

Eastern and Southern Africa regional study on the fulfilment of the right to education of children with disabilities



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Preamble

Between December 2014 and August 2015 the Education Development Trust (Formerly CfBT Education Trust) and the UNICEF Eastern and Southern Africa Regional Office (ESARO) conducted a research programme to investigate the extent of fulfilment of the right to education of children with disabilities in countries in Eastern and Southern Africa.

The research programme was a desk-based study of the 21 countries¹ covered by UNICEF ESARO that investigates the fulfilment of the right to education of children with disabilities across the region. Accompanying this report are detailed studies on the Republic of Madagascar, the Republic of Rwanda and the Union of the Comoros, which provide a more in-depth analysis of the realisation of the right to education of children with disabilities.

¹Angola, Botswana, Burundi, the Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Somalia, South Africa, South Sudan, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

About the researchers

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List of abbreviations

ADA	Africa Disability Alliance	MoE	Ministry of Education
B.Ed.	Bachelor of Education	NADAWO	Namibian Association of Differently Abled Women
BoLSA	Bureau of Labour and Social Affairs (Ethiopia)	NFPDN	National Federation of People with Disabilities in Namibia
CBR	Community-Based Rehabilitation	NGO	Non-governmental Organisation
CLaSH	Association for Children with Language, Speech and Hearing Impairments (Namibia)	PWD	Persons with Disabilities
CRC	UN Convention on the Rights of the Child	RAPID	Rehabilitation and Prevention Initiative against Disability (Ethiopia)
CRPD	UN Convention on the Rights of Persons with Disabilities	SADC	Southern African Development Community
CSO	Civil Society Organisation	SAFOD	Southern Africa Federation of the Disabled
DANIDA	Danish International Development Agency	SDGs	Sustainable Development Goals
DFID	UK Department for International Development	SEN	Special Educational Needs
DPI	Disabled People's International	SIDA	Swedish International Development Cooperation Agency
DPO	Disabled People's Organisation	SNE	Special Needs Education
EAC	East African Community	UNEB	Uganda National Examinations Board
EEE	Education, Equality and Empowerment	UNICEF	United Nations Children's Fund
EMIS	Education Management Information System	UNISE	Uganda National Institute of Special Education
ENAB	Ethiopian National Association of the Blind	USAID	US Agency for International Development
ENAPH	Ethiopian National Association of the Physically Handicapped	VSO	Voluntary Service Overseas
ESARO	Eastern and Southern Africa Regional Office	WASH	Water, Sanitation and Hygiene
FAPED	Federation of Organisations of Disabled People in Angola	WHO	World Health Organization
ICF	International Classification of Functioning, Disability and Health		
ICF-CY	International Classification of Functioning, Disability and Health for Children and Youth		
INGO	International Non-governmental Organisation		
LSA	Learning Support Assistant		



Foreword

Education is a right that belongs to all children – including children with disabilities. A child’s development is rooted in education as it impacts the entire life course. Access to quality education has immense potential to enhance social and economic security and reduce poverty. Indeed, it ensures confidence and literacy, and full participation in society. As well as being a right in itself, a child’s enrolment in school is protective against harm, including child marriage, child labour and trafficking for exploitation.

These transformative aspects are equally crucial for children with disabilities. Yet, in sub-Saharan Africa children with disabilities are disproportionately affected by a lack of access to education.

While worldwide 93 million children (5 per cent) aged 14 or younger live with a moderate or severe disability of some kind, in sub-Saharan Africa a higher percentage of children (6.4 per cent) have a disability. Meanwhile, as many as one third of the 58 million children who are out of school globally are children with disabilities, and more than half of these live in sub-Saharan Africa. So the figures are clear: children with disabilities are far less likely to access quality education compared to their peers.

UNICEF is working with partners to identify and address the root causes of inequality for all children, particularly for children with disabilities who are among the most marginalised and excluded groups. This is rooted in the belief that the denial of schooling for many children with disabilities must be challenged and addressed to prevent disparities, encourage social inclusion and widen economic opportunities.

But, we have a challenge. Children with disabilities who are out of school are not only being deprived of their right to education, but are also denied multiple other rights including freedom from discrimination, the right to participation, protection from violence and abuse, and the right to live a full and decent life with dignity and independence, and to play an active part in the community.

This regional study gives us a glimpse of the situation of children with disabilities in Eastern and Southern Africa, and their right to education. It is encouraging to see that a number of policies and programmes designed to support education for children with disabilities exist in many of the 21 countries surveyed. Political will is evident and clear, with every country in the region having ratified the UN Convention on the Rights of the Child (CRC).

The vast majority (16 countries) have also ratified the Convention on the Rights of Persons with Disabilities (CRPD) and in February 2016 the African Commission on Human and Peoples’ Rights adopted the Draft Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities in Africa. Article 12 (Education) requires that State Parties ensure that inclusive quality education for persons with disabilities is fully realised. Additionally, most countries have incorporated the rights of people with disabilities in constitutions, laws, policies and monitoring frameworks. In two-thirds of the countries surveyed, the responsibility for children with disabilities is partly held by the ministry responsible for education. Overall, this is an encouraging finding, as in many states around the world, some (if not all) children with disabilities were formerly considered ‘ineducable’.



Leila Gharagozloo-Pakkala

At the same time, this study reveals that there has been limited change on the ground and a number of challenges still remain. The country case studies reveal persistent stigma of persons with disabilities including from parents themselves: this appears to arise from a lack of understanding that children with disabilities have the same right to education and the same ability to learn when provided with relevant support.

In all countries there is very little data on the numbers of children with disabilities and there is no coherent system to identify and categorise disabilities. There is limited work on training teachers in the delivery of inclusive education, and the impact is not known. In some countries, there is promising practice in relation to coordination between different ministries within governments; however, cooperation is hampered by a lack of clarity on roles and responsibilities, and of clear accountability.

Many of the findings are not new. While we can see policy level progress, it is insufficient and overall progress is too slow. It is important to accelerate implementation, improve overall availability and use of data, and monitor how policies relating to children with disabilities in education are translated into tangible practice. But crucially, we cannot put adequate educational provision on hold while we await improved definitions, policies, systems and data.

It is critically important to allocate the required resources to strengthen education provision for children with disabilities with the aim to: improve early identification of needs; provide disability-friendly school environments; develop inclusive learning materials; and train responsive, skilled teachers. It is also key to apply innovative approaches to promote a culture that fights against discrimination, supports inclusive education for children with disabilities, and embraces diversity.

It is UNICEF's hope that this regional study can assist policymakers, child protection specialists and education practitioners to assess the situation in their own country, and benefit from the good practices and systems that are supporting education for children with disabilities in the region. This will help countries to realise the common commitment under the Sustainable Development Goals, particularly Goal 4 on Education, which calls for ensuring equal access to all levels of education for the vulnerable, including persons with disabilities, and providing inclusive and effective learning environments for all.

UNICEF remains strongly committed to working with countries and partners in this joint mission – to fulfil the right to education for all children – so that the skills, talents and aspirations of children with disabilities can thrive throughout Eastern and Southern Africa.



Leila Gharagozloo-Pakkala
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Executive summary

Methodology

This study adopted a mixed methods approach combining analysis of data derived from a desk study and that from a small-scale survey. It also incorporated findings and analysis from the country studies conducted in the Comoros, Madagascar and Rwanda where three different research groups, consisting of international researchers and a national researcher, undertook fieldwork, including interviews and school visits.

The causal analysis emphasises four domains: the enabling environment; the supply-side conditions; the demand-side conditions; and the quality of provision². These four domains provided the theoretical framework.

Findings: *Enabling environment*

Political Commitment

- A total of 10 countries in the region have signed and ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol on Communications.
- In the vast majority of countries the Ministry of Education (MoE) (or equivalent) has some degree of responsibility for educating children with disabilities.
- In the majority of countries, responsibility, whether it rests in part with the ministry responsible for education or not, is shared between more than one government department.
- Overall, these are encouraging findings, but it is not always clear where central responsibility for the education of children with disabilities lies. Spreading the responsibility without clarity and accountability could result in a climate in which each ministry is unsure of its role and services are not delivered effectively.

Data collection and evidence base

- Predominantly, the recognition of types of disabilities suggests that definitions

²In this instance quality of provision is understood as the structures in place to support 'quality' in the enabling and supply-side environments. This Regional Study did not include any empirical fieldwork in schools and therefore cannot comment on the quality of provision in schools, where not documented in literature. The country studies, due to their methodology, are more able to document the quality of provision defined in this way. As such, this report will look at three domains: the enabling environment; the supply-side conditions; and the demand-side conditions.

are restricted to observable disabilities and do not recognise disabilities which impact a child's capacity to learn, including the fact that this impact may vary greatly between children.

- The most commonly identified and recognised disabilities include visual, hearing and physical impairments, severe or mild intellectual impairments, and multiple disabilities.
- Special educational needs (SEN) and inclusive education are common terms used in the evidence.
- It was hard to find evidence about formal systems of identifying and screening for disability. However the evidence that was available from the country studies suggests that such systems can be improved. Systems of screening and identification would benefit from an interactionist approach to thinking about disability, including the impact of disability on a child's capacity to learn.
- In all countries, there is very little data on the numbers of children with disabilities and it is therefore not possible to understand the extent to which disability is a barrier to educational access. In some countries, however, national disability surveys have been completed and data is improving.
- There remain calls for improved data, but it is important to take stock of what is already known, and consider using small-scale approaches which might be more robust, although this is perhaps counterintuitive. There are good examples available within the region.
- Disability prevalence is only one type of quantitative data needed to monitor implementation of article 24 (right to education) of the CRPD. There is also limited data on the numbers of children with disabilities in or out of school, their educational achievements, and the barriers to education they face.
- Comparative statistics on, for example, the participation of children with and without disabilities in education can be useful to highlight disadvantage, advocate for greater educational inclusion, and monitor the implementation of the CRPD and the Convention of the Rights of the Child (CRC). However, data that enables analysis of this nature is hard to locate.
- It is important not to put educational provision for children with disabilities on hold while waiting for data. Or to invest a disproportionate amount of money on surveys or large-scale screening programmes before provision is in place.

Findings: *Supply-side conditions*

Education system

- An inclusive education approach is reported to be the dominant strategy for providing education to children with disabilities. However, there appears to be a rhetoric–reality gap, as no evidence was found that documents the commitment to implement such an approach – such as the provision of teacher training for inclusive education as a mainstream activity.
- Very little information was available about specialist services or provision for children with disabilities – for example examination requirements and arrangements – which may further disadvantage children with disabilities.

- Although important disability-specific teacher training programmes have taken shape in some countries, they have not yet been given the prominence and status required to ensure that teachers gain the skills needed to meet the needs of an inclusive education system. Furthermore, inclusive education practice is a small component of the training teachers receive, and is often not assessed.
- Few, if any, countries in the region appear to comprehensively address all the aspects of teacher education that the CRPD defines as important.
- Despite the challenges, the evidence also suggests there is good practice taking place across the region, with some innovative examples of state and non-state provision for children with disabilities, and teacher education programmes which specifically address support for children with disabilities. Providers can look to these examples to enhance the preconditions for the quality of provision.
- The evidence from the country studies suggests that:
 - Schools are not always willing to enrol pupils with disabilities and there are no incentives or penalties;
 - Specialist provision is not always available locally;
 - There is no system for placement of children with disabilities in appropriate schools;
 - Transport to school is problematic;
 - Assessment systems do not take into account the different needs of children with disabilities;
 - There is inadequate specialist teacher support.

The role of non-state actors

- This study found a complex and sometimes vibrant picture made up of a wide variety of organisations supporting education for children with disabilities. Many countries had national federations of Disabled People's Organisations (DPOs) that had come together to lobby for their rights. Some DPOs were also active in providing services for children with disabilities such as Community-Based Rehabilitation (CBR) programmes. Non-state actors were often active in conducting surveys and awareness-raising campaigns, implementing projects and programmes, and offering legal aid and training.

Findings: Demand-side conditions

- Poverty poses financial challenges to poor households and affects those with children with disabilities more acutely, as they cannot afford to pay the costs that are related to schooling even when the tuition is free.
- Parents sometimes do not prioritise education for children with disabilities.
- Negative attitudes of some parents in mainstream schools who do not want to accept that children with disabilities are in the same class with their child.
- Parents can have difficulty in accepting they have a child with a disability and are often unwilling to engage the child in public and community life, given the associated stigma.

- Stigmatisation of children with disabilities can be compounded by issues such as having no school uniform (due to poverty or discrimination by parents) and left handedness.
 - Being a girl with a disability can also mean facing double the sense of discrimination and marginalisation (being female and having a disability), leading to lower confidence and engagement of girls with disabilities in education, and increased risks such as sexual abuse.
-

Recommendations

Enabling environment

- Continue to develop and implement national policies to support the right of children with disabilities to access education and succeed in school.
- Legislation and policies should be reviewed to check for consistency with the CRPD for states that have ratified the convention, and advocacy conducted to encourage non-signatory states to ratify the CRPD and protocol.
- Legislation and policies in the field of education and disability should be easily accessible online with stable web addresses to enable organisations to hold governments to account. Legislation and policies should be made widely available to stakeholders at all levels.
- Robust collection and sharing of data about children with disabilities at the national level and in the education system, particularly the use of EMIS. Based on the creation and use of clear and pragmatic categorisations (and their associated definitions) of disability.

Supply-side conditions

- Implementing procedures for early and ongoing identification of children with disabilities, in coordination with health, CBR and education agencies. This requires comprehensive and practical definitions of disability.
 - Provide disability-friendly school facilities that are close to the community.
 - Provide teaching and learning materials that are adapted or appropriate for different types of disabilities.
 - Training teachers to ensure that schools offer inclusive education.
 - Initial teacher education and continuing professional development should be reviewed to ensure specialist and mainstream teachers are prepared to include children with disabilities in education. General improvements in teaching quality, such as a problem-solving attitude to children's difficulties at school and strategies for helping children when they find something hard to learn, will help all children.
 - All mainstream teachers should have some specific knowledge about disability awareness, identification of signs of probable hearing and visual impairments, and how to obtain further knowledge as required to teach a particular child with a disability in their class.
-

- It is important that specialist SEN teachers are trained, as it is not feasible to train all mainstream teachers to be sufficiently fluent in Braille, national sign language, and augmentative and alternative communication modes to fulfil the communication requirements of article 24 of the CRPD.
- Evaluations of the programmes of non-state actors to ascertain the effectiveness of support so that good practice can be identified and transferred.
- The activities and efforts of INGOs, NGOs, CSO and DPOs are coordinated and used strategically to achieve national objectives related to the fulfilment of the right to education for children with disabilities.

Demand-side conditions

- Alleviate financial burdens on families who are unable to access education because of poverty.
- Sensitisation of parents, caregivers and communities is vital in recognising the right to education for every child, including children with disabilities, given the stigma and cultural attitudes towards disability.
- Good data used to support understanding of the relationships between disability and poverty, gender and security, and the ways in which these factors affect children with disabilities, and the extent to which they further reduce the demand for education from children with disabilities.



yes: Yes it is. You may seal the letter if you want to. The sealing machine is not hard to use.

secretary: May I seal the letter?

yes: You'll seal the copy you are faxing. The seal shows on faxed copies.

headteacher: We have to hurry and go for games. Please, make one more copy and punch it for me. I need to file a copy of the letter.

yes: Come for that copy after games. I'm still looking for the paper-punch.

headteacher: It's okay. I'll take it even tomorrow morning. Come on, games prefect, let's go. We're getting late for games.

Answer the following questions about what you have read.

1. What did the headteacher want the children to be safe in Mombasa?
2. What did the headteacher want or a woman? How do you know?
3. What machines did the headteacher's office use these machines to do?
4. Why are games prefect not want the games prefect to seal the letter. True or False?
5. Why are games prefect seal the letter?
6. Why do you use to make letters safe?

Unit 6

WORKING WITH MACHINES

ACTIVITY 1: LET'S TALK

1. How do you see the headteacher's office? Which machines and equipment do you see? Can you identify them in the picture below?



5. Which of these words have you seen in this activity? Do you know what they mean?
- office
 - machine
 - computer
 - staple
 - photocopy
 - typewriter
 - fax
 - clips
 - pins
 - stapler
 - punch

ACTIVITY 2: LET'S READ AND THINK

A. Read what the games teacher, the secretary and the headteacher are saying below. Then answer the questions.

The invitation letter

A school in Mombasa has invited Maturani Primary School's games prefect and the games teacher are writing back to the secretary in the headteacher's office.

Games-teacher: Did I hear you telling the headteacher about the invitation letter?

Secretary: Yes. She was in the office a few minutes ago.

Games-teacher: Did she agree?

Secretary: Only if the children will not play in the sea.

Games-teacher: In the ocean, you mean?

Secretary: The school is not near the ocean. We shall not play in the water.

Games-teacher: Don't let her catch you playing in the ocean. That will be your last visit to another school.

Secretary: Here is the letter we want to send to them. Is their fax machine working?

Games-teacher: Yes, it is. Do you want to fax the letter?

Introduction

Despite progress in the provision of basic education in Eastern and Southern Africa, there remain challenges that need to be addressed. As governments and international organisations move forward with the Sustainable Development Goals (SDGs), children with disabilities represent a group whose right to education is not fully realised.

Between December 2014 and August 2015 the Education Development Trust and UNICEF ESARO conducted a research programme to investigate the extent of fulfilment of the right to education of children with disabilities in Eastern and Southern Africa. The research programme was composed of two parts:

- **Part 1** (reported here) was a primarily desk-based regional study of the 21 countries covered by UNICEF ESARO that investigates the fulfilment of the right to education of children with disabilities across the region.
- **Part 2** included three detailed studies in the Comoros, Madagascar and Rwanda, which provided a more in-depth analysis of the realisation of the right to education of children with disabilities. Each study was comprised of interviews and focus group discussions with stakeholders at all levels including representatives of government, NGOs, civil society organisations (CSOs) and schools and communities; observation visits to a selection of schools; and consideration of four domains of barriers and bottlenecks (enabling factors, supply-side factors, demand-side factors and quality of provision factors). These studies were conducted between January and April 2015 and are reported separately in three standalone documents – elements of the analyses are included in this report.

Despite progress in the provision of basic education in Eastern and Southern Africa, there remain challenges that need to be addressed

Objectives

The overall objective of the regional study was to generate evidence on the status of the fulfilment of the right to education of children with disabilities of pre-school, primary and lower secondary school age in 21 countries in Eastern and Southern Africa. In so doing it has accomplished two specific outcomes:

1. Analysis of the findings according to three domains of barriers and bottlenecks that prevent access:

- a.** Enabling factors (conventions, policies, plans, institutional frameworks, coordination mechanisms, stakeholder organisations, and coordination and collaborations between ministries).
 - b.** Supply-side factors (identification of disabilities, screening, monitoring of progress, modalities of provision, curricula development, capacity in teaching resource, technical support, and understanding and accommodating gender factors).
 - c.** Demand-side factors (social norms, stakeholder attitudes, encouragement for families to engage with educational opportunities for children with disabilities).
- 2.** Provide recommendations for action to promote the right of children with disabilities to education.



