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*Education for All 2000-2015: achievements and
challenges*

An examination of the evolution of policies and strategies to improve access to education for children with disabilities, with a focus on inclusive education approaches, the success and challenges of such approaches and implications for the future policy direction.

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Background Paper for the UNESCO 2015 Global Monitoring Report.

‘An examination of the evolution of policies and strategies to improve access to education for children with disabilities, with a focus on inclusive education approaches, the successes and challenges of such approaches and implications for future policy direction.’

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Abstract

This paper provides an overview of the way in which policies and strategies have evolved to improve access to education for children with disabilities. It examines the successes and challenges faced by inclusive education approaches and their impact on the inclusion of children with disabilities in schools. Case studies are provided of four countries, Lao People’s Democratic Republic, Viet Nam, Malawi and Zambia and these serve as tools to explore in closer detail, the way in which policies have been developed and implemented. The paper concludes that whilst there is evidence to indicate that international policies and treaties such as CRC, EFA and CRPD have influenced individual states to develop and implement their own disability legislation and EFA action plans, there is little evidence of educational system reform removing discriminatory barriers to the education of children with disabilities. Much of the data which has been collected regarding the inclusion of children with disabilities in education indicates that they are less likely to attend school and more likely to fail to complete primary school if they do enrol. The paper concludes in order to ensure that children with disabilities are fully included in the future they must be placed clearly at the heart of a post 2015 framework. A series of recommendations are made to ensure that educational reform is based on inclusive principles.

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Introduction

This paper examines the complex evolution of international policies and strategies to improve access to education for children with disabilities². It begins by discussing the way in which policy and implementation have evolved before examining the main challenges facing governments. The paper presents four country case studies from Laos, Vietnam, Malawi and Zambia, as examples of the extent to which challenges have been addressed and barriers

² In this paper we use the term ‘persons or children with disabilities’ in line with certain international conventions. We note that for many, the preferred term is ‘disabled people’ which re-enforces the social model of disability.

remain. Key questions for this paper are the extent to which governments and agencies have adopted a focus on inclusive education approaches, the successes and challenges of such approaches and implications for future policy direction. A rationale for policy development to include children with disabilities in school, has been identified by The World Report on Disability:

‘It contributes to human capital formation and is thus a key determinant of personal well-being and welfare; excluding children with disabilities from educational and employment opportunities has high social and economic costs; countries cannot achieve Education for All or the Millennium Development Goal of universal completion of primary education without ensuring access to education for children with disabilities; countries that are signatories to the CRPD cannot fulfil their responsibilities under Article 24’(WHO, 2011 p. 205).

Global Advocacy

EFA and the MDGs

The Dakar Framework Education for All (UNESCO, 2000) re-affirmed the vision of the World Declaration on Education for All (UNESCO, 1990), supported by the Universal Declaration of Human Rights (UN, 1948) and the Convention on the Rights of the Child (UN, 1989) in aiming to ensure that ‘by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete, free and compulsory primary education of good quality’ (UNESCO, 2000, p. 8). In order to achieve universal primary education, it is essential to ensure that all children with disabilities are attending and achieving in school. EFA goals support the inclusion of children with disabilities in education through the provision of free compulsory primary education for all children and by improving the quality of education (UNESCO, 1990). This was reinforced through the Millennium Development Goals (UN, 2000) and in particular the aim of ensuring that all children complete primary education by 2015.

The Salamanca Statement (UNESCO, 1994) articulated that the phrase *all children* should mean that

‘... schools should accommodate all children regardless of their physical, intellectual, social, linguistic or other conditions.’ (ibid, p6)

and ‘mainstreaming children with disabilities should be an integral part of national plans for achieving education for all’ (ibid, p17-18). Mainstreaming was taken to mean that children

with disabilities 'should attend the local neighbourhood school, that is the school that would be attended if the child did not have a disability' (Ibid). Salamanca challenged the belief that many disabled children were either uneducable or had such complex needs that they needed to be educated separately from other (so called normal) children (Ainscow et al., 2006, p. 15).

Whilst EFA documentation notes the significance of improving outcomes for children with disabilities (e.g. (UNESCO, 1990, p. 34, UNESCO, 2000, p. 25) the MDG goals failed to identify children with disabilities as a specific group who are particularly vulnerable to exclusionary barriers to participation in education. For example, MDG Goal ii, lists girls, children in difficult circumstances and those belonging to ethnic minorities (UNESCO, 2000, p. 8), but not children with disabilities (Albert and Dube, 2005). The breadth of both the EFA goals (Jomtien and Dakar) and the MDG goals did not have a clear enough focus on many marginalised groups, including the disabled and this impacted on the development of policy at national levels, leading to systemic discrimination in many countries. For several years following 2000, even the Global Monitoring Reports did not clearly address the issue of education and disability (Miles and Singal, 2010, p. 5).

The Education for All Fast Track Initiative (FTI) was a donor driven global partnership between donors and developing country partners with the aim of supporting developing country governments in making accelerated progress towards meeting EFA goals. It was renamed the Global Partnership for Education (GPE) in 2011. The FTI was criticised for not being effective enough in supporting the inclusion of children from disadvantaged groups (GCE, 2011, pp. 2-3) and particularly children with disabilities. GPE has a renewed focus, with an emphasis which includes supporting governments not only in developing inclusive education systems but in also in collecting more reliable data to inform planning and designing more effective programmes. The GPE is an example of the way in which donors are beginning to adapt strategic planning to focus more specifically on children with disabilities and this will be examined in more detail later in this paper.

Defining Disability

Historically, disability has tended to be defined using a medical model which labels impairments and responds by treating the impairment through provision. This treatment has often involved segregation and attempts to normalise people with disabilities (Rieser, 2012, p. 15), as well as the notion that children with disabilities require care rather than education. The social model of disability is a rights based approach, which underpinned the Salamanca Statement (UNESCO, 1994). It argues that people are disabled as a result of the interaction between people with impairments and socially created attitudinal and environmental barriers. These barriers need to be identified and removed in order to ensure equity for all. The WHO and the UN have recommended that the medical model of disability be replaced with a functionality model (WHA, 2001) based on the International Classification of Functioning, Disability and Health (ICF). This

‘conceptualizes disability as arising from the interaction of a person’s functional status with the physical, cultural, and policy environments’ (Mont, 2007, pp. 2-3).

