GPDD).

<http://www.gpdd-online.org/>

The GPDD is a global initiative to strengthen international cooperation to accelerate the integration of disability issues, and is an alliance of disabled people's organizations (DPOs), government ministries, bilateral and multilateral donors, United Nations (UN) agencies, NGOs, national and international development organizations, and other organizations, committed to promoting economic and social inclusion of people with disabilities in low-income countries.

The National Center for Educational Outcomes (NCEO). <http://www.cehd.umn.edu/nceo/>

The NCEO website includes an extensive publications list that includes technical reports, state activity updates, policy documents, and self-study guides. These could be adapted for use in developing countries. The reports on strategies for teaching reading to students with disabilities would be relevant for teacher training workshops as part of USAID initiatives.

handbook has four parts, each of which addresses different users and serves different functions. The parts are organized for ease of use and to allow cross-referencing: Part 1: Decision Makers Essentials (13 pages); Part 2: Analytical Review (63 pages); Part 3: Resources (62 pages); and Part 4: PowerPoint.

Major Reports and International References

The World Report on Disability.

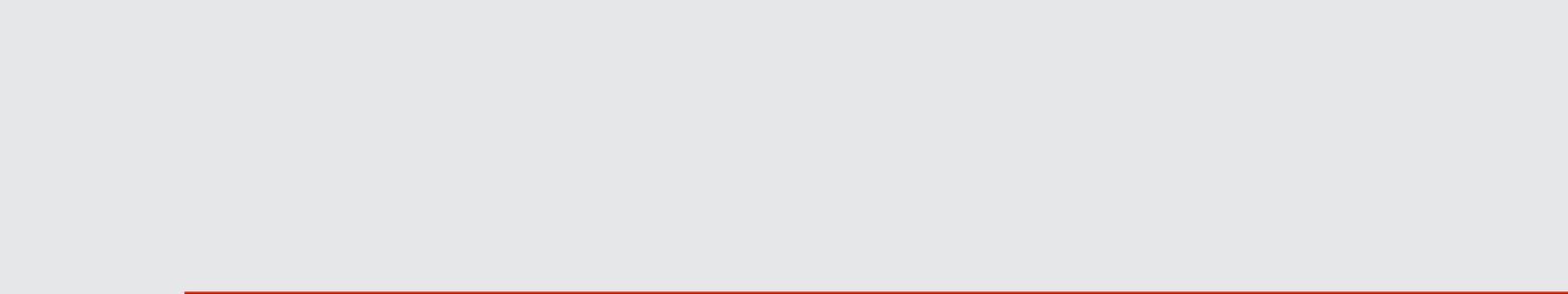
(http://www.who.int/disabilities/world_report/2011/en/index.html)

The World Report on Disability, jointly published by WHO and the World Bank, summarizes the best available scientific evidence on disability and makes recommendations for action in support of the CRPD. This information can increase understanding about priority areas for future work and serve as a reference for future study.

World Bank's ICT-in-Education Toolkit: A Reference Handbook.

<http://www.ictinedtoolkit.org/usere/login.php>

The purpose of the ICT-in-Education Toolkit: A Reference Handbook is to provide decision makers, planners, and practitioners with a summary of what is known about the potential, and conditions of effective use, of ICTs for education and learning by drawing on worldwide knowledge, research, and experience. The







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