Research design and methodology

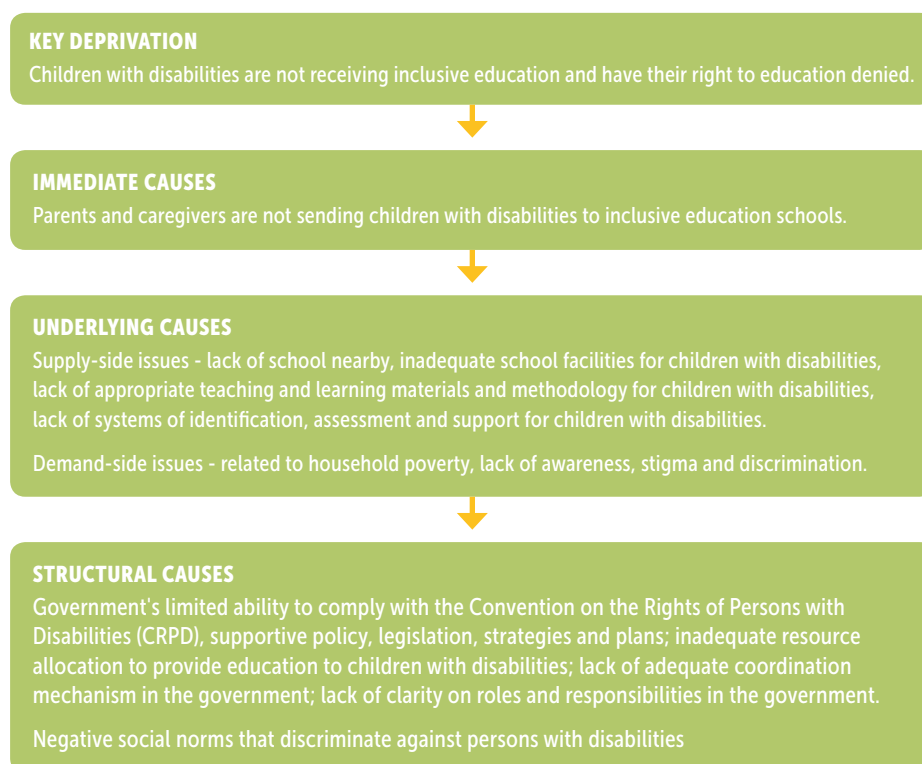
Overview

A number of studies in the past decade have placed the rights of children with disabilities in Eastern and Southern Africa at the centre of future educational priorities.³ This study adopted a mixed methods approach combining analysis of data derived from a desk study and that derived from a small-scale survey. The study also incorporates findings and analysis from the country studies conducted in the Comoros, Madagascar and Rwanda where three different research groups, consisting of international researchers and a national researcher, undertook fieldwork including interviews and school visits.

The study has been guided by the causal analysis described below:

This study adopted a mixed methods approach combining analysis of data derived from a desk study and that derived from a small-scale survey.

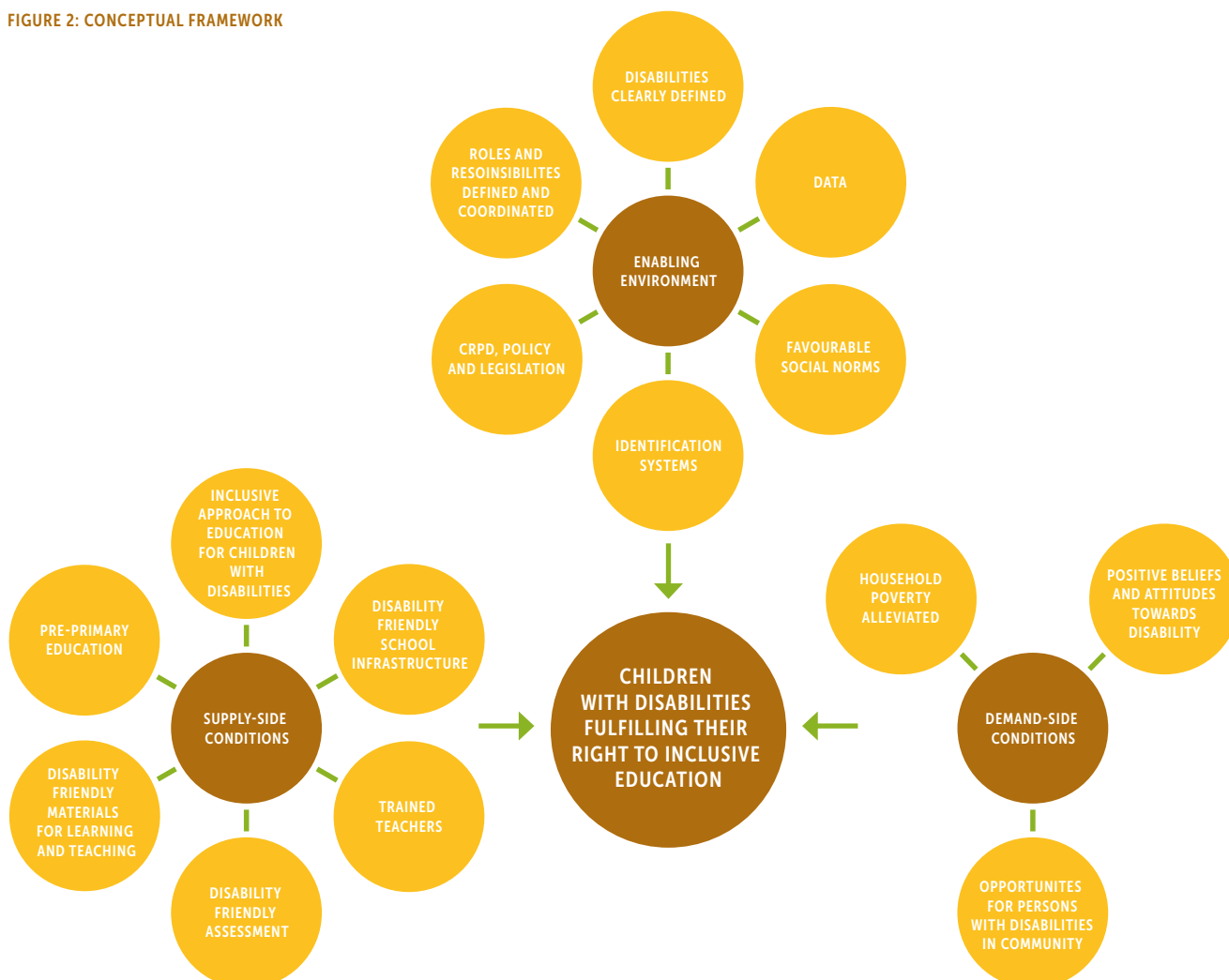
FIGURE 1: CAUSAL ANALYSIS



³African Child Policy Forum (2011).

The causal analysis emphasises three domains: the enabling environment; the supply-side conditions; and the demand-side conditions. These three domains provided the conceptual framework (Figure 2).

FIGURE 2: CONCEPTUAL FRAMEWORK



Methodology

The regional study combined desk research (primarily from online and academic databases) with a survey administered to UNICEF country offices in Eastern and Southern Africa. For each country, the research team collated information on its status relating to the CRPD, the legal and policy frameworks relevant to children with disabilities, and the overall country situation regarding children with disabilities and education. For countries that have not ratified the CRPD, the study examined government plans, strategies and models, where this information could be found online.

The desk research involved searching for, collecting (where available online) and analysing materials that provided evidence about the enabling environment, supply-side conditions, demand-side conditions and quality of provision in relation to each country within Eastern and Southern Africa. The focus of the searches in relation to each of these four domains are described in detail in Table 1.

TABLE 1: DOMAINS OF ANALYSIS

Enabling environment	
Conventions, laws and policies	<ul style="list-style-type: none"> • Convention on the Rights of Persons with Disabilities (CRPD) and Convention on the Rights of the Child (CRC); • National legislation regarding persons with disabilities (PWD); • Legislation specific to children with disabilities, for example educational access, individualised support; • National education policy regarding children with disabilities; • Other relevant policies related to children with disabilities, for example, health/mobility/communication aids; • Language policy (languages of teaching and learning, status of sign language, Braille, other alternative/augmentative communication); • Curriculum policy (any special curriculum, provisions regarding promotion to next grade, any part of the national curriculum disallowed for certain groups, first language policy for sign language users, any additional curriculum entitlement); • Teacher education policy relevant to education of children with disabilities applicable to general/mainstream teachers; policy on qualifications required of any specialist teachers for children with disabilities (for example, fluency in sign language, knowledge of Braille, for peripatetic/itinerant teachers, requirements for Special Needs Coordinators, including employment of teachers with disabilities); • Examination policy for children with disabilities (for example, papers available in large print, Braille, sign language interpreters, sign language as allowable first language for primary school leaving examination, extra time, readers).
Data	<ul style="list-style-type: none"> • Data on PWD in the general population and children with disabilities in the school age population and enrolled in schools; Educational Management Information Systems (EMISs) and how these reflect disability; percentage of children with disabilities in educational programmes; • Clear definition of disabilities; • Systems on identification and classification.
Coordination	<ul style="list-style-type: none"> • Ministries with responsibility for education of children with disabilities; • Adequate mechanism for coordination within the government.
Social Norms	
Supply	
Availability of essential inputs and access to adequately staffed services, facilities and information	<ul style="list-style-type: none"> • Education systems that take into account inclusive education for children with disabilities; • Government programmes or programmes supported by partners to provide education to children with disabilities; • Pre-primary education that offers opportunities to identify children with disabilities and provides relevant support to each child with a disability; • Disabled People's Organisation (DPO) programmes supporting education for children and PWD; • Teachers who are trained and able to provide education to children with disabilities; • Teacher education systems to produce teachers of children with disabilities and provide continuing professional development; • Programmes that prepare PWD to be teachers, and/or promote the employment of teachers with disabilities; • School locations and school facilities including WASH (Water, Sanitation and Hygiene) that are friendly to children with disabilities, and school transport; • Materials for learning and teaching that take into account different types of disabilities.
Demand	
Financial access	<ul style="list-style-type: none"> • Social protection programmes to alleviate financial burdens on poor households with children with disabilities, such as cash transfer.
Challenging negative social and cultural beliefs and practices	<ul style="list-style-type: none"> • Beliefs on low value of education for children and PWD; • Stigma associated with disability; • Discriminatory behaviours.

Sources of data included official Government websites, official censuses, household surveys and administrative data, academic articles and materials, published research studies, information provided on country government websites, information provided through DPO, NGO and International Non-governmental Organisation (INGO) websites. Standard search engines were used to locate much of the material and official websites. In addition Google Scholar and EBSCO's database 'Education Research Complete' were also used to locate other sources of information, as well as mining references sections of relevant reports.

The survey asked UNICEF country offices, through their education sections, to comment on the policies in place to support the fulfilment of the right to education for children with disabilities, the involvement of ministries in the education of children with disabilities, awareness of education sector plans that include the education of children with disabilities, any activity in place to review the progress of such policies and plans, any historical work to create systems for identifying children with disabilities, ways to count children with disabilities within the school system, and the types of disability that are counted.

In three countries of the Comoros, Madagascar and Rwanda, in-depth studies were undertaken to find out the situation of children with disabilities in relation to their right to education. The fieldwork, lasting 10 days for each country, took place in Madagascar in January 2015, the Comoros in February 2015 and Rwanda in April 2015. The fieldwork involved interviews with NGOs and education officials at the national and sub-national levels, and visits to schools and communities to interview teachers, school committee members, parents of children with disabilities, children with disabilities, and to observe school physical settings.


Analysis

The data generated by the desk study and the survey were analysed qualitatively. This involved coding data and counting the frequency of codes as well as using the data to build narrative accounts of activity and provision. Data was divided into excerpts, sections or codes and input into forms, which were then analysed using a comparative framework to enable differences and similarities to be seen.

Collectively the data provides a picture about the strengths and weaknesses in the current evidence about the fulfilment of the right to education for children with disabilities and, where evidence was available, the strengths and weaknesses with current provision and activity.

Limitations of the research

It would have been desirable to investigate the extent to which disability is a barrier to accessing education, and to compare how people with and without disabilities access education. However, access to reliable data on education, particularly about children with disabilities within the education system, is scarce and has proved a challenge to the provision of detailed counterfactual analysis. Attempts at this have nonetheless been made and are included in this report; where appropriate,



Collectively the data provides a picture about the strengths and weaknesses in the current evidence about the fulfilment of the right to education for children with disabilities

information has been located at the national level. The research did not look at government budget allocation and expenditure to support education for children with disabilities.

In addition, we have been unable to conduct fieldwork, interview experts and officials, and visit schools and talk to children with and without disabilities or their parents and caregivers for any countries but those targeted in the three case studies. The study uses only evidence gleaned from two sources of investigation: desk-based research and a survey of UNICEF country offices (survey respondents) in country. This further limits the scope of this report.



Key findings

Enabling Environment

The regional study looked for evidence (see table 1 above) that commented on the enabling conditions that support the fulfilment of the right to education for children with disabilities, including conventions, laws and policies; data; coordination; and social norms.

International and regional conventions, laws and policies

The CRC protects and promotes the child's rights to survive and thrive, to learn and grow, to make their voices heard, and to reach their full potential. All 21 countries in the region have signed and ratified the CRC; the Somali Republic and the Republic of South Sudan did so in 2015.

The CRC explicitly recognises the rights of children with disabilities, and a total of 159 countries have ratified the CRPD since its adoption in 2006. These commitments are reflected in targets allied to the fourth SDG to provide 'inclusive and quality education for all':

- By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including PWD, indigenous peoples and children in vulnerable situations.
- Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, nonviolent, inclusive and effective learning environments for all.⁴

State parties to the CRPD that sign and ratify the optional protocol, give the Committee on the Rights of Persons with Disabilities (CRPD committee) the right to receive complaints and investigate serious violations. States that have ratified the convention must report to the CRPD committee on how the rights enshrined within the convention are being implemented within two years of ratification and every four years thereafter.⁵

Of the 21 countries in Eastern and Southern Africa, 16 countries have ratified the CRPD, of which 10 have also ratified the Optional Protocol as of 13 June 2016 (Table 2).

The CRC explicitly recognises the rights of children with disabilities, and a total of 159 countries have ratified the CRPD since its adoption in 2006

⁴ United Nations (2015a) (these papers were in draft form at the time of the study). ⁵ See Appendix B for further details about the connection between article 24 of the CRPD and this study.

TABLE 2: STATUS OF CRPD SIGNATORIES IN EASTERN AND SOUTHERN AFRICA

Signed and ratified CRPD and Protocol	Signed and ratified CRPD and signed but not ratified Protocol	Signed and ratified CRPD but not signed or ratified Protocol	Signed but not ratified CRPD, not signed or ratified Protocol	Not signed or ratified either CRPD or Protocol
Angola, Burundi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Uganda, United Republic of Tanzania and Zimbabwe	Madagascar	Ethiopia, Kenya, Lesotho, Malawi, Zambia	The Comoros	Botswana, Eritrea, Somalia and South Sudan

By signing the CRPD and CRC states express their intention to comply with the treaties, but they are not binding until ratified. Given the focus of article 24 of the CRPD and article 23 of the CRC (rights of children with disabilities), and the extent to which countries in Eastern and Southern Africa have signed and ratified both treaties (16 of 21 countries), this suggests positive intent.

In February 2016 the African Commission on Human and Peoples' Rights adopted the Draft Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa⁶. Article 12 (Education) requires that States Parties ensure that inclusive quality education for persons with disabilities is fully realised.

- **The prevalence of organisations monitoring the implementation of the CRPD**

For nine countries, no information was found about organisations monitoring the implementation of the CRPD or advocating for its signature and ratification.⁷ In others, this role was often taken on by DPOs, for example the Federation of Organisations of Disabled People in Angola (FAPED), the Namibian Association of Differently Abled Women (NADAWO), and the National Federation of People with Disabilities in Namibia (NFPDN). Research conducted in several Southern African states noted that Angolan disability activists had a comparatively keen 'awareness of the need for full integration of the rights of PWDs into all mainstream discourses and practices'.⁸ In the Republic of South Africa there is evidence that a National Parliamentary Joint Monitoring Committee on the Improvement of Quality of Life and Status for Children, Youth and Disabled People was set up to 'monitor progress on the commitments the Government has made to both children and disabled people'.⁹

- **Inter-agency coordination committees**

In some countries there was evidence of coordination between different agencies (government and non-government) to promote the education of children with disabilities. This was either disability specific, as part of initiatives to address the barriers to education for out-of-school children more generally, or as part of a broader campaign to promote the fulfilment of children's rights.

- **Membership in regional or international alliances**

Some information was found regarding Eastern and Southern African country membership in regional or international alliances regarding education and disability: Many countries are members of the Global Partnership for Education¹⁰; the African Union has an African Decade of Persons with Disabilities (second decade 2010-2019); the Africa Disability Alliance (ADA) is active with 13 members,

In February 2016 the African Commission on Human and Peoples' Rights adopted the Draft Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa

⁶ African Commission on Human and Peoples' Rights (2016). ⁷ Botswana, Burundi, Eritrea, Ethiopia, Lesotho, Mozambique, Somalia, South Sudan and Swaziland. ⁸ Kotzé (2012: 7). ⁹ Lansdown (2002). ¹⁰ Members include Burundi, the Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, Somalia, South Sudan, the United Republic of Tanzania, Zambia and Zimbabwe.

a strategic plan and several thematic programmes, from poverty eradication to gender equity. The presence of delegates from the Republic of Malawi, Namibia and the United Republic of Tanzania was noted at the Southern African Development Community (SADC) 2013 Johannesburg Ministerial Conference on Inclusive Education, although only Malawi sent a ministerial-level delegation.¹¹ The conference outcome included a set of recommendations, including a call for the adoption of a strategy and blueprint to implement inclusive education, the sharing of good practice in the implementation of inclusive education, a regional database of disaggregated statistics, a commitment of resources from member states to create inclusive education systems, a commitment from member states to address quality in the system, and support from families and communities alongside a call to challenge negative attitudes towards children with disabilities and their ability to learn.¹² The 2012 Ezulwini conference in the Kingdom of Swaziland (on education for children with disabilities) brought together stakeholders from several countries in the region and produced a declaration on inclusive education. The outcome of this conference was a set of 16 recommendations¹³ which collectively called for:¹⁴

- Countries to ratify the CRPD;
- The creation of a network between SADC ministers of education and the UN to support the sharing of knowledge and promotion of good practice in inclusive education;
- Guarantees from governments that curriculum, infrastructure, grade progression and assessment are inclusive;
- A commitment to raise awareness of the importance of inclusive education amongst parliamentarians and traditional leaders.

The strategic plan of the East African Community (EAC) - member states the Republic of Burundi, the Republic of Kenya, the Republic of Uganda, Rwanda and the United Republic of Tanzania - includes particular reference to the rights of PWD.¹⁵ The plan makes eight recommendations for action, which include the need to ensure that: legislative frameworks support PWD; UN conventions are signed and ratified; the lack of data on the prevalence of disability in the region is addressed; disability is integrated in sectors and programmes at all levels; PWD have access to information on health (including HIV); and the establishment of a regional disability council.¹⁶

National legislation to support the right to education for children with disabilities

The research revealed evidence of the right to education for children with disabilities being included in a range of key pieces of national legislation, including constitutions (the Federal Democratic Republic of Ethiopia, Kenya, the Kingdom of Lesotho, Malawi, Namibia, the Republic of Mozambique, the Republic of Zambia, the Republic of Zimbabwe and Uganda). Specific legislation was found in some countries including disability acts or laws (Kenya, Lesotho, Madagascar Malawi, Namibia, Rwanda, Swaziland, Uganda, United Republic of Tanzania, , Zambia and Zimbabwe), childcare, protection and justice acts (Malawi) and more general education acts (the Republic of Angola, the United Republic of Tanzania and Zambia). Examples from Kenya and Tanzania are given below.