The ICF constructs disability through the perspectives of people with disabilities. Whilst the ICF classification is beginning to be applied to disability data collection in some contexts (McDougall et al., 2008, WHO, 2011 p. 23) there is little evidence that it is being used systematically by governments to collect school level data. The case studies in this paper demonstrate that a series of simplified medical categories are usually used for this purpose.

The effects of a deficit model being used to identify and collect disability data are various. It tends to lead to children being identified as having needs which are ‘special’ and not normal (language resulting from the UK Warnock Report (Warnock, 1978) which has been adopted in many countries) and which requires specialised support or provision, sometimes segregated where children are not educated alongside their peers.

Numbers of Children with Disabilities

According to the recent World Report on Disability (WHO, 2011 p. 29) it is estimated that there are 93 million children (0–14 years) living with moderate or severe disabilities. The Convention on the Rights of the Child (CRC) (UN, 1989) and the Convention on the Rights of Persons with Disabilities (CRPD) (UN, 2007), advocated for CWD (children with disabilities) to participate and achieve in education without experiencing discrimination of any kind.

However, international evidence (e.g. (UNESCO, 2010, WHO, 2011 , UNICEF, 2013) indicates that children with disabilities continue to face significant barriers in accessing and participating in education.

Estimates of the numbers of children out of school vary, but the latest figure of 57 million children (UIS, 2013, p. 1) and 74 million adolescents (most of these being in Sub Saharan Africa and South Asia) are generally accepted (CREATE, 2011, p. 8, UNESCO, 2012). Due to the lack of reliable data it is not clear how many of these children have disabilities. For example, Plan International estimated that in Kenya the likelihood of children with disabilities not attending school was over 10 times greater than that for children without disabilities, with disabled boys and girls the least likely to go to school (PlanInternational, 2013). This is supported by recent research published in the World Disability Report which indicates that children with disabilities are less likely to attend school than their non-disabled peers (WHO, 2011 p.207) and that, in some countries, being disabled more than doubles a child's chances of never enrolling in school (Filmer, 2005 p. 141) It is also clear that in many cases, where children with disabilities do attend school, they are more likely to drop out or face discrimination. This is not only the case in economically poorer areas of the world. In the UK, children with disabilities are eight times more likely to be excluded from school than their non-disabled peers (DfE, 2010).

Disability disproportionately affects vulnerable populations. People from the poorest wealth quintile have a higher prevalence of disability and people who have a low income, are out of work, or have low educational qualifications are at an increased risk of disability. Data from selected countries show that children from low income households and those in ethnic minority groups are at significantly higher risk of disability than other children (WHO, 2011). In particular, poverty increases the likelihood that an individual will become impaired and then disabled (Singal, 2007, p. 1) and there is higher disability prevalence in lower-income countries than in higher-income countries (UNESCO, 2010, WHO, 2011).

Inevitably, levels of disability also rise where there is conflict, which not only causes disability but also tends to intensify social and economic factors which lead to disability (Tamashiro, 2010, UNESCO, 2011). The links between poverty and disability are compounded by the

intergenerational transmission of disadvantage, being passed from one generation to the next (DWP, 2010, p. 63). Education has the 'potential to contribute to breaking the connection between disability and poverty' (Croft, 2013, p. 234), not only through empowering children through learning, but also through school-based provision of health and nutrition education and services (Bundy, 2011).

Collecting Reliable Data

A number of factors affect the reliable collection of disability data, including 'differing definitions of disability, different methodologies of data collection, and variation in the quality of study design' (Mont, 2007, p. 1). This is compounded by the fact that not only is there not one single and correct definition of disability, but also 'the nature and severity of disabilities vary greatly, and ... how one measures disability differs depending on the purpose for measuring it' (ibid).

The estimates on the likely percentage of people with a disability have varied significantly, ranging from 1% (UNDP, 1997) to 15% (WHO, 2011), the latter generally being considered to be the most accurate. In many economically wealthy countries, rates can be very high due to sophisticated definitions and identification tools, for example 19.4% in the US and 18.5% in Canada (WorldBank, 2014a). It is also often the case that in low income countries, reported rates are very low. The World Bank gives the examples of Kenya and Bangladesh where the official rates are below 1% (ibid). However, generally, it is accepted that where there is a high level of poverty and conflict, then disability prevalence will be higher and estimates should be adjusted accordingly.

One of the central purposes of collecting reliable data on children with disabilities in the context of EFA, is that if a government does not know how many children with disabilities there are, it is not possible to be clear how many are not enrolled in school. The four case studies in this paper all demonstrate that this is a complex policy area, but in many countries, the official data produced by governments does not match the data which WHO estimates would suggest. For example, in Malawi, the number of children with disabilities only appears to equate to 4% of the childhood population rather than higher percentages normally seen in low to middle income countries (Maulik and Darmstadt, 2007). In Lao PDR,

there is a similar mismatch, with only 4% of children in schools identified as having a disability (Grimes, 2009). The medical model has led to definitions of disability being based on categorisation of impairment and this approach still tends to dominate the collection of education data. Examples of this are schools in Malawi being asked to provide numbers of children who are blind, deaf, physically disabled, or have learning difficulties (Grimes et al., 2013). This is similar in all four case studies.

One of the clear trends in the development of policy since 2000, but particularly in recent years, is the development of Education Management Information Systems (EMIS) at country level (UNESCO, 2003) which can collect reliable school level data about pupil enrolment, progress and retention. Often the introduction of such systems has been supported by agencies and INGOs, such as UNICEF, UNESCO and Save the Children, in order to support the development of equitable policies which have a clear evidence base (Attfield and Binh, 2013). One of the issues which is emerging from the data which has been collected internationally is that there are serious question marks over whether the development of policies and legislation at national and country level is affecting any real change in the 'provision of education for disabled children' (Croft, 2013, p. 234) at school level.