The 2012 Ezulwini conference in the Kingdom of Swaziland (on education for children with disabilities) brought together stakeholders from several countries in the region and produced a declaration on inclusive education

¹¹ OSISA and SAALED (2013). ¹² Ibid. ¹³ OSISA (2012b). ¹⁴ OSISA (2012a). ¹⁵ ADRY (2013: 376). ¹⁶ East Africa Community (2012).

The United Republic of Tanzania's 1977 constitution and its amendments prohibit discrimination against PWD; its 2009 Law of the Child effectively domesticates the CRC, as does the Zanzibar Children Act of 2011.¹⁷ In addition, the United Republic of Tanzania's Persons with Disabilities Act of 2010 is strongly supportive of a rights-based view of disability with an overt focus on equal participation. It establishes a National Fund and a National Advisory Council for PWD, as well as regional and village or mtaa (the urban equivalent of a village) disability committees to help realise the rights of PWD under this legislation.¹⁸

In terms of legislation specific to children with disabilities, the United Republic of Tanzania's Persons with Disabilities Act 2010 incorporates a duty to report an infringement of the rights of children with disabilities including if parents and caregivers, although able, neglect to meet the child's right to education. Article 27 on Education says that 'every child with a disability shall have equal rights in relation to admission to the public or private schools' and 'every child with disability shall attend an ordinary public or private school except where a need for special communication is required'.

The United Republic of Tanzania's Education Act of 1969, reviewed in 1978, also refers specifically to children with disabilities – it was ahead of many countries in explicitly including children with disabilities in education in the post-independence push for universal primary education. Finally, the Education and Training Policy of 1995 is soon to be re-launched following a review.¹⁹

Kenya's 2010 constitution 'for the first time provides explicit protection for vulnerable Kenyans including children, minorities and marginalised groups, and PWDs'. It protects 'PWDs against discrimination by providing that the state must not discriminate directly or indirectly against any person on the ground of disability under article 27(4). Similarly, under article 27(5), a person may not discriminate against another person merely on account of that other individual having a disability'. Furthermore, analysis from the African Disability Rights Yearbook 2013 highlights that:

'Article 54 of the Constitution affirms the rights of PWDs in certain specific regards. These include the right to be treated with respect and dignity; to access education in an integrated setting, "to the extent compatible with the interest of the person"; to reasonable access to all places, public transport and information; and to access materials and devices to overcome constraints arising from a person's disability. Article 54(2) requires the state to progressively ensure that at least 5 per cent of the members of the public in elective and appointive bodies are PWDs. The constitution makes provisions for ensuring the effective representation of PWDs within elective and appointive bodies.'

Kenya's 2003 Persons with Disabilities Act aims to protect the rights of PWD to rehabilitation and opportunities protected by a National Council for Persons with Disabilities, which is 'charged with formulating and developing measures and policies designed to enhance the welfare of PWDs. The Act also establishes the National Development Fund for Persons with Disabilities to provide monetary assistance to organisations and PWDs'.²⁰ The Basic Education Act 14 of 2013 promotes Special Needs Education (SNE) for 'intellectually, mentally, physically, visually, emotionally challenged or hearing impaired learners, pupils with multiple

Article 27 of Tanzania's Persons with Disabilities Act 2010 on Education says that 'every child with a disability shall have equal rights in relation to admission to the public or private schools'

¹⁷ Children's Agenda (n.d); UNICEF (2015a); African Child Policy Forum (2015). ¹⁸ Government of Tanzania (2010). ¹⁹ Information from UNICEF country office. ²⁰ ADRY (2013). ²¹ ADRY (2014).

disabilities and specially gifted and talented pupils'. Kenya's Cabinet Secretary of Education is required to ensure that every special school is provided with appropriately trained teachers and infrastructure for learners with disabilities.²¹

There is some debate about the effectiveness of such policies, however. Some argue that the:

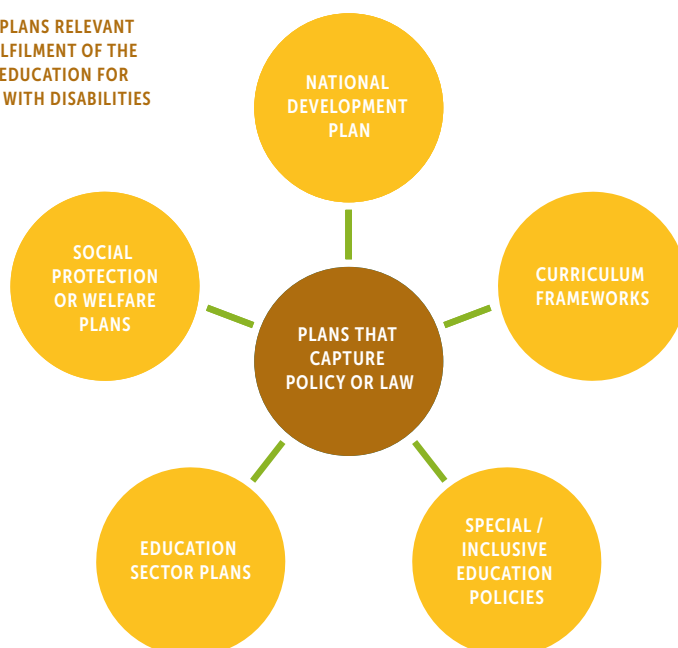
*'Basic Education Act 14 of 2013 ensures the right of all children with disabilities to free and compulsory education for the first time in Kenya. However, the Act continues to perpetuate discrimination against Kenyan children with disabilities. First, the law fails to provide reasonable accommodations in education, which amounts to disability discrimination. Second, the law fails to ensure an inclusive education system as required by article 24 of the CRPD. While there has been some debate as to whether article 24 bans all special schools, the Basic Education Act creates a system in which all children with disabilities are required to attend separate schools, solely based on their disability. Although an inclusive education system may not be possible to achieve in Kenya.'*²²

The Kenya Children's Act 8 of 2001 'prohibits discrimination against a child on the ground of disability

The Kenya Children's Act 8 of 2001 'prohibits discrimination against a child on the ground of disability under Section 5. Section 107(2) of the act provides for the extension of guardianship when a child suffers from a mental or physical disability or illness rendering him or her incapable of maintaining himself or herself or managing his own affairs and property without a guardian's assistance'.²³

The survey respondents listed a raft of planning documents that were relevant to the fulfilment of the right to education, where these explicitly dealt with the education of children with disabilities. The list they gave is illustrated by theme in Figure 3 below.

FIGURE 3: PLANS RELEVANT TO THE FULFILMENT OF THE RIGHT TO EDUCATION FOR CHILDREN WITH DISABILITIES



²¹ADRY (2014). ²²Ibid. ²³Ibid.

The progress of such plans was reportedly reviewed in only half of the cases studied, with survey respondents from 11 of the 21 countries confirming that reviews had taken place.

South Sudan has not yet signed the CRPD, but its 2011 transitional constitution states that 'All levels of government shall guarantee to persons with special needs participation in society and the enjoyment of rights and freedoms [...] especially access to public utilities, suitable education and employment'.²⁴ The transitional constitution also states that 'education is a right for every citizen and all levels of government shall provide access to education without discrimination as to religion, race, ethnicity, health status including HIV/AIDS, gender or disability'.²⁵ The General Education Bill of 2012 reiterates the need to commit to the provision of education for learners with special needs.²⁶ Both documents continue the country's pre-independence position on education provision for children with disabilities. Somalia, which has also not signed or ratified the CRPD, has a national vision for 2030 that addresses equitable access to vocational training and sports. Article 11 of the 2012 constitution also addresses equity, but not specifically in relation to the right to education.

Eritrea and the Republic of Botswana have little recent official legislation, but pre-2000 constitutions reflect similarly positive political intentions to ensure equality of access and provision of education to children with disabilities.²⁷

The language of instruction is contentious in the multilingual contexts that are common in the region. The delineation of national borders in the colonial era often disregarded local languages and languages of the former colonial power were often given precedence. For example, in Mozambique, Portuguese is used in schools although it is the first language of only around 1 per cent of the population. Language policies are subject to change, and teachers must negotiate a range of pressures as they implement policy, which means that what happens in classrooms is not always in line with official policy. Regardless of the advantages and disadvantages of early or late transition from a familiar local language to a national or global language for the majority of students, some children with disabilities, for example children with general learning difficulties and many children with a hearing impairment, face more challenges when learning in an unfamiliar language or in more than one language²⁸.

Definitions of disability

Terms such as disability, inclusive education, special education and SEN have contested definitions and complex histories of use in different contexts. Purely medical definitions of disability have often been superseded by interpretations of disabilities as an interaction between impairment, environment and personal factors.²⁹ The CRPD states that PWD 'include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'.³⁰ For example, a deaf child's ability to participate in a mainstream class will be affected not only by features of their impairment (the severity of the hearing impairment, how much spoken language they had acquired, if any, before their hearing loss) but also by how these factors interact with enabling factors such as the availability of hearing aids, barriers such as a head teacher's refusal

Terms such as disability, inclusive education, special education and SEN have contested definitions and complex histories of use in different contexts

²⁴ Government of Southern Sudan (2011). ²⁵ Ibid. ²⁶ Republic of South Sudan (2012). ²⁷ Government of Eritrea (1999); Independent Living Institute (1997); Government of Botswana (2015). ²⁸ Kohnert (2010). ²⁹ WHO (2002a). ³⁰ United Nations (2015a).

to enrol a deaf child in school, demand-side factors such as the parents' views on whether it is worth their child attending the school, and quality of provision factors such as whether the teacher has an adequate understanding of hearing impairment and how many textbooks are available in each class.

The term 'children with SEN' is at times used synonymously with 'children with disabilities', but in some cases these are seen as separate or overlapping groups, or children with disabilities are seen as a subset of those with SEN. As with most (if not all) terms in this field, this is considered controversial by some, who argue that it supports the segregation of children into a separate 'special education' system. It is also criticised because it implies that the 'problems' of disability (the 'special needs') are located within an individual child rather than in the external barriers that block the full educational participation of children with disabilities.

Several terms are used to describe children (and adults) with disabilities in the countries studied. Generally, new terms are adopted to show greater respect to PWD, to avoid other terms considered to be stigmatising or to emphasise a particular analysis of disability. While disability continues to be a source of stigma, it is likely that terms originally considered respectful will over time become stigmatising, and that the language used will therefore need to continually evolve, and will vary between contexts. PWD in a particular place are the best judges of locally respectful language about disability. Except where quoting terms used by others, this report adopts the term 'children with disabilities' as used in the CRPD and as recommended by UNICEF.

While disability continues to be a source of stigma, it is likely that terms originally considered respectful will over time become stigmatising

Identification and screening

As discussed in the preceding section the categorisation of disability and its implicit definitions of disability affect the measurement of disability. This section extends this argument and considers the classification or categorisations of disability discussed earlier and the ways in which disability is screened for and identified across Eastern and Southern Africa.

According to the interactionist perspective, disability is created by an interaction of factors, which makes measurement particularly difficult: a characteristic of a child which might not lead to disability in one context might limit their participation in education in another. For example, a child who cannot see the chalkboard clearly without glasses could be considered to have a disability of educational significance if glasses are not available and the chalkboard is in poor condition. Studies of disability have measured different elements of the interaction, collecting information on impairment (e.g. visual impairment), activities/activity limitations/functioning (e.g. seeing the chalkboard) and participation (e.g. attending and learning in school alongside peers), as well as barriers and enablers that help create or dismantle disability (e.g. poor-quality chalkboard, few textbooks and bullying as barriers, and attentive teachers addressing bullying and provision of vision aids as enablers). The World Health Organization (WHO) International Classification of Functioning, Disability and Health (ICF)³¹ – and the subsequent ICF for Children and Youth (ICF-CY)³² adapted for children and young people – attempt to holistically capture this complexity, resulting in an instrument that has been found

³¹ WHO (2001). ³² WHO (2007).

somewhat ‘cumbersome’ to use.³³ Much recent work has therefore been based on simpler activity-based measures such as the ‘ten-question screen’ used in UNICEF’s Multiple Indicator Cluster Survey, although rates of disability identified in seemingly similar countries were extremely variable.³⁴ More recently, UNICEF has collaborated with the Washington Group on Disability Statistics (Washington Group) to develop survey modules on child functioning and disability, and on inclusive education.³⁵

The case studies in the Comoros, Madagascar and Rwanda support the findings of the regional study: the three countries acknowledged a small range of physical and intellectual impairments and recognised inclusive education terminology. In Rwanda, the evidence suggests that SEN is also used to refer to the requirements of children with disabilities in schools. The Rwanda report concludes that:

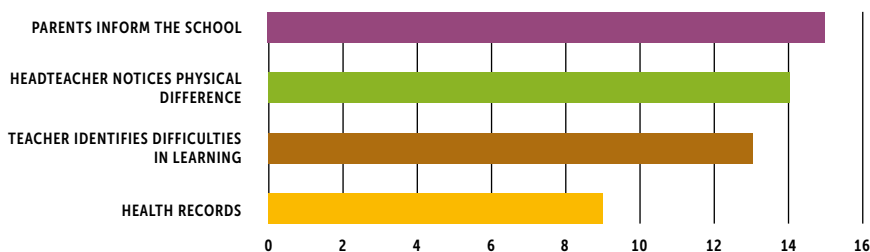
‘In practice, it appears that the identification of children with disabilities continues to be focused on readily noticeable, visible impairments particularly hearing, vision, intellectual and physical impairments rather than on identifying and removing the barriers any children face to learning. [...] Despite a broader policy, inclusive schools tend therefore to be focused on being inclusive for children with these relatively low-incidence, visible types of disabilities’.

Respondents in the Comoros study agreed that there was no clear definition of or procedures to identify people or children with disabilities. The research concludes that it is therefore not surprising that there are different interpretations in operation, and a lack of reliable data about the prevalence and nature of disabilities and numbers of children with disabilities in schools. In Madagascar the research team found the focus to be on readily noticeable, visible disabilities, particular hearing, visual, intellectual and physical impairments. Schools tend to rely on parents telling them about a child with disabilities, but many parents were unwilling to give this information because it remains culturally difficult and is considered shameful.

A significant consideration in the collation of data is how children with disabilities are identified. The regional study findings suggest a range of systems in use, and an opportunity to increase the rigour and reach of such systems. In the questionnaire responses provided by survey respondents, four main mechanisms were described for identifying individual children with disabilities (see Figure 4).

A significant consideration in the collation of data is how children with disabilities are identified. The regional study findings suggest a range of systems in use, and an opportunity to increase the rigour and reach of such systems

FIGURE 4: NUMBER OF UNICEF ESARO COUNTRY OFFICES REPORTING HOW DISABILITY IS IDENTIFIED



Note: As reported by survey respondents. Respondents could tick more than one option, so N does not total 21.

³³ Metts (2004). ³⁴ Gottlieb et al. (2009). See Croft (2013) for a discussion. ³⁵ Centers for Disease Control and Prevention (2014).



CHIVA
Children's Literacy Intervention Project

Classroom Level Questionnaire for Teachers

Name: _____ Date: _____

Grade: _____

Teacher: _____

Year: _____

Number of children in the class: _____

Number of children who do not attend school: _____

Number of children who do not speak the language of instruction: _____

Number of children who are visually impaired: _____

Number of children who are hearing impaired: _____

Number of children who are physically disabled: _____

Number of children who are socially disadvantaged: _____

Number of children who are economically disadvantaged: _____

Number of children who are academically disadvantaged: _____

Number of children who are culturally disadvantaged: _____

Number of children who are linguistically disadvantaged: _____

Number of children who are religiously disadvantaged: _____

Number of children who are ethnically disadvantaged: _____

Number of children who are religiously and ethnically disadvantaged: _____

Number of children who are religiously, ethnically and linguistically disadvantaged: _____

Number of children who are religiously, ethnically, linguistically and academically disadvantaged: _____

Number of children who are religiously, ethnically, linguistically, academically and socially disadvantaged: _____

Number of children who are religiously, ethnically, linguistically, academically, socially and economically disadvantaged: _____

Item	Yes	No
1. The children in the class are able to read and understand the text in their textbooks.	<input type="checkbox"/>	<input type="checkbox"/>
2. The children in the class are able to write and understand the text in their textbooks.	<input type="checkbox"/>	<input type="checkbox"/>
3. The children in the class are able to use the text in their textbooks to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>
4. The children in the class are able to use the text in their textbooks to communicate.	<input type="checkbox"/>	<input type="checkbox"/>
5. The children in the class are able to use the text in their textbooks to learn.	<input type="checkbox"/>	<input type="checkbox"/>
6. The children in the class are able to use the text in their textbooks to think.	<input type="checkbox"/>	<input type="checkbox"/>
7. The children in the class are able to use the text in their textbooks to create.	<input type="checkbox"/>	<input type="checkbox"/>
8. The children in the class are able to use the text in their textbooks to evaluate.	<input type="checkbox"/>	<input type="checkbox"/>
9. The children in the class are able to use the text in their textbooks to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>
10. The children in the class are able to use the text in their textbooks to communicate.	<input type="checkbox"/>	<input type="checkbox"/>
11. The children in the class are able to use the text in their textbooks to learn.	<input type="checkbox"/>	<input type="checkbox"/>
12. The children in the class are able to use the text in their textbooks to think.	<input type="checkbox"/>	<input type="checkbox"/>
13. The children in the class are able to use the text in their textbooks to create.	<input type="checkbox"/>	<input type="checkbox"/>
14. The children in the class are able to use the text in their textbooks to evaluate.	<input type="checkbox"/>	<input type="checkbox"/>
15. The children in the class are able to use the text in their textbooks to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>
16. The children in the class are able to use the text in their textbooks to communicate.	<input type="checkbox"/>	<input type="checkbox"/>
17. The children in the class are able to use the text in their textbooks to learn.	<input type="checkbox"/>	<input type="checkbox"/>
18. The children in the class are able to use the text in their textbooks to think.	<input type="checkbox"/>	<input type="checkbox"/>
19. The children in the class are able to use the text in their textbooks to create.	<input type="checkbox"/>	<input type="checkbox"/>
20. The children in the class are able to use the text in their textbooks to evaluate.	<input type="checkbox"/>	<input type="checkbox"/>

The questionnaire respondents also gave additional answers which included the implementation of national policies (for example the Screening, Identification, Assessment and Support Policy in South Africa), the deployment of SEN inspectors to identify children with disabilities who are seeking entry to school (Swaziland), the use of data collected by government departments (for example the Department of Planning in Angola, the Family Census in the Comoros, and specially commissioned disability surveys in Eritrea in 2008 led by the Ministry of Labour and Human Welfare). Other less formal mechanisms were also reported such as community mobilisation efforts (Madagascar) and through self-reports from children themselves (Zimbabwe). A notable minority of respondents agreed that identifying children with disabilities remains a major challenge. Respondents from Rwanda, Somalia and the United Republic of Tanzania suggest there is no standardised approach in place, and that identification is highly subjective and ad hoc.

Several respondents reported that school staff notice if a child has a disability (Angola, Namibia, South Sudan and Zimbabwe). In the Comoros there is evidence that this approach is favoured but within a more systematic framework of screening all primary children in the first year of enrolment (which would miss children with disabilities not enrolled in school).³⁶ In Eritrea the MoE assigned a focal health teacher to check for children with disabilities (although this appears to focus more on health education rather than screening). In Kenya the Educational Assessment and Resource Centres introduced in 1984 are designed to ensure early identification, assessment, and intervention or placement of learners in special needs facilities. Botswana has a Central Resource Centre team within the Division of Special Education, but it is overstretched and cannot conduct systematic screening across the whole country effectively, as is its mandate.

Some countries have no comprehensive system for identifying children with disabilities, but have conducted pilot studies (Burundi, Ethiopia, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, Somalia, the United Republic of Tanzania and Zambia).

Categorisations of disability used across Eastern and Southern Africa

This study found that disability is categorised and defined narrowly and rigidly. This emphasises the physical or intellectual impairment rather than its impact (negligible to severe) on the child's learning capacity. Likewise, such a system may exclude children who have less visible impairments but whose ability to learn is negatively impacted.

These categorisations also support the view that disability is generally associated with long-term impairment, whereas for many children, difficulties with learning can be transient or related to problems with the quality of education.³⁷

Table 3 shows the types of disabilities commonly recognised across the region. This analysis would suggest that most often, medical models of defining disability prevail. In the case of albinism, a child will look different from most schoolchildren in Eastern and Southern Africa and will often have associated visual impairment – but it is the stigma and abuse of others that largely creates the disability and makes parents fearful to send their child to school.

Some countries have no comprehensive system for identifying children with disabilities, but have conducted pilot studies

³⁶ This was also noted in the fieldwork, where participants listed such a screening programme as a priority – suggesting it is not yet routinely practiced. ³⁷ Analyses vary, however; for further details, see Croft (2013).

TABLE 3: TYPES OF DISABILITY COMMONLY RECOGNISED ACROSS THE REGION

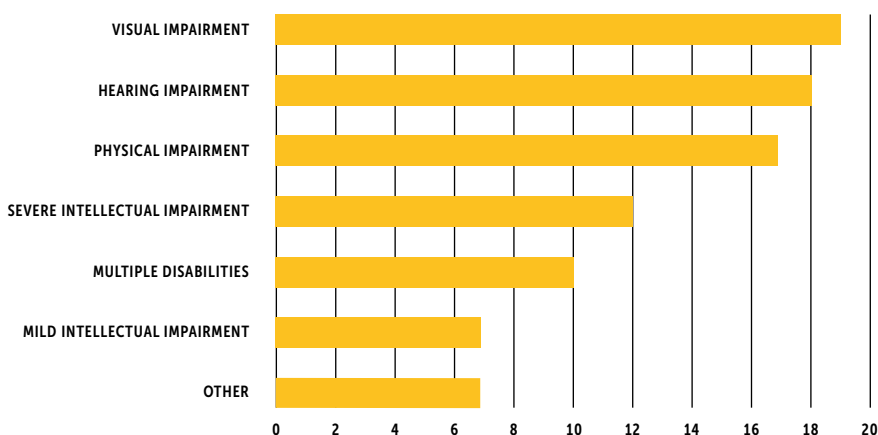
Disability	Countries which appear to formally recognise the disability	"Other" disabilities recognised in schools
Visual impairment	Angola, Botswana, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Namibia, Rwanda, South Sudan, Swaziland, Uganda, United Republic of Tanzania, Zimbabwe	
Hearing impairment	Angola, Botswana, Eritrea, Ethiopia, Kenya, Malawi, Namibia, Rwanda, South Sudan, Swaziland, Uganda, United Republic of Tanzania, Zimbabwe	
Speech impairment	Botswana, Eritrea, Kenya, Uganda, the United Republic of Tanzania, Zimbabwe	
Physical impairment	Angola, Botswana, Eritrea, Ethiopia, Kenya, Madagascar, Namibia, Rwanda, South Sudan, Swaziland, Uganda, United Republic of Tanzania	
Intellectual impairment	Angola, Botswana, Ethiopia, Kenya, Madagascar, Malawi, Namibia, Rwanda, Uganda, the United Republic of Tanzania, Zimbabwe	
Epilepsy	Eritrea, Malawi, South Sudan, Uganda	Namibia
Learning disability	Namibia, Swaziland	Namibia, Swaziland
Behaviour disorders	Eritrea, Uganda, Zimbabwe	Namibia, South Africa
Multiple disabilities	Angola, Eritrea, Uganda	
Communication disorders		Botswana, South Africa
Chronic health conditions		South Africa
Neurological and neuro-developmental disabilities		South Africa
Autism		Namibia, Zimbabwe
Albinism		Zimbabwe

Note: Based on findings from survey respondents (respondents did not give sources of information for this data). Not all respondents mentioned 'other' recognised disabilities.

The UNICEF country office survey respondents were asked to comment on the different types of disability that were identified within schools (Figure 5). The responses reflect the analysis of documents that give categorisations of disability at the national level. For example, countries for which it was possible to identify Education Management Information System (EMIS) data on disability in the school-age population also categorised disability using these broad groupings.

The right hand column of Table 3 shows disabilities classified as "Other" in Figure 5.

FIGURE 5: NUMBER OF UNICEF ESARO COUNTRY OFFICES REPORTING DIFFERENT DISABILITIES RECOGNISED IN SCHOOLS



Note: Respondents could tick more than one option, so N does not total 21.

Data on disability in the school-age population

The number of PWD are thought to be increasing due to an aging global population, with an estimated all-age global disability prevalence rate of around 15 per cent of the population.³⁸ In terms of children aged under 14, the World Disability Report³⁹ estimates a global disability prevalence rate of 5.2 per cent (0.7 per cent with a severe impairment). Similarly, UNICEF reports that 93 million children – or 1 in 20 (5 per cent) of those aged 14 or younger – live with a moderate or severe disability of some kind.⁴⁰ However, 6.4 per cent of children aged 0–14 years in sub-Saharan Africa are thought to have a disability (1.2 per cent with a severe impairment).⁴¹ The rates for sub-Saharan Africa are higher because inadequate healthcare and nutrition leads to high rates of sensory and motor impairment in many African countries⁴² and those living in poverty are more likely to have a disability.⁴³ Conflict (e.g. injury from landmines) is a further ongoing cause of acquired disability in the 3–15 years age group, while road traffic accidents are a growing source of acquired impairment. Disability therefore intersects with other dimensions of inequality and vulnerability, including poverty, gender and security, reinforcing the marginalisation of such children and their families and carers. Disability therefore tends to reinforce poverty, while poverty is often a cause of disability; thus, disability should be addressed as an integral part of poverty reduction and rights agendas that affect education.

The invisibility of children with disabilities undermines the gathering of data to inform the actions required to address their needs and monitor progress in this area. In 2015, an estimated 58 million children were out of school globally⁴⁴, and more than half of the children who have not enrolled in school lived in sub-Saharan Africa.⁴⁵ The use of the word ‘estimated’ also highlights a critical problem – it is not known how many children with disabilities are out of school in most countries. This situation is particularly significant for children with developmental delays and/or impairments in the early years of life, who would generally benefit from early educational support to their development. Establishing the numbers of schoolchildren with disabilities is labour intensive, expensive and time consuming.

The rates of children with disabilities in sub-Saharan Africa are higher because inadequate healthcare and nutrition leads to high rates of sensory and motor impairment in many African countries and those living in poverty are more likely to have a disability

³⁸ WHO (2014). ³⁹ WHO (2011). ⁴⁰ UNICEF (2013). ⁴¹ WHO (2011). ⁴² Solarsh, G. and Hofman, J. (2006). ⁴³ DFID (2000). ⁴⁴ Sæbones, A., Bleler, R.B., Baboo, N., Bnagma, L., Singla, N., Howgego, C., McCalin-Nhlapo, C.V., Riis-Hansen, T.C. and Dansle, G.A. (2015). ⁴⁵ UN (2015b).

There is also a lack of information on children with disabilities who are in school, including in pre-schools, and what is available in terms of other/additional learning spaces, in addition to school-based programmes.

Data on children with disabilities in Eastern and Southern Africa

Where it is available, data on children with disabilities and PWD in most of the 21 countries studied could be further improved (Appendix A clearly demonstrates the variability of publicly available data). Few countries collect data on the proportion of citizens with disabilities. Where this is available, the percentages are generally well below the WHO estimates of 15 per cent of the global population. This may be unsurprising due to the youthful populations in many countries in Eastern and Southern Africa. A significant proportion of disability is caused by age-related motor, sensory and cognitive impairment, and prevalence rates in the adult population are therefore highly likely to be higher than those for the 3–15 years age group. How much total national disability prevalence (all ages), adult disability prevalence and school-age child disability prevalence differ from each other will therefore depend on the age and health profiles of the population. For example, in some countries in Eastern and Southern Africa around 50 per cent of the population are children, and so overall national disability prevalence might be lower than that found in the aging population of a higher-income country. However, school-age disability prevalence could still be relatively high, due to factors outlined above in relation to disability in sub-Saharan Africa.⁴⁶

Overall, the data that were accessible, collectively presented divergent figures on disability, suggesting a lack of clarity over what is being measured, how to measure it and for what purposes. For example, a 2012 report on South Africa⁴⁸ examined a wide variety of data on rates of disability using focus groups, consultations and interviews as well as analysis of quantitative data from census and household surveys. Since 2009 South Africa has used the short set of questions suggested by the Washington Group⁴⁹ and has consequently documented substantially different (and higher) reported figures for disability. The South Africa General Household Survey 2008 reported that 254,000 (1.4 per cent) of children had disabilities. Meanwhile the 2009 survey, using the Washington Group questions, reported a figure of 2.1 million (11.2 per cent). The survey's authors expressed higher confidence in these latter figures, but they may still underestimate the actual prevalence of mild to moderate disability within the population of children with disabilities in South Africa.⁵⁰

Due to the view that disability is not only about impairment but can be defined as an interaction between impairment, environment and personal factors, efforts have been made to assess impairment in relation to functioning and participation. However this has proved particularly difficult to implement in practice, and where information is given on the methodology used and the definition of disability, it appears that some such surveys are measuring only impairment. In the educational field further complexity is added if all children who are having difficulty learning are considered to have 'special needs' or 'disabilities', and the high rates noted above in one or two countries could be a result of this larger group being counted.

Despite issues regarding the clarity and accuracy of available data on the numbers of children with disabilities, there are examples of innovative good practice which are

In some countries in Eastern and Southern Africa around 50 per cent of the population are children, and so overall national disability prevalence might be lower than that found in the aging population of a higher-income country. However, school-age disability prevalence could still be relatively high

⁴⁶ For further discussion, see Croft (2013). ⁴⁷ Eide and Loeb (2005). ⁴⁸ DSD, DWCPD and UNICEF (2012). ⁴⁹ Centers for Disease Control and Prevention (2014). ⁵⁰ DSD, DWCPD and UNICEF (2012: 27).

robustly, cost effectively and ethically building up a detailed picture of childhood disability in particular districts which can be used to extrapolate prevalence nationally.⁵¹ The following example is taken from Malawi.

Sub-national surveys of children with disabilities:

Malawi Key Informant Child Disability Project

The Key Informant Child Disability Project was conducted in two districts. Approximately 15,000 children (under 18) were identified by 500 key informants as potentially having disabilities. Nearly half (48 per cent) of those identified attended a screening camp, and of these, 39 per cent (n = 2,788) were identified as having one or more impairments.

Children in this study were assessed by health professionals and those found to have impairments were referred to service providers as appropriate. The impairment type among these children was as follows:

- 39 per cent physical impairment
- 27 per cent bilateral hearing impairment (of these, three quarters had potentially treatable conductive hearing loss)
- 26 per cent intellectual impairment
- 22 per cent epilepsy
- 14 per cent multiple impairments
- 4 per cent bilateral vision impairment (some treatable and some possible to correct with spectacles⁵²)

From the detailed understanding gathered in these two districts it would be possible to estimate the number of children with disabilities in other regions of Malawi, which could support both the identification and provision of educational services to meet the diverse needs of learners with disabilities.

The Eastern and Southern Africa study found evidence that some countries (Lesotho, South Africa and Uganda) have established a national scale and repeatable data collection practices as well as national-level statistical analysis and reporting. This is increasingly being used in the study of disability in school-age populations. A 2015 UNICEF report on the rights of children with disabilities in Uganda illustrates a positive example of collation and data availability.⁵³ The report, which primarily uses government statistical sources, compares the access of children with and without disabilities. Table 4, based on the report and Ugandan government sources, shows that approximately 2.2 per cent of the enrolled school population (pre-primary, primary and secondary) have a recognised disability.

Some countries have established a national scale and repeatable data collection practices as well as national-level statistical analysis and reporting. This is increasingly being used in the study of disability in schoolage populations

⁵¹ Chance for Childhood (2015); International Centre for Evidence in Disability (2015).⁵² International Centre for Evidence in Disability (2015). ⁵³ UNICEF (2015a).

TABLE 4: PROPORTION OF CHILDREN WITH DISABILITIES ENROLLED IN PRE-PRIMARY, PRIMARY AND SECONDARY EDUCATION IN UGANDA

	2009	2010	2011
Total number of children with disabilities in schools	222,390	231,001	210,622
Total enrolment figures	9,649,236	10,006,324	9,514,784
Children with disabilities as % of total enrolment	2.3%	2.3%	2.2%

Sources: Ministry of Education and Sports (2011); UNICEF (2015a).

However, without reliable data about the proportion of children with disabilities currently excluded from school, the extent to which disability is a barrier to school attendance is unclear.

Comparative statistics on, for example, the participation of children with and without disabilities in education can be useful to highlight disadvantage, advocate for greater educational inclusion, and monitor the implementation of the CRPD and the CRC. For example, the United Republic of Tanzania Disability Survey found that of children who attend primary school, 13 per cent of children without disabilities go on to secondary education compared to 7 per cent of children with disabilities.⁵⁴

However, due to the high costs, complex logistical requirements, and sensitive ethical considerations required when collecting data on adults and children with disabilities, it is important not to put educational provision for children with disabilities on hold while waiting for data. Or to invest a disproportionate amount of money on surveys or large-scale screening programmes before provision is in place, as has long been recognised in the health sector, for the following reasons:⁵⁵

- a) Some reforms do not need detailed disability prevalence data (e.g. including positive images of children and adults with disabilities in textbooks and general educational quality improvements).
- b) Better data can often be obtained more ethically from functioning services or in planning an intervention (e.g. Fair Child Youth Foundation, Rwanda), or where children with disabilities have been identified over time (such as CBR programmes or disability pension registers).
- c) Prevalence rates from small-scale surveys, such as the Malawi Key Informant Child Disability study described above, can cost effectively and ethically (by referring children on to service providers) produce data that can be extrapolated to provide national prevalence rates.⁵⁶
- d) Knowing the number or percentage of children with disabilities is only useful for revealing disadvantage in educational access. For planning of services, detailed knowledge of which children are facing which barriers to access is more important. Therefore data need to be disaggregated, for example, by individual factors such as type of impairment, level of impairment, gender, socio-economic status and ethnicity, as well as by school or service factors (e.g. comprehensibility of the teacher's voice, bullying, accessibility of textbooks). Since school and service barriers will illuminate what is keeping children out of school and thus point to the

In the United Republic of Tanzania, 13 per cent of children without disabilities go on to secondary education compared to 7 per cent of children with disabilities

⁵⁴ United Republic of Tanzania, National Bureau of Statistics (2010). ⁵⁵ Croft (2013); Wilson and Jungner (1968). ⁵⁶ For example, many high-income countries only recently introduced universal newborn hearing screening. For many decades before this, educational provision for children with permanent hearing impairment was organised based on service providers' knowledge of local demand, and prevalence rates were based on small-scale studies and service data. (Davis, Mencher and Moorjani 2004; WHO 2010).



action needed to address disadvantage, they are therefore more useful for planning. Again, small-scale survey teams or service providers are most likely to have sufficient knowledgeable staff to accurately assess children and identify barriers to access.

e) Given the low prevalence of some impairments there will inevitably be uncertainty at local levels about which school will, for example, next find a blind child in their catchment area, and national educational provision for children with sensory impairments therefore needs to be 'designed to give flexible support to participation of children with disabilities in education at local levels'⁵⁷ as both the numbers of children with low-prevalence impairments and their geographical locations will fluctuate. In some respects, the educational planning needed for children with less common and more severe impairments can be likened to that for education in emergencies: advance planning is needed at the national level so that a timely response can be made to a local situation as and when it arises (i.e. when a school enrolls a child with an educationally significant impairment requiring a response beyond what is generally available).⁵⁸

- **Ways in which children with disabilities are counted in school EMISs**

UNICEF country office respondents indicated that the most common mechanism for counting children with disabilities in the school system was to rely on EMIS⁵⁹ and the school census.⁶⁰ Household and special surveys were also mentioned, as were Integrated School Health Programmes (South Africa) and tracking enrolment in special schools (Eritrea). The South African Department of Basic Education operates the SNAP survey for Ordinary Schools,⁶¹ which collects detailed school-level data on the prevalence and types of disability seen in schools. This was the most easily accessible and comprehensive example of an EMIS data collection tool focused on children with disabilities in an education system.

Ministries of education with responsibility for children with disabilities

The desk study investigated whether children with disabilities were included within the remit of each country's MoE. In many countries data were available from a government website, but in other locales this was absent or inaccessible and little evidence was found.

In most countries in the region, responsibility for children with disabilities is partly held by the ministry responsible for education (this appears to be the case in Angola, Botswana, the Comoros, Eritrea, Kenya, Lesotho, Madagascar, Malawi, Rwanda, South Sudan, Swaziland, Uganda, the United Republic of Tanzania and Zimbabwe).

In the majority of countries responsibility is shared between more than one government institution.⁶²

In a small number of countries there was evidence of a dedicated government department concerned with disability – for example Malawi has a Directorate for Special Education Needs, Namibia has a Disability Unit in the Office of the Prime Minister, Swaziland has a Disability Unit in the Department of Social Welfare, and Botswana and Lesotho have a Special Education Division or Unit (respectively) within the ministry responsible for education. Due to a lack of publicly available data it was not possible to establish which ministries have responsibility for children with disabilities in Burundi, Somalia or Zambia. These findings were confirmed by the responses to the questionnaire. See Appendix C for further details.

In a small number of countries there was evidence of a dedicated government department concerned with disability

⁵⁷ Croft (2013). ⁵⁸ Ibid. ⁵⁹ These countries included Angola, Ethiopia, Kenya, Malawi, Namibia, Rwanda, Somalia, South Africa, South Sudan, Swaziland, Uganda, the United Republic of Tanzania and Zimbabwe. ⁶⁰ These countries included Botswana, Burundi, the Comoros, Kenya, Madagascar, Mozambique, Somalia, South Africa, Swaziland, Uganda and Zimbabwe. ⁶¹ Republic of South Africa (2014). ⁶² This appears to be the case in Angola, the Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Namibia, Rwanda, South Sudan, Swaziland, Uganda, the United Republic of Tanzania and Zimbabwe.