Developing Inclusive Education Systems

A significant impact of the EFA / MDG policy drive, coupled with the influence of the Salamanca Statement, has been the move towards implementing inclusive education approaches. Global agencies and INGOs have developed models for inclusive education, often influenced by the approach of the *Index for Inclusion* (Booth and Ainscow, 2002), a rights based framework for developing more inclusive practices in schools for example *Making Schools Inclusive* (SavetheChildren, 2008 ,).

By 2000, there was international agreement that children with disabilities had the right to attend their local mainstream school (sometimes referred to in the literature as a 'regular school') and that this should be embedded in national and local policies. However, there was still significant confusion about the meaning of 'inclusion' and what this would look like in terms of the inclusion of children with disabilities in their local mainstream school. Inclusive education was based on a rights based approach to education which sought to

identify and remove barriers to learning and participation for all children (Booth and Ainscow, 2002). However, perhaps because the Salamanca Statement was entitled a statement on 'special needs education' (UNESCO, 1994, p. 1) the association between inclusion and disability became fixed in the policy documentation of many governments, for example in the UK (DfEE, 1997, p. 44). The statement was also criticised for not being clear enough about responsibilities for action on human rights violations (Tomasevski, 2004, p. 5). Although Article 24 of the CRPD states that governments must ensure equal access to an "inclusive education system at all levels" and provide reasonable accommodation and individual support services to persons with disabilities to facilitate their education (WHO, 2011 p. 206), confusion about the meaning of terminology remained. One of the results of this was that national policies lacked clarity, particularly in relation to the differences between integration (the location of individual children within current provision), and inclusion (a systematic change to accommodate diversity) (Bines and Lei, 2007 p. 4).

The main levers for changes at individual country level to support the inclusion of children with disabilities have tended to be the development of rights based, legally binding treaties such as CRC, CRPD and frameworks such as EFA. In Viet Nam and Lao PDR the case studies in this paper argue that the respective governments were concerned to achieve international recognition through their compliance with such treaties. However, a poor understanding of inclusive approaches to education coupled with a predominant medical model of disability has led to significant challenges in many countries. This is addressed in greater detail in the following section.

Main challenges facing governments in relation to educational access and completion for children with disabilities

Reducing Discrimination: Perceptions of Disability

Discriminatory attitudes towards children with disabilities at all levels of society may be the single most significant barrier to the inclusion of children with disabilities in school (Price, 2003, InclusionInternational, 2009). This is because negative attitudes underpin many of the other barriers which exist. In the Lao PDR case study, negative attitudes were prevalent both in society at large and amongst teachers, with the resulting belief that children with disabilities could not learn and did not need to be educated. Also present were deeply held

cultural beliefs about the nature of disability, for example that it was the result of sins in a previous life. Stigmatisation, where children with disabilities are seen as different from other children is evident in all the case studies and can be rooted deep within a culture. A recent report on disability and education in West Africa found ‘multiple levels of prejudice exist towards children with disabilities at all levels of society, creating deep discrimination’ (PlanInternational, 2013, p. 8). Rieser (2012 p. 14) details similar findings in both Southern Africa and the South Pacific and this is supported by research from organisations such as The World Bank (2004) and UNICEF (2013). Such attitudes often lead to children with disabilities not being allowed to attend school, because of negative perceptions of impairments (Karangwa et al., 2007).

One of the first duties of any government or agency wishing to develop educational opportunity for children with disabilities is to counter such attitudes (Alur and Timmons, 2009, p. xx) but evidence suggests that in some contexts, this can be a slow process. Tackling negative teacher attitudes also entails stigmatization through medical model labelling of children. Where children with disabilities do have access to school, teachers attitudes are often coloured by their disability category rather than holistic knowledge of the whole child (Huang and Diamond, 2009). This can reinforce the belief that there is a need for specialised services to teach children with disabilities, based on a lack of teachers’ confidence in their own pedagogical skills and knowledge to teach children with diverse learning needs. Labelling of the child in this way is also likely to lead to children with disabilities experiencing stigmatization, peer rejection, lower self-esteem, lower expectations, and limited opportunities (Florian et al., 2006). Examples of this can be seen in the research literature from the case study countries.

However, there is also emerging evidence which indicates that sustained support and intervention over a period of time can help to challenge and change negative attitudes at community level. One example of this is the Power International Project referred to in the Lao PDR case study (Grimes, 2013b).

Fragmentation of Delivery

Negative attitudes based on a medical model of disability can also undermine attempts to develop inclusive education at policy level. In a number of countries in 2000, the responsibility for children with disabilities sat not within the Ministry of Education, but within alternative Ministries such as Health / Social Welfare, Special Education / Social Justice, for example: El Salvador, Pakistan, Bangladesh, Ethiopia, Rwanda and India (WHO, 2011 p. 214). The view that the education of children with disabilities is not the responsibility of the Ministry of Education is embedded in socio-cultural perceptions that children with disabilities need welfare rather than equity in educational opportunity (ibid). Where there is segregation at policy level in this way it seems likely that there will also be segregatory practices at the level of policy implementation. For example, Miles and Singal, (Miles and Singal, 2010, p. 2) describe how

‘...in the slum communities of Bombay, India, UNICEF introduced an innovative preschool programme. All children were welcomed to join these new pre-schools, except those who were perceived to have disabilities’(Alur, cited in Booth and Ainscow, 1998).

Divided ministerial responsibility is also likely to result in a lack of clarity in the development of legislation, policy, and strategic planning to include children with disabilities (WHO, 2011 p. 214). This can range from having no transparent strategy or targets for the inclusion of children with disabilities (Bines and Lei, 2007) to ‘a lack of financial and other targeted incentives for children with disabilities to attend school’ (WHO, 2011 p. 214). Ministries influenced by a medical model may advocate provision for children with disabilities which is segregatory as can be seen in the case studies of Vietnam and Malawi. All four countries have supported or signed up to international conventions and Vietnam has embarked on a series of legislative reforms many of which note the importance of including children with disabilities. However, as the case study demonstrates, there is also evidence of confusion and contradiction in some of the policies which have been developed.

Although INGOs and NGOs have an important role in the development of both policy and programme delivery, their involvement in all four case studies can also be seen to have contributed to fragmentation. A typical example of this would involve different sections

within a Ministry of Education working with different agencies to develop similar programmes. For example in Lao PDR, between 2005 and 2007, The Department of Primary Education were working with both UNICEF and Save the Children separately to develop two different school audit tools. The development of cross sector planning and Educational Framework development has been a lever to eradicate this fragmented approach in all four countries. However, there is still evidence of NGOs and INGOs working in the same areas of a country to support the inclusion of children with disabilities without their being fully aware of each other's work, as demonstrated by a recent stakeholder workshop in Malawi (Grimes et al., 2013).

Cross-sectoral collaboration which draws together the work of different government departments, NGOs, IDAs and civil society and public / private partnerships has been proven to be essential in supporting not only the inclusion of children with disabilities and but in developing equitable education systems. However, many governments and donors are still not adequately committed to enhancing sectors working collaboratively (SDSN, 2013). One example of the way in which children with disabilities can be supported more effectively is through the promotion of comprehensive school health and nutrition which has been shown to have a positive effect on child development and in particular on children with disabilities. Successful interventions such as in Tamil Nadu, India, have involved the establishment of 'active and communicative steering committees with representation from a variety of School Health and Nutrition relevant fields' (PCD, 2013, p. 22). In the Lao PDR case study in this paper, the success of the Inclusive Education Project run by Power International between 2010-13, was based on cross-sectoral working at both government, provincial and district level between the Ministries of Health, Education and Social Welfare, as well as schools, civil groups and Disabled Peoples Organisations.

Budgeting for Inclusion of children with disabilities

It was acknowledged by the Dakar Framework for Action (UNESCO, 2000) that in order to achieve EFA goals, there would need to be increased funding from governments and IDAs / NGOs. This has not always been forthcoming (WHO, 2011 p. 215, GCE, 2011) and has been compounded by the fact that budgets for the inclusion of children with disabilities have not been clearly identified (UNESCO, 2010) or are confused, often because of multiple ministry

responsibility. This is demonstrated in all of the case study countries, for example in Malawi where the allocation of budget for children with disabilities ‘appears to be very low on the agenda’ (Grimes et al., 2013, p. 3). In Vietnam ‘inclusive education has to compete with other priorities in the government budget and policy making, meaning that inclusive education is seen as something of a luxury issue and so teachers see it as this also’ (Rieser et al., 2013 p. 90). The influence of a medical model of disability with an emphasis on specialised provision, can lead policy makers to conclude that including children with disabilities in mainstream schools is prohibitively expensive. The Salamanca statement argued that inclusive schools were the most cost effective approach to system reform (UNESCO, 1994, p. ix) and this argument has also been supported by a number of researchers such as Peters (2004). Nevertheless, ensuring that children with disabilities are enabled to fully participate and achieve is likely to incur additional costs in making school environments and infrastructures accessible and child friendly for all, providing accessible equipment and learning materials and training teachers in inclusive education and also in specialised fields such as sign language and braille (Hernandez, 2006). In all four case study countries, there has been a lack of necessary funding and resources to support children with disabilities.

Developing Inclusive Schools

General approaches to improving quality and inclusiveness of education and how they impact on children with disabilities

The EFA goal to improve the quality of education in schools has had inconsistent impact. Recent research has revealed that ‘approximately 200 million children are currently in school but are learning very little because of inefficient and inadequate education’ (Lewis and Bagree, 2013 p. 6). There have been many examples since 2000, of attempts to reform education systems by introducing inclusive approaches. These should have led to improvements in outcomes for children with disabilities. UNICEF’s Child Friendly School (CFS) initiative is an example of this approach, whereby schools are supported to develop their practice in order to be able to respond to the unique characteristics of each learner. The CFS approach supports schools in reviewing the curriculum, pedagogic strategies, physical facilities and services and provides resources and training for schools. There are similarities between this and other IE models, such as that advocated by Save the Children (2008) or the

UNESCO Bangkok 'Embracing Diversity Toolkit' (2004, 2009). These approaches have proved effective in helping to transform teaching quality in many countries and have supported teachers in adapting their pedagogy so that it is more responsive to the needs of individual children. The shift in pedagogy has usually been away from rote learning towards higher levels of participation, group work and independent activity.

The 'building blocks' of strengthening inclusive education also include reviewing the accessibility of materials, equipment, curricula, assessments/tests and school infrastructure to identify and remove all possible barriers for the participation and learning of all children. These building blocks are based on universal inclusive principles which are underpinned by rights based policies such as CRC and the EFA goals.

There have been criticisms that such approaches are not always responsive to local culture and context (Hardman and Stoff, 2012 pp. 46-47, Howes et al., 2011, Nguyen et al., 2009, Grimes, 2013a). For example, the way in which learning through group work, is interpreted in different cultures can be problematic. It has often been the case that innovations based on theory developed in western education systems have been transplanted onto schools in different cultural contexts without a sensitive analysis of the way in which teachers might understand and interpret these new theories. It is important to support teachers in adapting new initiatives into their own practice and enable them to take ownership in order to create sustainable improvements.

Early Childhood Development

Creating inclusive school systems has often involved a focus on early childhood development (ECD). For example, in Lao PDR the IE Project was partnered by an Early Childhood project which aimed to develop pre-schools alongside many of the primary schools in the project. A wide range of research supports the argument that preschool programmes promote inclusive learning and equity from the beginning of a child's educational journey (UNESCO, 2007). They are vital in supporting children's subsequent learning and development and can also go some way to countering the factors which cause disadvantage and exclusion. Supporting children with disabilities in their early years is a key strategy for engaging with impairments, through health interventions at an early age. The policy levers for EDC are EFA

goal 1 (UNESCO, 2000), which specifically refers to early childhood care and the CRC (UN, 1989). The Committee on the Rights of the Child produced a working document on 'Implementing Child Rights in Early Education' (OHCHR, 2005) which drew attention to rights and needs in early childhood and the importance of formulating 'policies, laws and practices that focus specifically on early childhood' (UNESCO, 2007, p. 107). It also mentions the countering discrimination against young children with disabilities and the importance of developing comprehensive policies to cover the health, care and education of all young children.