Overall, these are encouraging findings, as in many states around the world, some (if not all) children with disabilities were formerly considered ‘ineducable’ and were therefore not the responsibility of the MoE.⁶³ Given that realising the education right of some children with disabilities relies at least partly on access to assistive devices such as mobility and communication aids (e.g. wheelchairs, magnifying glasses, hearing aids) and in some places the provision of cash transfers to encourage school attendance, it is common for other ministries apart from education to be involved. However, it is unclear from the countries surveyed whether shared responsibility creates a sustainable system of ‘joined-up’ provision or fractures and disperses the focus too widely. Spreading the responsibility without clarity and accountability could result in a climate in which each ministry is unsure of its role. It has also been suggested in the literature that responsibility alone is not enough to create action. Ministries must have the resources to take steps to ensure that the state’s obligations, enshrined in the CRPD, are enacted.⁶⁴ Second, clarity about where the responsibility lies differed widely between countries (see above section on inter-agency coordination committees), suggesting that in many places this could be improved; in a few countries there simply was no clarity at all.

Key points: enabling environment

Political Commitment

- A total of 10 countries in the region have signed and ratified the CRPD and its Optional Protocol on Communications.
- In the vast majority of countries the MoE (or equivalent) has some degree of responsibility for educating children with disabilities.
- In the majority of countries, responsibility, whether it rests in part with the ministry responsible for education or not, is shared between more than one government department.
- Overall, these are encouraging findings, but it is not always clear where central responsibility for the education of children with disabilities lies. Spreading the responsibility without clarity and accountability could result in a climate in which each ministry is unsure of its role and services are not delivered effectively.

Data collection and evidence base

- Predominantly, the recognition of types of disabilities suggests that definitions are restricted to observable disabilities and do not recognise disabilities which impact a child’s capacity to learn, including the fact that this impact may vary greatly between children.
- The most commonly identified and recognised disabilities include visual, hearing and physical impairments, severe or mild intellectual impairments, and multiple disabilities.
- SEN and inclusive education are common terms used in the evidence.
- It was hard to find evidence about formal systems of identifying and screening for disability. However the evidence that was available from the country studies suggests that such systems can be improved. Systems of screening and

A total of 10 countries in the region have signed and ratified the CRPD and its Optional Protocol on Communications.

⁶³This could in some cases have been a colonial legacy as many formal education systems in the region were established under British colonial rule at a time when many children with disabilities in Britain were considered ‘ineducable’ and were therefore only within the remit of the ministries of health and social services. Other colonial powers such as Belgium and France had similar arrangements. ⁶⁴O’Brien, 2014.

identification would benefit from an interactionist approach to thinking about disability, including the impact of disability on a child's capacity to learn.

- In all countries, there is very little data on the numbers of children with disabilities and it is therefore not possible to understand the extent to which disability is a barrier to educational access. In some countries, however, national disability surveys have been completed and data is improving.
- There remain calls for improved data, but it is important to take stock of what is already known, and consider using small-scale approaches which might be more robust, although this is perhaps counterintuitive. There are good examples available within the region.
- Disability prevalence is only one type of quantitative data needed to monitor implementation of article 24 (right to education) of the CRPD. There is also limited data on the numbers of children with disabilities in or out of school, their educational achievements, and the barriers to education they face.
- Comparative statistics on, for example, the participation of children with and without disabilities in education can be useful to highlight disadvantage, advocate for greater educational inclusion, and monitor the implementation of the CRPD and the CRC. However, data that enables analysis of this nature is hard to locate.
- It is important not to put educational provision for children with disabilities on hold while waiting for data. Or to invest a disproportionate amount of money on surveys or large-scale screening programmes before provision is in place.

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Supply-side conditions

The regional study looked for evidence that commented on the supply-side conditions that can support the fulfilment of the right to education for children with disabilities. Supply-side conditions include identification, screening, modalities of provision, curricula, capacity in teaching resource and technical support, and gender factors. The research activity included looking for evidence about the availability of essential inputs and access to adequately staffed services, facilities and information:

- Education systems that take into account inclusive education for children with disabilities;
- Government programmes or programmes supported by partners to provide education to children with disabilities;
- Pre-primary education that offers opportunities to identify children with disabilities and provides relevant support to each child with a disability;
- DPO programmes supporting education for children and PWD;
- Teachers who are trained and able to provide education to children with disabilities;
- Teacher training systems to produce teachers of children with disabilities and provide continuing professional development;
- Programmes that prepare PWD to be teachers, and/or promote the employment of teachers with disabilities;

- School locations and school facilities including WASH (Water, Sanitation and Hygiene) that are friendly to children with disabilities, and school transport;
- Materials for learning and teaching that take into account different types of disabilities.

Provision of education for children with disabilities

This report focuses on disability-specific data and information because this is a relatively neglected area, while acknowledging that general quality improvements to education are important to help all children learn, including those with disabilities:

'Children who are slower to learn – for whatever reason – need the same in order to learn as any other child. They need the kind of things which our humanity tells us they need: interest, confidence, freedom from worry, a warm and patient teacher.'⁶⁵

When planning to educate children with disabilities, it is important to remember that they are children, first and foremost; while some specific help to access the classroom or to communicate might sometimes be needed, much of what most children need is not a distinct specialist pedagogy.⁶⁶

Inclusive education is an educational philosophy 'distinguished by an acceptance of differences between students as an ordinary aspect of human development'.⁶⁷ It therefore requires schooling to undergo 'systematic change to accommodate diversity',⁶⁸ in contrast to integration, which requires individual children with disabilities to 'fit in' to current provision.

The formal education of children with disabilities started in the region during the colonial era with the establishment of a limited number of special schools.⁶⁹ Subsequently many CBR programmes⁷⁰ were developed, often involving parents and DPOs.⁷¹ Some countries in Eastern and Southern Africa were also among the first to ratify the CRC, and progress towards educating all children with disabilities, as in many other places, is ongoing.

The focus of efforts to promote inclusive education differs between countries depending on which groups of children are generally excluded in that context. Thus, in high-income countries inclusive education is often synonymous with efforts to educate children with disabilities, as these are the main group not included in mainstream schools. In low- and middle-income countries, such as those in Eastern and Southern Africa, the focus of efforts to make education fully inclusive is generally broader and can, for example, include girls and children in the poorest population quintile as well as children with disabilities.

This sub-section explores the provision of education for children with disabilities from the state. In a later section the role of non-state actors is investigated and the interplay between state and non-state provision is questioned as a quality consideration.

Provision from the state

The importance of and reliance on inclusive education practices as the prime mechanism for ensuring children with disabilities have access to education came through strongly in the data searches undertaken for this review. Again however,

When planning to educate children with disabilities, it is important to remember that they are children, first and foremost

⁶⁵Thomas and Loxley (2001: 26). ⁶⁶Davis and Florian (2004). ⁶⁷Florian and Kershner (2009: 173). ⁶⁸World Vision (2007). ⁶⁹Mpofu, Oakland and Chimedza (2007). ⁷⁰CBR programmes are multi-sectoral, community-based programmes that aim to support PWD in their communities. ⁷¹Stubbs (2008).

it was not possible to identify the extent to which a shift has occurred from political intent to consistent and good-quality provision of inclusive education in schools. The country case studies are a case in point. In Madagascar the research concluded that the move towards inclusive education should be seen as a long-term process and an integral part of quality improvement in teaching and learning. The concluding remarks for the Comoros report were remarkably similar, but perhaps more extreme in that enrolment in school appeared particularly challenging for children with disabilities there. In Rwanda greater progress was noted, but the research suggests that further progress relies on efforts to train teachers in the delivery of inclusive education. In all cases a gap between the intent and provision remains. Only six out of 21 survey respondents mentioned efforts to train teachers in the delivery of inclusive education when asked about the main strategies used to structure educational provision for children with disabilities.

Although data are limited, there appears to be a gulf between policy documents/statements of political intent and the realisation of large-scale action on the ground to encourage more equitable access to education for children with disabilities. On the one hand it is only a few years since many countries ratified the CRPD; many initiatives have been started, and as some UNICEF country office staff reported, it is perhaps too soon to see how these initiatives are working and their impact. On the other hand, for each individual child, this is their only childhood, and so it is necessary to maintain a sense of urgency to include them in education.

- **Specialist services or provision for children with disabilities**

Little information is available about specialist services or about provision for children with disabilities who are educated within the mainstream – for example examination requirements and arrangements. Of the 11 countries, that had not signed or ratified the CRPD (Botswana, Eritrea, Somalia and South Sudan) or were partial signatories to both the CRPD convention and protocol (the Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Zambia), the desk study did not uncover any information regarding examination access policies relevant to children with disabilities. However, there were generic statements of intent to provide extra time for examinations. For example:

'The Kenya National Examination Council allows learners with disabilities slightly more time when sitting for examinations and the Joint Admissions Board has put in place affirmative action programmes on university admission where learners with disabilities secure admission with one point less than that of other candidates.'⁷²

In the other 10 countries (which had both signed and ratified the CRPD and its Optional Protocol) some relevant information on specialist services or provision for children with disabilities within mainstream education was publicly available. Where it was possible to identify either policy information or research data in the desk study, this suggested that greater attention was beginning to be paid to this area.

In Rwanda the 2007 Disability Law article 12 states: 'A pupil or a student with disabilities that do not enable him or her to sit exams with fellow schoolmates or in the same manner as others is entitled to the right of sitting for exams in a special manner.' No detailed information was found, but in 2013 the private

Little information is available about specialist services or about provision for children with disabilities who are educated within the mainstream

⁷² ADRY (2014).

candidates' Secondary Education Advance Level (A level) application form asked for details of impairments, suggesting that a system was in place for making reasonable accommodations.

Where an effort is made to tailor examination access arrangements, criticism about the relative effectiveness of such efforts is also evident at times. For example the Uganda National Examinations Board (UNEB)⁷³ concludes that pre-examination medical check-ups to establish the specific requirements of candidates with disabilities had failed:

'UNEB questions did not adequately care for special needs candidates – special needs teachers were not involved in setting of examinations, language used was inappropriate for deaf candidates and the examination format was unfriendly to the mentally challenged ones. [...] There was no standard way of handling scripts of candidates with disabilities apart from the Braille work'.⁷⁴

Examination access needs to be carefully considered, as without this some children with disabilities will be unnecessarily disadvantaged. Any entitlements, such as extra time, need to be stated clearly – including how to determine who is entitled to the benefits. In addition, wider examination issues also need to be considered: the current documentation does not adequately address how the papers will be marked, how the involvement of specialists, such as Braille markers, can be best accessed and used, and how the examination systems might need to adapt to the specific requirements of children with different impairments. At a deeper level it is necessary to consider exactly what is being tested in particular examinations and the extent to which examinations serve to measure and verify what has been learned and what children can do, as opposed to limiting access to the next level of education. This is an issue for some children with general learning difficulties whose progress, albeit at times limited, deserves to be recognised in fine-tuned assessment instruments, and also for other children who might, due to their impairment, struggle with a particular aspect of the curriculum. For example, deaf learners' designated local language was previously Kiswahili in the Kenyan primary school leaving examination. Few students knew this language and so many failed the whole examination regardless of their performance in other areas. When they were allowed to designate Kenyan Sign Language as their local language this barrier to school success began to be removed.⁷⁵

Examination access needs to be carefully considered, as without this some children with disabilities will be unnecessarily disadvantaged

- **The structure of disability-specific educational provision**

The desk study investigated the governmental or state structure of special and/or inclusive schools and often found evidence of both state-run special schools as well as a wider inclusive approach in the mainstream system. The study also found that many countries have a relatively small number of special schools that often operate to varying degrees outside the state system. For example, some are owned and sometimes maintained by religious organisations but are run by the state (which pays teachers' salaries). These are often the oldest special schools, while others established more recently by small local NGOs are sometimes partly supported by local businesses and/or international agencies. There are various innovative developments and partnerships such as intensive sign language teaching for young deaf children in an NGO-run class focusing on early literacy and numeracy for the first two years of primary school, followed by NGO-supported access to mainstream state primary classes in the higher grades. Figures 6 and 7 give examples from the state and non-state sectors.

⁷³ Uganda National Examinations Board (2015). ⁷⁴ Ibid. ⁷⁵ Kimani (2012).



FIGURE 6: STATE SYSTEM EXAMPLES OF EDUCATION FOR CHILDREN WITH DISABILITIES



Uganda

Currently, the government of Uganda supports parallel systems for the provision of education for people with disabilities that promotes both inclusive education and special needs education where it is needed. Furthermore, the draft Special Needs and Inclusive Education Policy (2011) provides for a number of approaches to delivering special needs education. These include home-based care programs and special schools where children with severe and often multiple impairments receive specialised support in methodology, instructional materials and assistive devices. Other approaches include units/annexes where children are integrated within regular schools but learners with particular disabilities are targeted, and inclusive schools where children with special needs (including, but not limited to, children with disabilities) study with other children. In Uganda, emphasis has been put on promoting inclusive education. Source: Guzu (2014).



United Republic of Tanzania

In the United Republic of Tanzania the Ministry of Education, Science, Technology and Vocational Training Special Needs Education Unit provides 29 special schools, 239 units at mainstream schools and specialised teachers working with children with disabilities in mainstream schools. These cater for children with hearing and/or visual impairment, learning difficulties, motor or other physical impairments, autism and albinism. Source: United Republic of Tanzania, Ministry of Education, Science, Technology and Vocational Training (2015a).



Namibia

In Namibia, sign language interpreters are provided for senior high school students in mainstream schools. There are also 10 special schools, to be transformed into 'resource schools' and two units for children with prelingual hearing impairment in mainstream primary schools in north-eastern regions remote from the capital, Windhoek. There are special classes under regional control for primary aged learners with learning disabilities/difficulties. In addition there are currently proposals to decentralise special education in the Sector Policy for Inclusive Education (2013) by creating regional inclusive education units to 'maintain, improve and actively provide human and material support for learners in mainstream schools, resource schools / special schools and resource units / learning support classes'. Source: United Republic of Tanzania, Ministry of Education, Science, Technology and Vocational Training (2015a). Sources: Cosmos High School <http://www.cosmoshigh.edu.na/>; Republic of Namibia, MoE (2013a, 2013b).

FIGURE 7: NON-STATE EXAMPLES OF EDUCATION FOR CHILDREN WITH DISABILITIES



Rwanda

In 2012 there were reported to be around 40 special schools in Rwanda which had traditionally been run by faith-based groups, other charities or private philanthropists. HVP Gatagara Centre and Butare Centre for the Deaf are two of the oldest. Handicap International notes that 'Many day centres are run by volunteers from the community and local villages.' Sources: VSO (2012); Handicap International (2015).



Madagascar

The education provision for children with disabilities in Madagascar has historically relied on private initiatives, especially the Lutheran, and to a lesser extent, Catholic churches. In particular, the Malagasy Lutheran Church has been very active in providing education to children with hearing and visual impairments through specialised schools. It currently owns four schools and one vocational training centre for students with visual impairments, and seven schools for students with hearing impairments, mostly at the primary level. A single facility for children with disabilities in Antsirabe initially provided education for children requiring medical care and long spells in hospital. Over the last 60 years it has become a government primary school, although the infrastructure remains under the auspices of the Ministry of Health, providing education for 86 children with intellectual impairments, many of whom have physical disabilities, including cerebral palsy. According to 'Platform of PWD' data (2013-2014), there are 41 specialised centres for children with disabilities in 13 regions: 15 specialised schools for children with visual impairment (four provided by Lutheran Church) and 11 for children with hearing impairment (seven provided by Lutheran Church); the remainder are for children with learning difficulties and motor impairments, including 'integrated classes' for children with learning difficulties. Source: MLC/FLM (2015).

• **Support in mainstream schools**

According to the survey respondents, children with disabilities who attend a mainstream school typically get little support. Where support is forthcoming it is usually in the form of differentiated materials and/or assessments, classroom assistants, specialist teachers, and the provision of assistive devices and extra lessons after school or during daytime breaks (see Table 5).

TABLE 5: SUPPORT FOR CHILDREN WITH DISABILITIES IN MAINSTREAM SCHOOLS

Form of support	Number of survey respondents/ countries
Differentiated materials and/or assessments	8
Classroom assistants	7
Specialist teachers	7
Provision of assistive devices	7
Extra lessons after school or during daytime breaks	3

It was not possible to establish with any confidence that special assistance for children with disabilities in mainstream school is provided free of charge. It appears that in some places more informal after-school support for children experiencing difficulty with part of the curriculum may be charged for as after-school tutoring.⁷⁶

• **Teacher training**

The CRPD provides some indication of the types of training that teachers should receive in order to include children with disabilities in education (knowledge of relevant sign language, disability awareness), and the study's methodology analyses the types of training that could be provided to support the education of children with disabilities.

Teacher education programmes can include one or more of the following elements:

- Disability awareness training, including knowledge of the rights of children with disabilities, understanding disability as a social construction, developing respect for children with disabilities' own knowledge of what helps them learn, knowledge of how to identify children with disabilities, knowledge of how to get further help or information from specialist teachers/advisers and CBR workers, and when to refer children to health services;
- Training on means of communication (i.e. learning sign language, Braille and other augmentative/alternative communication systems);
- Training to use educational techniques and materials (including how to teach Braille, sign language, etc.) to support children with disabilities by working one to one as a support teacher, as a specialist teacher in a unit/special class or within a mainstream class (e.g. strategies to respond to the diverse achievement levels of children in a class).

Guidance on how much of this is important for every teacher to know, and how much is only necessary for specialist support teachers, is not included in the CRPD, presumably because this will depend on how specialist support for children with disabilities is organised. This, in turn, will be affected by geographical factors such as population density and ease of travel for itinerant specialist teachers and/or schoolchildren, and by the availability of economic and other resources. It is useful to view teacher knowledge

The CRPD provides some indication of the types of training that teachers should receive in order to include children with disabilities in education

⁷⁶Toohig (2014).

as a continuum from specialist knowledge only needed by some teachers (e.g. fluent sign language) to general knowledge required of all teachers (e.g. disability awareness and ways to promote the learning of children with diverse levels of capability).

Another element that will vary by context is the stage of a teacher's career at which they are expected to have particular knowledge, skills and attitudes about inclusive teaching and disability. For example, whether knowledge of strategies to address various difficulties in children's learning is a requirement for mainstream teachers as part of meeting the standards to qualify as a teacher (initial teacher education), or is part of later continuing professional development for all teachers. While the former option might be ideal, sometimes limited funds or a crisis of teacher supply means that initial teacher education is brief, with a very crowded curriculum, and that training will therefore be less 'front loaded', with more being addressed in continuing professional development when teachers are in service. A further question is the extent to which certain teacher knowledge is readily available only for those who require it, in order to teach a particular child in their class (for example, how and why a child with limited mobility should stand for a portion of the school day, or how to help a child use the latest assistive technology).