Overall, it is questionable how effective generalised inclusive approaches have been in including all children with disabilities. Rieser argues that 'EFA initiatives and UNESCO's broad brush approach' (2013 p. 14) have not had much impact on children with disabilities. The Lao PDR case study indicates that where inclusive approaches for all children are combined with a focus on removing specific barriers for children with disabilities there can be success, but also that the process is complex and difficult to sustain without political commitment at policy level. There are also questions about how successful such approaches are in meeting the needs of children with more complex disabilities. This issue is explored in more detail in the next section.

Targeted responses to children with disabilities within the inclusive education framework

The Twin Track Approach

The medical model of disability assumes that children with disabilities will usually require specialised support in school and this in turn implies a specialised pedagogy. Reviews of the research into effective pedagogy for children with disabilities have found no evidence to support this view (Croft, 2010, Lewis and Norwich, 2004). Pedagogy which may have been previously viewed as specialised for children with disabilities has been shown to be made up of the approaches which teachers use in their everyday teaching for all students, although it may be extended or emphasised for particular students or groups. This is the case even when the teaching approach may look different, such as when teachers are working with students who have multiple disabilities. Children with disabilities may sometimes require specialised resources, and teachers who are trained to make adaptations to the way they communicate, through sign language for example, but there is no evidence to support the

argument that they need to be taught in a different way from other children. In some countries, this evidence has supported a partial shift away from a specialised approach to teaching children with disabilities to a more inclusive approach where adaptations are made with mainstream inclusive classrooms to enable this. Reforming pedagogy and increasing the accessibility of the curriculum to benefit all learners at the same time as focusing on the issue of disability has come to be known as 'the twin track approach' (Croft, 2010, Miles and Singal, 2010, p. 11). However, it is also noted that the phrase 'twin track' can be confusing in itself by introducing new language into an already overcrowded paradigm.

The Global Partnership for Education has identified three specific groups of children with disabilities who may be excluded from education (GPE, 2014). Identifying and removing the barriers they are experiencing is an essential foundation of a twin track approach.

- children with disabilities who are enrolled in school but excluded from learning because the curriculum has not been adapted to their needs or teachers do not have the capacity or time to make the needed adaptations, and/or they do not have access to assistive devices necessary for their learning needs. An example of this might be children with low vision who are unable to see the board without eye glasses.
- children with disabilities who are not enrolled in school but who could participate if schools had the capacity in terms of knowledge, skills and equipment to respond to their specific needs. An example of this might be children with physical disabilities who cannot access the classrooms or children with learning difficulties who may require adaptations to the school environment or teaching methods.
- Children with severe disabilities who require additional specialised support, whether in school or not. This group is relatively small (2-3% of all children with disabilities). Examples might be children with limited speech or communication, children with a need for support in major life activities or children with multiple disabilities (ibid).

There are a number of different examples of successful international practice in developing inclusive education systems through a twin track approach. In South Africa, the focus has shifted from special schools to inclusive education in mainstream schools (Stofile, 2008). In Bangladesh, BRAC, a NGO, established a pre-school and primary education programme

aimed at supporting children with disabilities (although the focus was on mild disabilities). The project trained teachers, provided equipment, and adapted the curriculum as well as improving physical access. By 2006, it had improved outcomes for 25,000 children (Ryan et al., 2007, UNESCO, 2010, p. 202). In Cambodia, supported by GPE (2014), a screening instrument was used to identify 2- to 9-year-olds with potential disabilities. The findings showed that a significant number of the children with disabilities who were out of school had impairments which only required simple adjustments such as the provision of glasses.

The Sarva Shiksha Abhiyan (SSA) programme in India has aimed to improve the quality of elementary education for all children in the 6-14 years age group. There is evidence that the programme has trained teachers and produced materials to support the teaching of children with disabilities as well as trying to improve the quality of teaching and learning in Indian elementary school classrooms (WorldBank, 2014b). However, the Indian government has also been criticised for not tackling 'the dominant medicalised understanding of disability' (Singal, 2009, p. 38). Although enrolment has increased and undoubtedly children with disabilities have benefitted from this, many are being educated in segregated provision or in schools where the quality of education has been questioned. Rieser has also noted that the programme has put too much emphasis on training teachers about impairments and not enough on inclusive pedagogies (Rieser et al., 2013 p. 69).

Including children with more complex disabilities in mainstream settings has proved to be challenging in many countries. This is evidenced in the four case studies where there are very few examples of these children attending mainstream schools. Where special schools exist, they may be able to attend one of these, although in economically poor countries there tend to be very few such opportunities. In all four case studies children with more complex and/or multiple disabilities are generally missing from official school enrolment data. They tend to be seen as uneducable and that it would be too difficult for teachers and too costly for governments to allow them to attend school (Holdsworth, 2003). Although this view may be rooted in a medical model of disability there are relatively few examples of programmes which have been successful in overcoming these challenges. Where there has been success in countries such as the US, Canada and the UK for example, it has often involved high levels of funding. Stubbs argues that in low income countries, including

children with more severe disabilities in education can sometimes be accomplished through community based rehabilitation programmes working in close collaboration with inclusive education initiatives (Stubbs, 2008, p. 49 & 85). However, this view has also been critiqued for segregating children with disabilities from the rest of society during a crucial part of their lives ...(which) ... negatively impacts both on individual children and on society as a whole' (Myers and Bagree, 2011, p. 5).

The inclusion of deaf children in education in low income countries has been problematic, particularly where there is little or no access to specialised support systems, such as teachers trained in sign language. Deaf children can easily become excluded from their own communities and families because they do not share the same language. This often leads to a case being made that deaf children can only be included through special and segregated provision. This may offer deaf children the opportunity to learn sign language alongside their deaf peers but often results in further isolation from their own communities (Stubbs, 2008:84). There are a number of examples internationally where deaf children are being educated in their communities and in mainstream school settings, such as Uganda, Samoa, India and Afghanistan (Wilson et al., 2008 pp. 101-116). A significant factor in the success of these initiatives has been the combination of support for the school and the community at the same time.

Specialist Teachers, Specialised Professionals and Resource Centres

In many countries teachers trained as specialists in visual or hearing impairment, and learning difficulties have been used to support the inclusion of children in mainstream settings (Lynch and McCall, 2007), often travelling to different schools to work with children and teachers. These teachers are also sometimes known as itinerant teachers. This approach can be cost effective but it can also sometimes reinforce a medical model of disability by encouraging the idea that children with disabilities can only be included where teachers are specially trained to teach children with specific impairments. This can be overcome by ensuring that specialist teachers are trained in Inclusive Education principles and work with teachers and schools to develop child friendly learning environments for all, as well as providing specialist advice on communication, adaptations and resources for children with disabilities. The provision of specialist teachers is sometimes associated with

the development of resource centres in mainstream schools. Although these can be useful as bases for the location of specialist equipment, as the Malawian case study shows, unless their use is carefully managed they can become a form of segregated provision where specialist teachers use them to teach children with disabilities separately away from other children. A more effective approach is the resourced school model, where all schools are provided with the resources and support they will need in order to ensure the effective inclusion in mainstream classes of children with disabilities.

Schools have also been supported by a range of other professionals and support services. These are sometimes provided through governmental policy initiatives or, more often in low income countries, through local NGOs. As with specialist teachers, whilst these support systems can be very effective and are often essential in supporting the inclusion of children with disabilities in schools, they can reinforce a medical model of disability. Where they have been most effective, they have worked as part of an inclusive education initiative alongside other professionals supporting inclusive system reform.

Teacher Training

Initiatives to support the inclusion of children with disabilities have inevitably involved teacher training. The fact that there has been limited impact raises questions about the strategic planning of such training and the way in which it is delivered. Teacher training falls into two broad areas: pre-service and in-service. The UNESCO Open File of Inclusive Education (2001) provided administrators and managers with a range of approaches to inform strategic planning. There are a number of examples of low-middle income countries which have attempted to introduce pre service modules on inclusive education often with limited success. In Vietnam and Lao PDR the modules had limited impact because of the lack of experience of the trainers and because of confusing content. In Lao PDR, trainers were given modules, written for them, which supported broad inclusive principles which they had no experience of. In Vietnam, modules on inclusive education, child rights and gender equity were offered as optional modules for students and were not very popular. In Malawi, there is a strategy to begin training primary school teachers in special needs education but this does not reflect inclusive principles and at the time of writing, had not yet been implemented.

A recently published review of the research literature on teacher education for children with disabilities (Rieser et al., 2013) found that strategies for in-service teacher training for inclusion have also often been ineffective. Whilst

‘inclusive principles are increasingly being articulated within policy and teacher training curricula, ... translating these principles into practice is not widespread for various reasons. These reasons include trainers with a lack of experience of inclusive strategies, not enough investment in time and resources for practice-focused training, and, mainly in of Sub-Saharan Africa, major challenges with education infrastructure and resourcing, which are making the basic conditions for inclusion difficult to realise’ (Pinnock and Nicholls, 2012, p. 13).

The content of in service training has often focused either on broad principles of inclusive education or specific impairments but rarely on both, delivered in short courses, sometimes for as short as 1 day and often no longer than 5 days. It has also often been delivered using a cascade model in order to reach larger numbers of teachers. Training has tended to be based on the assumption that there is a core content which can be universally applied in any country, district or school with equal impact. This approach does not take into account local contextual factors which affect the way in which participants in training understand, interpret and apply learning. Rieser et al. (2013) argue that on the evidence of their review, policy makers must develop new approaches for training teachers to support the inclusion of children with disabilities. The content of pre and in-service training must reflect a twin track approach based on inclusive values and universal rights based principles which reflect the need to develop inclusive cultures at all levels of society. It should therefore also be context specific and respond to local cultural and socio-economic factors (Grimes, 2013a). Training should be delivered by teacher trainers who themselves have experience of successful models of inclusive education and have a good understanding of inclusive principles. It should involve engagement with successful models of practice based on real schools’ experiences. Training should also take note of wider research into effective ways of supporting professional learning. This includes supporting the engagement of teachers with evidence bases through school based action research (Armstrong et al., 2009); enabling the development of reflective practice (Pollard et al., 2008) to develop evidence informed teaching; ensuring that teachers are supported through ongoing support mechanisms,

including visits from local advisors and education officers and peer support through local learning networks (Rieser et al., 2013 p. 38, Stubbs, 2008, Grimes et al., 2012).

Stakeholder and Partnership Working

The most successful initiatives in including children with disabilities have involved close collaborative working between a range of stakeholders but in particular disabled peoples' organisations (DPOs) and local communities. The country case studies identify examples of projects working to strengthen the capacity of DPOs, for example FEDOMA in Malawi, ZAFOD in Zambia and LDPA in Lao PDR. The role of DPOs has been increasingly advocated since 2000 and they need ongoing training and support to enable them to

'become effective advocates of inclusive education and disability equality. At the same time disabled people's organisations can educate teachers; ... disabled people and their organisations must be at the centre of the drive for inclusive education' (Rieser, 2012 p. 287).

Parents with disabilities and the parents of children with disabilities need to be represented at all levels of governance. In Malawi, FEDOMA have supported the development of community based groups for parents of children with disabilities and this has led to representation on school management committees. Similar initiatives in Lao PDR and Zambia have supported the development of parents as advocates for children with disabilities.

Working closely with the community appears to be the most successful way of changing negative attitudes towards children with disabilities and promoting understanding. It enables development work to be undertaken in such a way that it engages with the real day to day barriers that children with disabilities face, not only in accessing education, but also in every area of their lives. Community based work strengthens schools in becoming more inclusive and enables contextual and culturally sensitive solutions to be developed which are owned by local people and children with disabilities themselves.