In the context of general quality improvements of the education system benefiting all children, with some disability-specific measures, teacher education would comprise the following:

- Initial training and continuing professional development on teaching inclusively (i.e. ways to promote the learning of all children in a class) in general initial teacher education;
- Initial training and continuing professional development on teaching children with disabilities in mainstream classes (e.g. preferential seating for children with sensory impairment) as part of general initial teacher education (as a compulsory or optional part of courses leading to qualified teacher status);
- Disability-specific training courses for new entrants to teaching (e.g. to become a specialist teacher of deaf children);
- Continuing professional development for specialist teachers on teaching children with disabilities in a variety of settings.

Additionally, programmes can prepare PWD to be teachers, and/or promote the employment of teachers with disabilities, and focus on training for subject- or disability-specific education advisers.

Few, if any, countries in the region appear to comprehensively address all the above aspects of teacher education, although there are a wide range of initiatives in this area. In the wake of apartheid, newly independent Namibia focused educational reforms on teacher education, and this has continued into the current era, with one of the most systematic approaches to preparing the teacher workforce for the inclusive education of children with disabilities. For example, Namibia's 2013 Sector Policy for Inclusive Education aims to make teachers accountable for teaching inclusively by incorporating a review of aspects of curriculum differentiation into school inspections.⁷⁷

It is useful to view teacher knowledge as a continuum from specialist knowledge only needed by some teachers to general knowledge required of all teachers

⁷⁷ Republic of Namibia, MoE (2013).

According to the survey responses, incorporating the education of children with disabilities into teacher training is more common than not.⁷⁸ However, respondents indicated that it is a small component of the overall teacher training, it is often not assessed, and is certainly not given the prominence and status required for teachers to gain the necessary skills to meet the needs of an inclusive education policy.

Information about teacher education was not found for many countries in the region. Where data are available, inclusive education generally and/or the education of children with disabilities appears not to be covered in teacher education. For example, in Zimbabwe the data suggests that teacher training colleges are not mainstreaming inclusion in their programmes.⁷⁹

There were exceptions to the rule, however. For example, in Swaziland it is possible to study for a Bachelor's degree in Special and Inclusive Education in one teacher training college, and there are talks underway to expand the course to neighbouring countries via university partnerships.⁸⁰ Similarly in Zimbabwe, one teacher training provider offers specialised training for teachers of children with special needs and disabilities. The Open University of Tanzania offer Bachelor of Education (B.Ed.) courses in Special Education, Inclusive Education and Managing Special Needs in Special and Inclusive Settings, as well as other courses related to teaching children with particular disabilities such as hearing impairment.⁸¹ In Lesotho a Special Education Department was set up in 2009 in the Faculty of Education with the aim of extending existing training for primary teachers on working with learners with diverse needs to secondary teachers.⁸² In Botswana teachers are prepared for either special education or mainstream education, but all new teachers have some SNE as part of their initial training.⁸³ In other locations specific training for teaching children with disabilities is reportedly contained within courses on 'inclusive pedagogy' and in Namibia future teachers on the B.Ed. or diploma courses can select sign language as their specialty from a range of languages.

In some countries, regardless of whether there is any inclusive or disability-specific training offered during initial teacher education, it is offered later as professional development for teachers. This appears to be the case in Kenya⁸⁴ and Rwanda, where teachers can return to the College of Education at the University of Rwanda (formerly Kigali Institute of Education) and take an undergraduate degree in SNE.⁸⁵ In Uganda, Kyambogo University offers certificates, diploma, Bachelor's and Master's programmes in SNE.⁸⁶ The University of Namibia offers a Master's in Education which gives students the choice of focusing on deaf education and communication, managing emotional and behavioural difficulties, literacy and learning difficulties, or visual impairment and Braille systems. They also offer a Doctorate in Inclusive Education.⁸⁷

The information gathered for the study suggests that in some countries key international organisations are playing a role in supporting professional development for teachers in mainstream schools. For example in Eritrea, UNICEF had been involved in providing in-service training on inclusive education but coverage was limited.⁸⁸ In Malawi, the UK Department for International Development (DFID) funded Voluntary Service Overseas (VSO) to create teacher training manuals for serving teachers.⁸⁹ There are also descriptions of collaborations between higher

In some countries key international organisations are playing a role in supporting professional development for teachers in mainstream schools

⁷⁸ 14 respondents said it was and four said it was not – three did not know. ⁷⁹ Mafa and Makuba (2013). ⁸⁰ Kingdom of Swaziland, Ministry of Education and Training (2015). ⁸¹ The Open University of Tanzania (2013). ⁸² Kotzé (2012). ⁸³ Dart (n.d.). ⁸⁴ Mwangi (2013). ⁸⁵ University of Rwanda College of Education <http://www.ce.ur.ac.rw> (accessed 13 June 2016). ⁸⁶ Okwaput (2015). ⁸⁷ University of Namibia (2015). ⁸⁸ Eritrea, Ministry of Education (2008a). ⁸⁹ Global Campaign for Education (2014).



education institutions and DPOs such as that described in the United Republic of Tanzania, where Archbishop Mihayo University College of Tabora was working with Royal Dutch Kentalis on a project learning from local deaf adults and deaf communities with a view to supporting deaf students in mainstream schools.⁹⁰

In Zimbabwe one higher education institution reportedly provides training to teachers with at least four years' teaching experience who teach children with sensory impairments and learning difficulties.⁹¹ In Malawi, the Montfort SNE College offers a distance learning diploma in SNE.⁹² A model in which teachers specialise after they have already gained experience as mainstream teachers could be useful. Specialists are likely to be increasingly required to advise and work alongside mainstream teachers, and perhaps to provide intensive support for children with disabilities for a period of time to prepare them for mainstream classes.

There appears to be little professional development opportunities for specialist teachers of children with disabilities. Where training is offered, it is usually either through university departments and faculties of education, or specialist centres run by non-state providers of special education for children with disabilities. Finally, access to teacher education for PWD is important not only for them as individuals but also because when they are teachers with disabilities, they become role models of what PWD can achieve. A study of a resource centre for children with visual impairment at a mainstream school in Uganda found that since resource centre teachers were themselves visually impaired, this increased the demand for education as parents could see that sending their child with visual impairment to school could lead to a successful career.⁹³ Gallaudet University ran a teacher training course for deaf Kenyan students to qualify as specialist teachers of children with hearing impairment, although some teachers subsequently found it hard to find paid employment.⁹⁴

• **Pre-school provision**

According to the data collected, provision of pre-school is limited for all children. Few children of pre-school age are reportedly enrolled in many countries (Angola, Botswana, the Comoros, Kenya, Lesotho, Madagascar, Rwanda, and South Sudan): figures range from 2–39 per cent enrolment, but much of the available data was old and not taken from large-scale surveys such as census data or EMIS. Pre-school enrolment rates are reported to have been rapidly rising in many countries, which casts further doubt on the country-specific data gathered for this study.⁹⁵

General pre-school provision is reportedly limited to urban centres in Ethiopia, and was almost exclusively linked with private providers and unlikely to be free in Namibia, Rwanda, Uganda and Zambia. This makes it less likely that children with disabilities have access to pre-school or early learning, given the link between poverty and disability.

In some cases children with disabilities start school, already at a disadvantage to many of their peers, as they did not attend pre-school. Enrolment rates in pre-schools have been increasing considerably in some countries in the region although a lot of provision is by private providers. It is not clear if anti-discrimination law and access to education under national disability legislation applies to private pre-schools. Some early learning provision for children with disabilities is provided by DPOs, such as the Tanzanian Society of the Blind, through CBR programmes,

In some cases children with disabilities start school, already at a disadvantage to many of their peers, as they did not attend pre-school

⁹⁰ Van Grinsven (2015). ⁹¹ VVOB, Education for Development Zimbabwe (2009). ⁹² Montfort SNE College, Diploma in Special Needs Education http://client.web44.net/?page_id=55 (accessed 13 June 2016). ⁹³ Mania (2010). ⁹⁴ Kimani (2012). ⁹⁵ UNESCO (2015).

while in Namibia a group of parents of children with learning difficulties set up an inclusive pre-school as there was no provision for their children. There is little systematic knowledge about childhood disability and this burgeoning sector; when a greater percentage of children participate in education, then those who do not participate experience greater social and economic exclusion.⁹⁶

Bilateral aid programmes

The desk study investigated the incidence and focus of bilateral aid programmes that may have affected the provision of education for children with disabilities. There have been a significant number of aid programmes, some focusing on disability and others on inclusive education more generally. The study did not find an overall review of impact, but a key question would be whether these donor schemes have resulted in sustained change, particularly as programmes often last for only a few years. The following examples indicate the kind of bilateral aid programmes found.

In Kenya a DFID-funded project run by Sightsavers with the Kenya Society for the Blind, piloting the use of assistive technologies to increase access to education for children with a visual impairment is reported to be having a positive impact. The project has provided Dolphin pens (low-cost lightweight USB pen drives with portable screen readers and magnification software) to more than 200 learners with a visual impairment.

*'This is the first use of this ground-breaking technology outside of the UK and has enabled visually impaired students to access learning materials in digital format on any computer. It is hoped that the project will help to improve the academic performance of all learners involved and support their successful transition into employment. So far, three university graduates who received a Dolphin pen have already been employed by a leading mobile phone company in Kenya.'*⁹⁷

In Rwanda DFID supported the disability sector through VSO from 2006–2009. The US Agency for International Development (USAID) worked with the MoE to improve literacy (in Kinyarwanda and English) and numeracy in grades 1-4 (the '3L programme'). Although not specifically targeted at children with disabilities, general quality improvements are likely to benefit most children in school, including those with disabilities.⁹⁸ The Swedish International Development Cooperation Agency (SIDA) funded research on the vulnerability to HIV/AIDS of PWD (including children), partly resulting from child sexual abuse and limited opportunities to learn about preventing HIV infection.⁹⁹

The Danish International Development Agency (DANIDA) supported Uganda in promoting the rights of persons and children with disabilities by funding the creation and running of the Education Assessment and Resource Services in 1992. This led to the establishment of the Special Needs/Inclusive Education Department within the Ministry of Education and Sports and of the Uganda National Institute of Special Education (UNISE), now a faculty of Kyambogo University; this programme has now phased out.¹⁰⁰

The US Embassy has supported the Government of Malawi by offering funding for DPOs providing HIV/AIDS education for youth with disabilities. DFID support for the Malawi Education Sector Implementation Plan 2009–2013 included primary school

This is the first use of this ground-breaking technology outside of the UK and has enabled visually impaired students to access learning materials in digital format on any computer

⁹⁶ Hossain (2010). ⁹⁷ Modern, Joergensen and Daniels (2010). ⁹⁸ EDC (2015). ⁹⁹ SHIA (2016). ¹⁰⁰ UNICEF (2014).

construction with a commitment from the Government of Malawi that construction would be 'disability friendly'. The project aimed to:

- Increase enrolment of SNE learners at the primary level via social protection measures, management support to schools, adapted and improved learning and teaching materials, and resource centres.
- Support inclusive education in mainstream schools at the primary level via surveys of special needs status, and provide grants to learners; finalise the Malawi sign language dictionary and disseminate guidelines for SNE implementation.
- Increase the number of secondary schools incorporating SNE.
- Increase the number of units and programmes on SNE in teacher training institutes.¹⁰¹

The role of non-state institutions and organisations

The role of INGOs, NGOs and civil society

The regional study examined the activity of INGOs, NGOs, DPOs, CSOs, and organisations of parents of children with disabilities across the region, such as NGOs, DPOs and church bodies involved in providing educational opportunities or running schools for children with disabilities. In particular, the research looked for examples of good practice of either programme implementation or partnership between organisations. The research questions the extent to which non-state provision is evaluated or documented, and to what extent it is in line with the state's obligations under the CRPD and is recognised and supported by the state. Likewise, it is important to understand the level of non-state actors' support of state schools (at various levels and geographic settings). Similarly, there is a need to understand the differences between the educational opportunities provided in different kinds of educational structures, such as special schools, units within mainstream schools, the role of itinerant specialist teachers and mainstream classes.

Again, a complex and sometimes vibrant picture emerges, of a wide variety of organisations supporting education for children with disabilities. In many (but not all) cases the desk review was able to establish the details of organisations or projects; some DPOs, for example, appeared to have little online presence and were only listed as members of national federations of DPOs. DPOs in Eastern and Southern African countries are also members of regional and international bodies, such as the Southern Africa Federation of the Disabled (SAFOD) and Disabled People's International (DPI). Some DPO reports could not be accessed online, such as some well-known studies of the living conditions of PWD produced by SAFOD.

In general, many countries had national federations of DPOs that had come together to lobby for the rights of PWD. Some DPOs were also active in providing services for children with disabilities such as CBR programmes. Approaches to disability varied widely from the sympathetic charity model of disability displayed on the fundraising pages of many organisations to the politically aware rights-based approaches evident on many DPO websites.

Support for the Malawi Education Sector Implementation Plan 2009–2013 included a commitment to 'disability friendly' primary school construction

¹⁰¹ Global Campaign for Education (2014: 25).

The role of INGOs, NGOs and civil society: Ethiopia

The following example is taken from a report about the hidden reality of children with disabilities in Ethiopia. It highlighted some interesting practice which combines the work of INGOs, NGOs and DPOs:¹⁰²

- **Baseline surveys:** several NGOs have conducted baseline surveys and needs assessments in their respective areas, including Cheshire Services (Hawassa), Handicap International (Dire Dawa) and CBM International (Mekele) – the latter in partnership with the Tigray Bureau of Labour and Social Affairs (BoLSA).
- **Community sensitisation and awareness raising:** numerous NGOs and DPOs are involved in community sensitisation using different methods to promote inclusion such as child-to-child programmes, group education in schools, disability awareness clubs, parents' groups and university student bulletins on disability.
- **DPO start-up:** some NGOs, such as the Rehabilitation and Prevention Initiative against Disability (RAPID) Adama CBR project, have been actively involved in establishing new DPOs in their regions.
- **Economic empowerment:** several NGOs have provided small grants or loans to aid economic empowerment and provide small business start-up capital to carers of children with disabilities. For example, Cheshire Services (Dire Dawa) recently provided start-up capital for a group of mothers of children with disabilities to open a canteen in the local police compound, which they run while their children are at school.
- **Legal aid:** Ethiopian National Association of the Physically Handicapped (ENAPH) (Dire Dawa) provides legal aid to families of children with disabilities.
- **Vocational training and special education units:** many DPOs and NGOs aim to enhance the employability of PWD through vocational training, and provide support to local schools to help them meet the educational needs of children with disabilities. For example, the Arba Minch Rehabilitation Centre has built nine special education units in the region and has trained teachers in sign language interpretation and working with children with disabilities; they have received local government funding. The Ethiopian National Association of the Blind (ENAB) (Dire Dawa) recently inaugurated a vocational skills training centre and library for PWD, with funding from Handicap International.
- **Education training materials:** many NGOs and associations provide support to children with disabilities and their carers to help keep the children in school. This includes equipping children with disabilities with pens, books and uniforms, and providing financial and non-financial assistance and information to carers to ensure the child is able to continue learning
- **Informal education:** Cheshire Foundation (Bahir Dar) carries out house-to-house screenings for children with disabilities in urban kebeles and provides basic, informal education for any children who are not enrolled in formal education.

A Save the Children-funded inclusive education resource book for teachers and other educators or development workers discusses an example from Lesotho:

'An in-service course on Inclusive Education was devised for teachers in participating schools...The meetings were conducted at the teacher training

Approaches to disability varied widely from the sympathetic charity model of disability to politically aware rights-based approaches

¹⁰² African Child Policy Forum (2011: 11–12).



college in Lesotho and Zanzibar. The training course took place over two weeks during the school holiday break. In addition special sessions lasting one week were devoted to Braille and Sign Language training, again during school breaks. Some follow-up workshops were held in schools during monitoring and follow-up visits to revise areas in which teachers were having difficulties...Save the Children UK...funded the costs of the in-service training.¹⁰³

• **UNICEF involvement in identification and support**

The most frequently mentioned form of involvement by UNICEF country office survey respondents in identifying and supporting children with disabilities to fulfil their right to education was the development of specific initiatives or programmes (these were mentioned nine times). For example UNICEF South Africa has provided support for the development and implementation of the Child-friendly Schools Programme and the Care and Support for Teaching and Learning Programme, both of which have a strong alignment to inclusive education. In Zimbabwe, amongst other contributions, UNICEF has supported the procurement of specialist equipment, such as assistive devices for children with disabilities. In Swaziland UNICEF has been instrumental in raising awareness through the commemoration of the CRC and Disability Week together with the International Day of the Girl Child, through an inclusive model school and promoting the visibility of children with disabilities and their right to education.

Support at the ministerial level to develop policies was mentioned eight times by survey respondents¹⁰⁴ and indicated that UNICEF had played an active role in the development of policies relevant to the provision of education for children with disabilities. In some cases the support was targeted at the development or revision of sector policy to better reflect the rights of children with disabilities, while in other cases the policies were more targeted to particular barriers preventing access to education such as the physical environments of schools (e.g. Burundi).

Respondents mentioned advocacy to promote inclusive education and assistance with its development (such as through teacher training) six times. For example in Swaziland the country office works with the MoE to train teachers in skills and strategies for inclusive education and in 2013, 250 guidance and counselling teachers were trained on how to identify children with disabilities in schools. UNICEF Tanzania was supporting a special education teacher training college to conduct training in three regions, which will further support the mission to have one trained teacher in each school in the UNICEF-supported regions. In other countries, Mozambique for example, initiatives and programmes focus more on advocacy for inclusive education.

Supporting surveys and other research or monitoring and evaluation work was mentioned three times. For example, the Malawi and Zimbabwe country offices supported national disability surveys, and Madagascar supported a study on inclusive education in 2012.

Offering support at the ministerial level to develop appropriate data and EMISs was mentioned twice. For example, UNICEF Madagascar introduced questions on disability into the EMIS and school census, and UNICEF Tanzania was working with UNICEF headquarters to improve the disability data in the EMIS. This is also true in

UNICEF
Swaziland works with the MoE to train teachers in skills and strategies for inclusive education and in 2013, 250 guidance and counselling teachers were trained on how to identify children with disabilities in schools

¹⁰³ Mariga, McConley and Myezwa (2014: 93). ¹⁰⁴ Angola, Burundi, Eritrea, Ethiopia, Madagascar, Namibia, Rwanda and Swaziland.

Ethiopia, where the EMIS includes modules of disability as of the 2015–16 academic year following technical support from UNICEF in 2014 and 2015.

A small number of country offices also reported involvement in the support of non-formal education provision for children with disabilities. For example, UNICEF Swaziland has supported non-formal and alternative education for vulnerable children who were unable to access formal education because of age, finances, family circumstance or disability.

Some respondents indicated they had little involvement in identifying or supporting children with disabilities to fulfil their right to education. For example UNICEF Somalia indicated that there has been limited engagement in this area, and in South Sudan the situation was described as ‘gathering momentum’.

• **Examples of good practice from NGOs**

Despite the relatively small scale of many initiatives overall – and therefore the apparently very limited fulfilment of children with disabilities’ right to education – UNICEF respondents highlighted pockets of good practice identified in the desk-based studies on each country. Yet these were not well known and hard to identify, as evidenced in the survey and the data collection for the desk review.