Part Two: Four Country Case studies

In this section of the paper, we present four country case studies, two from South East Asia (Lao PDR and Viet Nam) and two from Southern Africa (Malawi and Zambia). These examine the main arguments regarding different aspects of policy and programme evolution, with

evidence on the extent to which these were successful in addressing challenges and enabling more children with disabilities to access quality education. The case studies, examine the context and background for each country, and review policy and planning for children with disabilities, the implementation and impact of programmes for children with disabilities and inclusive education. Evidence for each case study was collected through systematic searches of academic databases, using key words such as ‘disability’ and variations of this, and ‘inclusive education’ alongside each country’s name. The websites of high profile IDAs and NGOS (e.g. UNICEF, DfID, Save the Children) were also used to search for relevant data sets and reports.

Lao PDR

Background and context

The Government of Lao PDR has been committed to education as a national development priority to help meet its twin goals of exiting the Least Developed Country Status by 2010 and achieving the Millennium Development goals by 2015 (FTI, 2010).

There has been an increase in primary enrolments to 91 per cent but high repetition and drop rates mean only 60 per cent of students complete the full 5 years of primary schooling (MoES, 2014). Further, results from the 2005 population census indicate that about 10% of children are “unreached”(GPE/ESDF, 2009), i.e. one in ten children never attend primary school or receive any formal schooling. There are around 8,500 primary schools for a population of 6 million and a large number of these are incomplete schools and consist of one or two classrooms offering only two or three years of schooling (GPE/ESDF, 2009). A high percentage of schools (24%) do not have toilets or drinking water (FTI, 2010) and class sizes are larger in poorer areas, in some cases with a ratio of over 100 students to 1 teacher.

Lao PDR is predominantly a rural society and almost 73 percent of the population lives in a rural area (Lachanthaboune et al., 2008). These rural areas have high levels of food insecurity leading to malnutrition in children, which affects school attendance, and learning. Many ethnic groups, who make up over 50 per cent of the population in Laos, live in remote scattered communities and do not speak Lao as a first language. This is a barrier especially since the prescribed medium of instruction is Lao (ibid). An area of serious concern is that

some provinces have an over supply of teachers while remote and scattered settlements are characterized by severe shortage of teachers leading to very high pupil teacher ratios.

Access to early childhood education is very low in Lao PDR (only around 20% of children attend some form of pre-primary schooling) with a majority of these enrolments in urban areas (GPE/ESDF, 2009). Student progression from primary to secondary school is also poor with only 75 per cent of boys and 66 per cent of girls making the transition (AusAID, 2010). 56 districts (from a total of 143) have been identified as the most educationally disadvantaged and 75 per cent of out-of-school children are located in these target districts (GPE/ESDF, 2009).

Drivers of and barriers to policy change for disability

Lao PDR is a signatory to the CRPD and a draft Decree on the Rights of Persons with Disabilities has been developed (AusAID, 2010). Until 2009, the main driver for inclusive education in various policies was the IE Schools project, an Inclusive Education project jointly implemented by the MOES and Save the Children for 16 years, funded by the Swedish International Development Cooperation Agency. This project is discussed in greater detail below. The term 'IE Schools' originated from this project and finds its use in several policy documents. Despite the project adopting a holistic and broader approach to inclusive education, different interpretations and understandings of inclusive education continue to prevail.

The national budget allocation to the education sector is 12 per cent of total government expenditure and this is low by international standards (ibid). The Education for All National Plan of Action 2006 to 2015 (UNESCO, 2005) mandates a budget allocation from the Education Medium-Term Expenditure Framework and annual PES budgets for funding pilot experiments and development of IE programmes in each province.

The plan has a number of strategies to 'improve access of children with special needs in all provinces to complete at least primary school' and these include: Children with special needs to be identified at village level and enrolled in schools; Increase the number of IE schools and strengthen existing IE schools by capacity building at various levels. However,

the Action Plan also contains certain contradictions such as: *'incorporate 30% of children with light disabilities into IE schools nationally by 2015-16'*; all children must continue in schooling until the age of 14, *'except for those with physical and mental health problems who cannot continue their schooling even though sufficient care may have already been provided'*. This document uses terms such as 'inclusive education', 'children with special needs' and 'children with disabilities' although they are not defined or explained.

The National Education System Reform Strategy 2006-2015 (NESRS), which is the Government's flagship document for the education sector has contradictory provisions and has a medical model approach (MOES, 2008). In one section it states that it will 'increase the enrolment of mentally and physically disabled children reaching 3,075 in 2010, as compared to 2,700 in 2005'; in another section the strategy commits to the construction of special schools for 'badly disabled' children. This contradicts data in the 2016-20 Education Action Plan (UNESCO, 2005) which states that there were 4,569 children with disabilities in mainstream schools in 2007 and only 1,744 by 2012 (MOES, 2012, p. 2). The strategy makes no reference to the sources of the disability data.

The Education Law 2007 (MOES, 2007), another important law, also adopts a medical/charity approach and recommends special schools for 'people with serious disabilities'; Article 24 adds, 'State must provide scholarships for students with disabilities'. A positive aspect in the school construction guidelines (GPE/ESDF, 2009) and the School Quality Standards (MOES, 2012) is the stipulation that schools must be barrier free and accessible for people with disabilities.

The Education Sector Development Framework (ESDF) is recognised by the MOES and DPs as the action plan of the NESRS (GPE, 2010)³. This gives a high status to inclusive education and funding will be utilised for improving access to basic education for girls, children with special needs and children in remote areas. It is one document, which provides a holistic definition for inclusive education:

³ Lao PDR joined the Global Partnership for Education in February 2009 based on the endorsement of the ESDF (GPE, 2010).

‘Provision of a safe, inclusive environment where all children, regardless of gender, disability, ethnic background or level of poverty, have access to a decent minimum standard of primary schooling.’