A small number of survey respondents mentioned specific current or recent programmes. For example, UNICEF South Sudan mentioned Light for the World¹⁰⁵ and Usratuna CBR Centre. In Burundi, Handicap International was highlighted for its work supporting a pilot project in 11 schools in Bujumbura to develop appropriate pedagogical and physical environments in mainstream schools to educate children with disabilities. In Zimbabwe, UNICEF was directly involved in the development of information packs and materials for use by teachers of children with disabilities. In Namibia, the Association for Children with Language, Speech and Hearing Impairments (CLaSH)¹⁰⁶ was highlighted as it targets children with speech and hearing impairments by providing tests, hearing aids, and early detection and support programmes.

Other UNICEF respondents mentioned research activity and support for government or national initiatives or policies that would support the education of children with disabilities more widely. For example, UNICEF Malawi mentioned a joint study (conducted by the Government of Malawi and UNICEF) on children with disabilities published in 2012¹⁰⁷ and the inclusive education situation analysis of 2013.¹⁰⁸ In South Africa, a curriculum for children with hearing impairments has been developed and is being implemented. Similarly, staff of UNICEF Eritrea mentioned the joint UNICEF/Ministry of Labour Donkey for School project, which provides mobility to children with disabilities and educational access to vulnerable children.

The supply of physically accessible education is another key reason children with disabilities are not in school. Under article 9 of the CRPD, PWD have a right to access the physical environment. The United Republic of Tanzania Persons with Disability Act 2010 describes what constitutes disability discrimination by learning institutions, for example imposing additional conditions on the admission of children with disabilities into a school and constructing or adapting school buildings in ways that are not ‘user friendly’. Detailed research on what kind of barriers school buildings might pose was not found, but anecdotal evidence from a newspaper account of the educational background of a Namibian

Some UNICEF country offices indicated they had little involvement in identifying or supporting children with disabilities to fulfil their right to education

¹⁰⁵ See the Light for the World website for further details: <https://www.light-for-the-world.org/southsudan>. ¹⁰⁶ See the CLaSH website for further details: <http://www.clash-namibia.org/>.
¹⁰⁷ Munthali et al. (2013). ¹⁰⁸ Ibid.

disability movement activist describes how she dropped out of school when her grandmother could no longer carry her there.¹⁰⁹ It is possible that in rural and some urban areas with little or no transport and few (if any) paved roads or paths, the journey to school is more of a barrier to education than mobility once within the school. Particularly as many schools in the region are single storey and at primary level children are often taught in the same place for the whole school day.

• **Findings from the Comoros, Madagascar and Rwanda case studies**

In the Comoros, the study found that the NGO sector provides some resources and assistive devices, and many respondents believe children with disabilities were not the responsibility of mainstream schools. Interviewees at the school and district levels highlighted the need to train all teachers to accommodate children with mild and moderate disabilities in mainstream classes, with a range of strategies to remove barriers beyond sitting the child at the front of the classroom. The research also concludes that the physical environment of the mainstream schools visited was not accessible to some children with disabilities. The schools were in poor condition, and even renovated and newly constructed classrooms demonstrated maintenance issues caused by poor construction. Litter and inaccessible latrines also pose a challenge to children with disabilities that affect or are affected by their mobility or sight.

In Madagascar, inclusive schools set up through NGO projects focus on including children with one type of disability only. Given the large number of pilot projects that have been conducted over time in the country, there is a lack of clarity regarding the different terms being applied and the different types of placements. Many respondents mentioned difficulties in travelling to school as a barrier for children with disabilities. In addition the school system was not conducive to the needs of some children with disabilities. For example, there are no guidelines or formal regulations in place to ensure children with disabilities can access national exams. Interviews and focus groups with participants also revealed that teachers' capacity building was a pivotal component of the inclusive education pilot programme. In-service training opportunities were thought to be crucial but opportunities for teachers were limited. There are few specialist teachers within the system.

In Rwanda the analysis of supply- and demand-side factors shows that although the general policy is for children with disabilities to be educated in regular inclusive schools wherever possible, mainstream schools may not always be willing to enrol children with disabilities. The special schools and centres are unevenly spread throughout Rwanda and are insufficient in number to provide placement for all children with disabilities. As these centres are private institutions they have no obligation to support other schools, even though the government pays the teachers' salaries. Distance to school is a big challenge for children with disabilities. A system for assessment has been set out in Rwanda's approved National Policy on Inclusive and Special Education 2015 which also provides the basis for placement, but there is currently no standard system in place; it is up to the parents to decide where to enrol their child. Once in school there are issues of teacher capacity and specialist support from staff for children with disabilities. These challenges can be addressed by training, but it will take time.

In Rwanda although the general policy is for children with disabilities to be educated in regular inclusive schools wherever possible, mainstream schools may not always be willing to enrol children with disabilities

¹⁰⁹ She was later able to continue her schooling by attending a hostel in the compound of a mainstream school, although at a considerable distance from her home.

Key points: supply-side conditions

Education system

- An inclusive education approach is reported to be the dominant strategy for providing education to children with disabilities. However, there appears to be a rhetoric–reality gap, as no evidence was found that documents the commitment to implement such an approach – such as the provision of teacher training for inclusive education as a mainstream activity.
- Very little information was available about specialist services or provision for children with disabilities – for example examination requirements and arrangements – which may further disadvantage children with disabilities.
- Although important disability-specific teacher training programmes have taken shape in some countries, they have not yet been given the prominence and status required to ensure that teachers gain the skills needed to meet the needs of an inclusive education system. Furthermore, inclusive education practice is a small component of the training teachers receive, and is often not assessed.
- Few, if any, countries in the region appear to comprehensively address all the aspects of teacher education that the CRPD defines as important.
- Despite the challenges, the evidence also suggests there is good practice taking place across the region, with some innovative examples of state and non-state provision for children with disabilities, and teacher education programmes which specifically address support for children with disabilities. Providers can look to these examples to enhance the preconditions for the quality of provision.
- The evidence from the country studies suggests that:
 - Schools are not always willing to enrol pupils with disabilities and there are no incentives or penalties;
 - Specialist provision is not always available locally;
 - There is no system for placement of children with disabilities in appropriate schools;
 - Transport to school is problematic;
 - Assessment systems do not take into account the different needs of children with disabilities;
 - There is inadequate specialist teacher support.

The role of non-state actors

- This study found a complex and sometimes vibrant picture made up of a wide variety of organisations supporting education for children with disabilities. Many countries had national federations of Disabled People’s Organisations (DPOs) that had come together to lobby for their rights. Some DPOs were also active in providing services for children with disabilities such as Community-Based Rehabilitation (CBR) programmes. Non-state actors were often active in conducting surveys and awareness-raising campaigns, implementing projects and programmes, and offering legal aid and training.

Distance to school
is a big challenge
for children with
disabilities

Demand-side conditions

The regional study looked for evidence that commented on the demand-side conditions that can support the fulfilment of the right to education for children with disabilities. Demand-side conditions include social norms, stakeholder attitudes, encouragement for families to engage with educational opportunities for children with disabilities, for example. This research activity included looking for:

- Household level poverty
 - Social protection programmes to alleviate financial burdens on poor households, such as cash transfer
- Social and cultural beliefs and practices
 - Beliefs around the value of education for children and persons with disabilities
 - Stigma associated with disabilities
 - Discriminatory behaviours.


Barriers to education

In all countries studied, primary education is free and is increasingly becoming compulsory. There are nevertheless various barriers to school attendance for children with disabilities related to both the demand and the supply of education. In many cases barriers also apply to children without disabilities, but may affect children with disabilities disproportionately. Poverty is a barrier that prevents all children, and particularly children with disabilities, from accessing education. The costs, such as for stationery, uniform and unofficial school charges, can challenge the resources of poor families.

Social factors such as stigma around disability also create barriers. The education of children with disabilities is challenged by the lack of understanding of all teachers about the principles of inclusive education, and a culture of inclusion within schools is not always well established despite political intent and commitment.

The Comoros country study reveals that it is generally accepted that many children with disabilities do not attend school. Parents report that even when barriers to enrolling their children with disabilities were overcome, they face considerable difficulties in bringing their children to school. The respondents all refer to strong cultural attitudes that prevent many parents from admitting they have a child with disabilities. The stigma and taboo surrounding disability means parents are ashamed and try to hide their child. There is a widespread belief that any type of disability equates with a diminished intellectual capacity.

In Madagascar, the research highlighted that many in society perceive disability as evil, bad fate or the result of witchcraft, and children with disabilities are often hidden in the home by their parents. It is felt that many parents continue to be reluctant to enrol children with disabilities in a mainstream school as they fear the child will be rejected. Many parents of children in special placements do not want their children to be mainstreamed.



**Social factors
such as stigma
around disability
also create
barriers**



Tadley
School

In Rwanda, cultural attitudes are also cited as impediments to the inclusion and enrolment of children with disabilities. Attitudes are embedded in cultural and religious beliefs, and stakeholders at all levels say it remains culturally difficult for a parent to admit they have a child with disabilities, for example because disability is seen as a curse from God¹¹⁰. Officials mentioned that there is no incentive for schools to accept children with disabilities, or any penalty if they do not.

Research in Rwanda for Chance for Childhood¹¹¹ reveals that the problem of stigmatisation is internalised by children with disabilities, manifesting itself as a lack of self-belief and hope in terms of the future. This first arises from the negative attitudes of parents towards their children: "Children are stigmatised from deep inside their families". As one school teacher noted "I tell children off for name calling a pupil with disabilities and they answer by saying that the child's parents call them the same thing, so it must be OK." The power of parental advocacy was noted as significant; "children are literally moved into the home from living in pig sheds".

Compounded stigma

Children with disabilities often suffer from layers of discrimination. For example, in Rwanda, parents are often unwilling to spend money on the uniform for a child with a disability as they believe it is a bad investment, as the child probably will not succeed at school, or the family may be too poor to afford uniform. The lack of school uniform for children with disabilities means they may be denied entry to school, or if allowed to attend without a uniform, this further marks their exclusion and further compounds their stigmatisation¹¹².

One eight year old boy encountered during research in Rwanda was left handed but the teacher forced him to use his right hand even though it was physically impaired, as there are entrenched attitudes that the right hand is correct for writing, and left hand writers are therefore stigmatised. Not only is the boy facing two types of stigma, but being forced to write with his right hand was further inhibiting his education because he found it so difficult to write.

Gender implications of stigmatisation

Research from Rwanda also revealed that where there is gender inequality in society, girls with disabilities are doubly stigmatised; "They have the double stigma of being a girl and disabled". This stigma can be caused by a perceived lack of marriage prospects. Men with disabilities simply have to earn money to become an attractive marriage prospect. However for women with a disability, earning money is said to make no difference, as she is still seen to be impaired for childbearing and domestic duties.¹¹³

The mother of a girl, age 13, with a visual impairment, noted: "Disabled girls are very shy compared to disabled boys and need special care. They feel very inferior and are withdrawn". The Chance for Childhood Education, Equality and Empowerment (EEE) Project in Rwanda is training Learning Support Assistants (LSAs) for children with disabilities to recognise that disability has a profoundly more negative effect on girls than boys in a learning environment. This is mainly due to lower self-esteem which affects girls' confidence at a very basic level, even with support.¹¹⁴

Children with disabilities often suffer from layers of discrimination

¹¹⁰ Harrop, E. (2015). ¹¹¹ Ibid. ¹¹² Ibid. ¹¹³ Ibid. ¹¹⁴ Ibid.

Other issues unique to girls with disabilities

Communication impaired girls are more likely to be subjected to sexual assault and defilement than a girl without a disability¹¹⁵ and have little recourse to justice due to not being able to identify the perpetrator or bear witness to the crime. In Rwanda, there is little or no training in this area: the community, police, judiciary all need sensitising on this issue.

Sexuality education is particularly important for girls with communication impairments, as many messages are not absorbed through daily communication, as they are for girls with unimpaired hearing. VSO in Rwanda recommended that communications impaired girls should have special sexuality education awareness in some form. The risk of pregnancy means that girls with disabilities are seen as a liability in terms of being cared for by NGOs helping children with disabilities into education, and so boys can sometimes be the main targets of help¹¹⁶.

Key points: demand-side conditions

- Poverty poses financial challenges to poor households and affects those with children with disabilities more acutely, as they cannot afford to pay the costs that are related to schooling even when the tuition is free;
- Parents sometimes do not prioritise education for children with disabilities;
- Negative attitudes of some parents in mainstream schools who do not want to accept that children with disabilities are in the same class with their child;
- Parents can have difficulty in accepting they have a child with a disability and are often unwilling to engage the child in public and community life, given the associated stigma.
- Stigmatisation of children with disabilities can be compounded by issues such as having no school uniform (due to poverty or discrimination by parents) and left handedness.
- Being a girl with a disability can also mean facing double the sense of discrimination and marginalisation (being female and having a disability), leading to lower confidence and engagement of girls with disabilities in education, and increased risks such as sexual abuse.

Parents have difficulty in accepting they have a child with a disability and are often unwilling to engage the child in public and community life

¹¹⁵ For an overview of abuse against children with disabilities see The African Child Policy Forum (ACPF), Violence against Children with Disabilities in Africa: Field studies from Cameroon, Ethiopia, Senegal, Uganda and Zambia, 2011. ¹¹⁶ Harrop, E. (2015).



Supportive Factors

This final section reflects on the findings above and elaborates on the conceptual framework presented in Figure 2 in the research design and method section. This conceptual framework distinguished between enabling conditions, supply- and demand-side conditions. The evidence found by this regional study suggests that while much has been achieved across the region there are priorities for action remaining. The following three sections describe each aspect of the conceptual framework in more detail.

Collectively, the actions required to ensure the fulfilment of the right to education for children with disabilities are large in number and are multidisciplinary and inter-sectoral in nature, requiring the cooperation of multiple stakeholders. In response to requests for recommendations for immediate action, this final section proposes a range of immediate priorities for action and presents a framework which attempts to emphasise the next steps for countries across the region.

Great progress has been made in establishing the political commitment to fulfil the right to education for children with disabilities

Enabling environment

The evidence suggests there are two core areas of work which are priorities for action if the enabling environment is to better support the fulfilment of the right to education for children with disabilities, as follows.

Political commitment

- Great progress has been made in establishing the political commitment to fulfil the right to education for children with disabilities. The ratification of international conventions and the development of policy and legislation are important enabling preconditions, as is establishing clarity around ministries with responsibility for education of children with disabilities. The evidence presented here suggests there is progress still to be made in this regard.
- The establishment and effective functioning of inter-agency coordination committees is needed to ensure that actions are aligned and all organisations and institutions are working towards a common goal.

- Monitoring of progress towards CRPD commitments to ensure that progress is taking place and that the right to education for children with disabilities is being fulfilled.
- Advocacy around signing and ratifying the CRPD and its optional protocol where a State is yet to do so.
- Encouraging membership of regional or international alliances.

Data collection and evidence base

- The creation and use of clear and pragmatic categorisations (and their associated definitions) of disability would aid the collection of data and the formulation of programmes and support for children with disabilities.
- Improvements can be made to the robust collection and sharing of data about children with disabilities at the national level and in the education system, particularly the use of EMIS. Such a system would need to be based on an agreed definition of disabilities to facilitate the collection of useful data. Supporting and encouraging the evaluation of programmes and policies so that effective actions can be rolled out at the country level and also through sharing best practice regionally within Eastern and Southern Africa.
- The development and roll-out of robust data collection systems for identifying children with disabilities.
- The development and roll-out of systems of screening for disability that affects a child's capacity to learn, and aligning such systems with data collection systems.
- Collection of data and evidence from evaluation and accounts of good practice taking place across the region to support implementation of effective practices.
- Robust data would also empower CSOs, NGOs, INGOs, the academic community and other institutions that monitor and advocate for the fulfilment of the rights of children with disabilities.



There is a need to support and encourage the evaluation of programmes and policies so that effective actions can be rolled out

Supply-side conditions

Supply-side conditions include inclusive approaches to education, systems for the screening and identification of children with disabilities, special school provision and mechanisms for ensuring children are matched to appropriate school places, examination access, specialist support in mainstream schools and pre-school/early learning provisions for children with disabilities.

Education system

Addressing the following supply-side factors could improve the fulfilment of the right to education for children with disabilities:

- Ensure that inclusive education systems are fully functional and ensure provision of appropriate examination access, initial and in-service teacher training to build inclusive education securely into teacher training systems.
- Consider the creation and application of a tiered system of specialist teacher support to help schools improve educational provision for children with specific disabilities in mainstream schools.

- Consider how pre-school provision and school readiness programmes can support children with disabilities.
- Other logistical supply-side factors such as appropriate buildings, support for children with disabilities in getting to and from school (which might be physical and/or related to cost), ensuring that curricular and language are inclusive.

The role of non-state actors

Non-state actors continue to play a role in the provision of services and education for children with disabilities, but their activities are not well coordinated with state efforts. Quality improvements could be achieved if:

- Evaluations are conducted to ascertain the effectiveness of support offered by non-state actors so that good practice can be identified and transferred where possible.
- The activities and efforts of INGOs, NGOs, CSO and DPOs are coordinated and used strategically to achieve national objectives related to the fulfilment of the right to education for children with disabilities.

Demand-side conditions

The various demand-side conditions are complex and intersect with enabling conditions and supply-side conditions. Demand-side conditions include the need to understand barriers to education for children with disabilities – these include poverty, opportunity, gender, accessible infrastructure and buildings, accessible and supportive transport systems, curriculum, language of instruction, examination policies and practice and of course stigma. It would seem logical that improved systems of data collection about children with disabilities in the education system and in the wider population would support deeper understanding about the barriers to education and the most effective strategies to address these.

Addressing the following demands-side factors could improve the fulfilment of the right to education for children with disabilities:

- There is a need to address the stigma associated with disability through education programmes
- Challenging systemic and compounded social issues resulting from poverty, gender and stigma.
- On the demand side, good data could support understanding of the relationships between disability and poverty, gender and security. This could enable analysis of the ways in which these factors affect children with disabilities, and the extent to which they further reduce the demand for education from children with disabilities.

Demand-side conditions include the need to understand barriers to education for children with disabilities

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Recommendations

This section summarises the key recommendations that could support the fulfilment of the right to education for children with disabilities. While it is hard to attribute any rank to the priorities of action, this study recognises that for practical reasons it might be useful to attempt such an exercise. Proposed focus areas are therefore suggested below.

Enabling environment


- Continuing to develop and implement national policies to support the right of children with disabilities to access education and succeed in school.
- Legislation and policies should be reviewed to check for consistency with the CRPD for states that have ratified the convention, and advocacy conducted to encourage non-signatory states to ratify the CRPD and protocol.
- Legislation and policies in the field of education and disability should be easily accessible online with stable web addresses to enable organisations to hold governments to account. Legislation and policies should be made widely available to stakeholders at all levels.
- Robust collection and sharing of data about children with disabilities at the national level and in the education system, particularly the use of EMIS. Based on the creation and use of clear and pragmatic categorisations (and their associated definitions) of disability.

Legislation and policies should be reviewed to check for consistency with the CRPD for states that have ratified the convention, and advocacy conducted to encourage non-signatory states to ratify the CRPD and protocol

Supply-side conditions

- Implementing procedures for early and ongoing identification of children with disabilities, in coordination with health, CBR and education agencies. This requires comprehensive and practical definitions of disability.
- Provide disability-friendly school facilities that are close to the community.
- Provide teaching and learning materials that are adapted or appropriate for different types of disabilities.

- Training teachers to ensure that schools offer inclusive education.
 - Initial teacher education and continuing professional development should be reviewed to ensure specialist and mainstream teachers are prepared to include children with disabilities in education. General improvements in teaching quality, such as a problem-solving attitude to children’s difficulties at school and strategies for helping children when they find something hard to learn, will help all children.
 - All mainstream teachers should have some specific knowledge about disability awareness, identification of signs of probable hearing and visual impairments, and how to obtain further knowledge as required to teach a particular child with a disability in their class.
 - It is important that specialist SEN teachers are trained, as it is not feasible to train all mainstream teachers to be sufficiently fluent in Braille, national sign language, and augmentative and alternative communication modes to fulfil the communication requirements of article 24 of the CRPD.
- Evaluations of the programmes of non-state actors to ascertain the effectiveness of support so that good practice can be identified and transferred.
- The activities and efforts of INGOs, NGOs, CSO and DPOs are coordinated and used strategically to achieve national objectives related to the fulfilment of the right to education for children with disabilities.



All mainstream teachers should have some specific knowledge about disability awareness

Demand-side conditions

- Alleviate financial burdens on families who are unable to access education because of poverty.
- Sensitisation of parents, caregivers and communities is vital in recognising the right to education for every child, including children with disabilities, given the stigma and cultural attitudes towards disability.
- Good data used to support understanding of the relationships between disability and poverty, gender and security, and the ways in which these factors affect children with disabilities, and the extent to which they further reduce the demand for education from children with disabilities.

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Appendices A: Country data from Eastern and Southern Africa on disability prevalence in the general population and school-age population

Angola

Population 53.47 million (2015).¹¹⁷ According to the MoE there are 31,726 students enrolled in special education classes, which is 0.04 per cent of the total student population enrolled in primary and secondary education.¹¹⁸

Botswana

Population 2.26 million (2015). 2011 census estimates disability prevalence among general population at 2.9 per cent,¹¹⁹ 0–4 years (0.5 per cent), 5–9 years (1.3 per cent), 10–14 years (1.8 per cent) and 15–19 years (2.4 per cent).¹²⁰

Burundi

Population 11.18 million (2015). No data on disability prevalence found.

The Comoros

Population 788,000 (2015). According to a 2003 government report, there were 10,220 people living with a disability (i.e. 1.6 per cent of the population); 4.6 per cent of the people living with disabilities were found to be less than six years old and 21.2 per cent aged 6–14. Thus, in 2002, 25.8 per cent of PWD were under 14.¹²¹

Eritrea

Population 5.23 million (2015). Numbers of PWD were estimated to be 80,000 in a 2006 report, 23,205 of these children.¹²² A survey was conducted in 2003–2004 but the results are not publicly available.¹²³

Ethiopia

Population 99.39 million (2015). School-age/child population estimated at 16 million with less than 3 per cent disability rate registered in schools. A 1998 SOOM survey on the situation of children with disabilities in the Addis Ababa region found that 87 per cent of children with disabilities were kept at home without access to education.¹²⁴

Kenya

Population 46.05 million (2015). According to the 2009 Population and Housing Census report, Kenya has a total population of 38,610,097 people, 4.6 per cent of whom have disabilities.¹²⁵ The only statistics about children with disabilities collected in Kenya relate to those attending special schools (approximately 45,000 in 2008).

Lesotho

Population 2.14 million (2015). 4.7 per cent of the population has a disability, with approximately one third of this number under 15 years of age according to official government statistics.¹²⁶ However, an independent study suggested 8.4 per cent of children under nine had a disability,¹²⁷ and a 1993 WHO survey estimated 17 per cent of children based on interviews with 2,649 teachers.¹²⁸

Madagascar

Population 24.24 million (2015). A health survey in 2003 showed 7.5 per cent of population had a disability. A 2000 study conducted by Ministère de l'éducation nationale pedagogic research and study unit, and supported by the UN system, estimated 7.7 per cent of the population under the age of 20 has a disability.¹²⁹

Malawi

Population 17.22 million (2015). The 2008 Malawi Housing and Population Census reports that 3.8 per cent of the general population and 2.4 per cent child/school-age population has a disability.¹³⁰ The Malawi Key Informant Child Disability Project was conducted in two districts: around 15,000 children (i.e. under 18) were identified by 500 key informants as potentially having disabilities, 48 per cent (7,220) of those identified attended a screening camp; of these, 39 per cent (n = 2,788) were identified as having one or more impairments. Based on the population of these two districts, estimated impairment/epilepsy prevalence was 1.73 per cent. Children in this study were assessed by health professionals, and those found to have impairments were referred to service providers. Impairment type among these children

¹¹⁷ All population statistics World Bank <http://data.worldbank.org/country/>. ¹¹⁸ Angola, Ministry of Education (2014). ¹¹⁹ Statistics Botswana (2014). ¹²⁰ Ibid. ¹²¹ Mattingly and Abdallah (2016).

¹²² Eritrea, Ministry of Education (2008b). ¹²³ Ibid. ¹²⁴ International Labour Office (2004). ¹²⁵ ADRY (2013). ¹²⁶ Kingdom of Lesotho (2001). ¹²⁷ Robson and Evans (n.d.). ¹²⁸ WHO (2011).

¹²⁹ Mattingly and Ratsifandrihamanana (2016). ¹³⁰ International Centre for Evidence in Disability (2015)

(n = 2,788) was: 39 per cent 'physical impairment' e.g. cerebral palsy or other motor impairment, 27 per cent bilateral hearing impairment (of these, three quarters had potentially treatable conductive hearing loss), 26 per cent intellectual impairment, 22 per cent epilepsy, 4 per cent bilateral vision impairment (some treatable and others uncorrected refractive error i.e. amenable to correction with spectacles), and 14 per cent had multiple impairments. Albinism was not specifically mentioned, although some children with visual impairment could have associated albinism.¹³¹

Mozambique

Population 27.98 million (2015). African Decade for Persons with Disabilities estimated that 9.9 per cent of the population has a disability,¹³² but census data suggest 2 per cent.¹³³

Namibia

Population 2.46 million (2015). Figures for disability prevalence vary: World Disability Report for WHS 2002-2004 (21.4 per cent), 2001 census (5 per cent), 2002 disability survey (1.6 per cent). Years lost to disability per 100 persons in 2004: 10.2.¹³⁴ Disability survey found urban/rural disparity in prevalence (1.24 per cent urban/1.75 per cent rural).¹³⁵ CLaSH notes the surprisingly low number of children with moderate to severe hearing impairment in Windhoek (capital city) and suggests that some children with parents in Windhoek might be living with other relatives in rural areas.¹³⁶

Rwanda

Population 11.61 million (2015). The 2010 Census of People with Disabilities in Rwanda estimated the population of PWD to be approximately 5 per cent (impairment-based census) although the age profile of PWDs is highly unusual: 78 per cent are aged 20–24.¹³⁷ Rwanda has a young population, and this age cohort would have been young children at the time of the 1994 genocide which 'left behind big number of physical disabled persons as well as people affected psychologically and traumatised'.¹³⁸ This figure still appears high compared to preceding and following age cohorts (i.e. 54 times higher than the number of 25–29 year olds who would also have been affected by the genocide). There is therefore some doubt about the accuracy of this prevalence figure, which was higher than the 3.9 per cent disability prevalence reported in the 2002 census.¹³⁹ Overall, the 2010 census report states that 90 per cent of PWD are under 25 years old, which contrasts with a small-scale but four-month long community mapping of PWD in Musanze District where of 8,117 PWD (disability prevalence rate of 2.6 per cent), 2,936 (36 per cent) were under 25. In 2008 around 65 per cent of the total Rwandan population of 9.3 million was estimated to be under 25.¹⁴⁰ A further source estimates 2.2 per cent of children aged 0–17 live with major disability (93,299).¹⁴¹ The 2010 disability census provides information on numbers of children with disabilities in age ranges: 5–9 years: 3,954; 10–14: 49,910; 15–19 4,900 – raising serious questions about the accuracy of figures as it would be highly unusual to see such a surge in the figures for 10–14 years. Although it is possible that the significant numbers of children having difficulty learning at this age (repeating school years, failing the primary school leaving examination) are being identified as children with disabilities, it is perhaps more likely that there is a technical issue with the data.¹⁴²

Somalia

Population 10.79 million (2015). No data on disability prevalence found.

South Africa

Population 54.77 million (2015). The 2011 census marks disability prevalence amongst the general population at 7.5 per cent and notes that the majority of children with disabilities do not attend school.¹⁴³ The report also notes that nearly 11 per cent of those aged 5–9 have a disability, and this figure falls as the age range increases into adulthood. Generally, school attendance was highest for children with no difficulty in the listed activity domains and amongst the white population group. The results further show that school attendance is lowest among children with severe difficulty in walking, hearing and communication. The Department of Basic Education collects and publishes data annually (most recently for the 2013 school year) which includes data on children with disabilities in school. This is a good example of both the accessibility of data as well as the approach to collection, analysis and publication of such data. Data from the 2013 SNAP survey state that 116,504 learners were learning in 448 special schools (which made up just 0.9 per cent of the total number of schools).¹⁴⁴ The survey does not show data on children with disabilities in mainstream schools. The School Realities reports count the total number of children in the mainstream system at 12,655,436 for 2014, but again there is no data on the proportion of these students that has a disability.¹⁴⁵

South Sudan

Population 12.34 million (2015). The 2008 census showed a prevalence rate of disability at 5.1 per cent (424,000 persons out of 8.28 million) with a variation from 3.1 per cent to 8.1 per cent per state, 5.1 per cent for male and 5.0 per cent for female, and evenly spread across age groups, 85 per cent rural/15 per cent urban.¹⁴⁶ Based on a relatively small survey of 563 families: 'Given that families in the sample had an average of 6 children, this would mean approximately a child population with impairment of 20.7 per cent.'¹⁴⁷

¹³¹ Ibid. ¹³² Lang (2008). ¹³³ Mozambique National Statistics Institute (2007). ¹³⁴ WHO (2004). ¹³⁵ Lang (2008). ¹³⁶ The association for children with language, speech and hearing impairments of Namibia (2015), available at <http://www.clash-namibia.org/>. ¹³⁷ Republic of Rwanda, Ministry of Local Government (2010). ¹³⁸ Ibid.: 16. ¹³⁹ Ibid. ¹⁴⁰ Republic of Rwanda, National Institute of Statistics of Rwanda (2008). ¹⁴¹ Ngayaboshya (2009). ¹⁴² Calculated from data given in section 1.2.1, Rwanda in Figures, Republic of Rwanda, Ministry of Local Government (2010). ¹⁴³ Statistics South Africa (2014). ¹⁴⁴ Republic of South Africa, Department of Basic Education (2015a). ¹⁴⁵ See Republic of South Africa, Department of Basic Education (2015b) for link to reports from 2009 onwards. ¹⁴⁶ Republic of South Sudan, Ministry of Education, Science and Technology (2014) ¹⁴⁷ Ibid.

Swaziland

Population 1.29 million (2015). According to the 1997 census PWD amount to 3 per cent of the population and are predominantly located in rural areas. EMIS data suggest that data on children with disabilities who are enrolled in school are monitored, and data is disaggregated by gender, grade, type of impairment and school type.¹⁴⁸

Tanzania, United Republic of

Population 53.47 million (2015). 3 per cent of the population 7–9 years and 3.5 per cent 10–14 years had a disability/activity limitation.¹⁴⁹ Currently the government is collaborating with the UNICEF country office and UNICEF headquarters to improve the disability data in EMISs. Disability survey: of children aged 7–16 years who had dropped out of school, 2.8 per cent gave disability as the reason for this. It was not possible to tell from data presented what proportion of children with disabilities had dropped out, but given likely prevalence rates this appears high. Similarly, more than half of children with disabilities aged 7–16 who were not attending school said that this was due to disability or illness.¹⁵⁰

Uganda

Population 39.03 million (2015). Based on the available data, child disability prevalence is about 13 per cent or 2.5 million children living with some form of disability in Uganda.¹⁵¹ 'The Uganda's National Development Plan (NDP), 2010/11–2014/15 indicates that 10 per cent of school-going age children in Uganda have special needs thus requiring Special Needs Education.'¹⁵² Overall, the disability rate is 16 per cent.¹⁵³

Zambia

Population 16.21 million (2015). 2.7 per cent of adult population is reported to have a disability. Census data for children aged 5 and above are disaggregated by gender, schooling phase, and urban or rural location. Reported numbers completing school phases are low.¹⁵⁴

Zimbabwe

Population 15.60 million (2015). It is estimated that there are approximately 1.4 million PWD in Zimbabwe, although there are no reliable statistics to verify this.¹⁵⁵ There are about 150,000 children with special needs identified in the schools, although conservative estimates place the number of children that require support at around 300,000, some of whom may be enrolled in schools but not identified as in need, and many of whom are among the children not in school.¹⁵⁶ However, there are an estimated 600,000 children with disabilities of school going age in Zimbabwe, of which it is thought that more than half have no access to education.¹⁵⁷

¹⁴⁸ Swaziland, Central Statistical Office (1997); Kingdom of Swaziland, Ministry of Education and Training (2012). ¹⁴⁹ United Republic of Tanzania, National Bureau of Statistics (2010)

¹⁵⁰ Ibid. ¹⁵¹ UNICEF (2014). ¹⁵² Guzu (2014). ¹⁵³ Uganda Bureau of Statistics (2010). ¹⁵⁴ Zambia, Central Statistics Office (2015). ¹⁵⁵ Lang and Charowa (2007). ¹⁵⁶ Zimbabwe, Ministry of Education, Sport, Arts and Culture (n.d.). ¹⁵⁷ Deluca, Tramontano and Kett (2014)

B: Provisions of international and regional conventions relevant to this study

UN Convention on the Rights of Persons with Disabilities

Article 24 of the CRPD (right to education) is particularly relevant to this study.¹⁵⁸ It asserts that states must ensure that children and persons with disabilities:

- Are not excluded from the general education system or from free and compulsory primary education or secondary education;
- Can access an inclusive, quality and free primary and secondary education on an equal basis with others in the communities in which they live;
- Are provided with reasonable accommodations to enable them to learn;
- Receive the support required, within the general education system;
- Receive effective individualised support;
- Learn life and social development skills;
- Can access, where needed, the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication, and orientation and mobility skills;
- Can access, where needed, the learning of sign language and the promotion of the linguistic identity of the deaf community;
- Who are blind, deaf or deafblind receive education delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximise academic and social development;
- Are taught by teachers, including teachers with disabilities, who are qualified in sign language and/ or Braille, and that professionals and staff who work at all levels of education are trained on disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.

UN Convention on the Rights of the Child

Article 23 of the CRC (rights of children with disabilities) is particularly relevant in the context of this study.¹⁵⁹ It asserts that State Parties recognise:

- That a children with a disability should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.
- The right of children with disabilities to special care and of the right to assistance appropriate to the child's condition and to the circumstances of the parents or others caring for the child.
- The special needs of children with disabilities means that assistance shall be extended free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.
- The need to exchange appropriate information in the field of preventive health care and of medical, psychological and functional treatment of children with disabilities, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.

Draft Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa

In February 2016 the African Commission on Human and Peoples' Rights adopted the Draft Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa. The Protocol contains important measures including:

- Reasonable accommodation of the individual's requirements is provided, and that persons with disabilities receive the support required to facilitate their effective education.
- Multi-disciplinary assessments are undertaken to determine appropriate reasonable accommodation and support measures for learners with disabilities, and regular assessments and certification for learners are undertaken regardless of their disabilities
- Training education professionals, including persons with disabilities, on how to educate and interact with children with specific learning needs.

¹⁵⁸ United Nations (2006). ¹⁵⁹ United Nations (1989)

C: Ministries with responsibility for educating children with disabilities

The survey included two items that enquired about the government ministries responsible for the education of children with disabilities. In most cases (12 of 21) UNICEF country offices indicated that this responsibility did not solely rest with the Ministry of Education. A further seven indicated that it did rest solely with the MoE, and two did not answer, suggesting they were unsure.

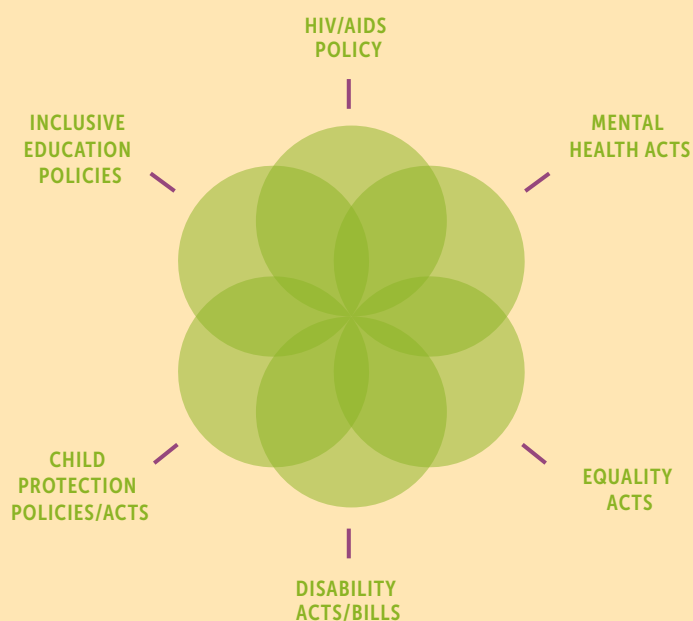
TABLE A1: OTHER MINISTRIES WITH RESPONSIBILITY FOR EDUCATION OF CHILDREN WITH DISABILITY

Other ministries with responsibility for the education of children with disabilities	Number	Countries
Ministry of Women and Children's Affairs	7	Ethiopia, Malawi, Mozambique, Somalia, South Africa, South Sudan, Zimbabwe
Ministry of Health	6	Kenya, Mozambique, Rwanda, South Africa, Uganda, Zimbabwe
Ministry of Social Welfare	6	Burundi, Kenya, Malawi, South Africa, South Sudan, Zimbabwe
Ministry of Labour and Social Development	5	Burundi, Kenya, South Africa, Uganda, Zimbabwe
Other (inc. Ministry of Labour and Human Welfare, Ministry of Gender and Family, Ministry of Local Government, Ministry of Cooperative Governance and Traditional Affairs)	3	Eritrea, Rwanda, South Africa

Note: Reported by survey respondents. Respondents could tick more than one option, so N does not total 21

Survey respondents also suggested that other national policies and legal frameworks were in place to support the rights of children with disabilities across the region. These are described in Figure A1.

FIGURE A1: OTHER RELEVANT NATIONAL POLICIES AND LEGAL FRAMEWORKS
(IDENTIFIED BY SURVEY RESPONDENTS)



For example, respondents also mentioned:

- Disability acts/bills (Botswana, Kenya, Malawi, Mozambique, Namibia, Swaziland, Uganda, the United Republic of Tanzania, Zimbabwe)
- Child protection acts (Botswana, Namibia, Swaziland, the United Republic of Tanzania) and Child protection policies (Eritrea, Namibia)
- Inclusive Education Policy (Madagascar)
- HIV/AIDS policies (South Africa)
- Mental Health Care Act (South Africa)
- Promotion of Equality and Prevention of Discrimination Act (South Africa)



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