The ESDF plans to implement inclusive education through the Schools of Quality (SOQ) approach⁴ and has proposed that training of 9,500 teachers and school principals with the “Schools of Quality” model will include content on inclusive education amongst several other aspects. However, despite these holistic strategies, the ESDF also contains a target similar to the EFA plan (above) for reducing repetition and dropouts to *‘incorporate 30% of children with light disabilities into Inclusive Education schools by 2015’*, implying that only a certain number and certain disabilities would have access to inclusive education, rather than all children with disabilities.

An important outcome for Lao PDR after UNESCO’s 2008 International Conference on Inclusive Education was the development of a National Policy on Inclusive Education and National Strategy and Action Plan on Inclusive Education 2009-2015 (IE policy), adopted by the Prime Minister on 7th December 2010 (Lee and Outhaithany, 2011). The policy is pro-poor, holistic and has a broader view of inclusive education with objectives to ensure access and completion for all groups vulnerable to exclusion. One of the strategic principles of the policy is Institutionalization/mainstreaming of inclusive education within all levels of the national education system, including strengthening inclusive components of existing programmes.

However, this policy is seeking to do what other policy documents have already mentioned and there is a repetition of many strategies, for example abolishing registration and tuition fee in schools (already in ESDF, 2009), reducing repetition and dropout rates (already in ESDF, 2009 and EFA Action Plan), upgrading incomplete schools; adjusting school calendars to suit the agricultural cycle (GPE/ESDF, 2009); Despite the holistic definition and ideology, this policy too contains evidence of a medical model for children with disabilities by recommending ‘special schools should be maintained only for students with complex disabilities’.

⁴ The SOQ approach is the Ministry’s adoption of UNICEF’s Child Friendly Schools Framework

The main modality for implementing the IE Policy is the Inclusive Education Centre (IEC), an administrative unit of the MOES. The main task of this unit is to play a catalytic and leading role to promote IE (especially education of girls, ethnic groups and children with disabilities) at the macro level across the country (Lee and Outhaithany, 2011, Forgacs, 2012). The IE Policy had not been implemented a year after being enacted (Lee and Outhaithany, 2011) and the current Draft Education Action Plan indicates that this is still the case (MoES, 2014).

Perceptions of disability and understanding of IE

One of the challenges in Lao PDR is the lack of accurate data on disability. Lachanthaboune, Somsanith and Lee (2008) state that the MOES does not have EMIS data disaggregated on the basis of disability and ethnicity, while Young and Youtitham (Young and Youtitham, 2009) found that the EMIS does not collect disability data.

Children with disabilities are discriminated against in schools and in society. O'Brien (2011) found that many families do not register the birth of a disabled child as they consider this to be a stigma; also there is no motivation to register as there is no economic or other benefit for registering a child with disability. There is a shortage of health services for people with disabilities in Lao PDR and even the existing services, which are mainly concentrated in the capital city, are difficult for the rural population to access. Many people with disabilities are not aware of the existence of the services (ibid).

Another problem is a lack of trained mainstream teachers who know how to adapt their teaching practices to include children with disabilities in the general classroom (Young and Youtitham, 2009). The current system of providing training on inclusive education in pre-service is through a 'module' on inclusive education. This does not give student teachers enough knowledge and insight about inclusion and they are unable to 'integrate inclusive practices' into their classroom teaching (DTE, 2011).

The term Inclusive Education is understood and interpreted in different ways. For example, the concept of Inclusive Education is generally understood as education for 'children with disabilities' and focused on Primary Education level (Lachanthaboune et al., 2008). Whereas CEWED (2009) found that there is 'very limited understanding of Inclusive Education in the

broader sense and disabilities are not addressed'. Lee and Outhaithany (Lee and Outhaithany, 2011) contend that 'inclusive education is a relatively new and cross-cutting concept' and will take time to become a reality. They also state that there is not enough capacity within the Ministry to address inclusive education.

Government provision versus NGO and Agency Provision

Lao PDR has limited systems to provide rehabilitation and disability services to people and children with disabilities; for example there are no speech therapists or psychologists working in the country. Co-operative Orthotic and Prosthetic Enterprise (COPE) is a local not-for-profit organisation in Vientiane that works in partnership with the Centre of Medical Rehabilitation (CMR) to provide rehabilitation services to people with disabilities and provides outreach services in 8 provinces. The Lao Association for the Blind and the Lao Association for the Deaf are two other organisations that provide community based awareness and training for families and village health volunteers. The Association for Autism is the only organisation providing services for children with autism. Other INGOs, such as Handicap International and CBM who have engaged in community based rehabilitation programmes in some districts.

Much of the actual implementation in inclusive education has taken place through INGO projects supported by the MOES. One of the longest running and successful inclusive education projects was the IE schools project of Save the Children, Norway from 1993 to 2009. At the time of closure of funding the project had been implementing inclusive education in 539 schools in 17 provinces. The data below is drawn from a number of key publications relating to the project (Holdsworth, 2003, Grimes, 2009, Grimes, 2011, Grimes et al., 2011, Grimes et al., 2012).

The target group of children in the project were children with mild and moderate disabilities and children failing in school whether because of learning problems or other factors. The project adopted a broader outlook to facilitate inclusion of all children and identified the system as the problem. The main strategy used was to change pedagogy in schools by encouraging teachers to use child-centered approaches. This helped to change the traditional approach where teachers used the 'chalk and talk' method and placed

importance on rote learning and copying from the blackboard. The project's approach to child-centered pedagogy encouraged teachers to use five different inclusive strategies which became known as the IE 5 Point Star. Diagrams of the five points, in a star shape, were displayed in schools that received training under the project. The project developed a number of innovative approaches. This included training for district education advisors to become IE specialists who would advise and support the teachers in the school; a framework of support and monitoring which existed at school, district, provincial and Ministry level. Assessments and examinations were also adjusted to ensure that children with disabilities did not repeat grades and there were strong links with the Early Childhood project and Healthy Schools Initiative to ensure that wherever possible children with disabilities were identified early, given access to pre-school and to health screenings and support.

There was collaborative working between the MOES and the MOH and a Project Board comprising of members from the MOES and MOH was set up to provide leadership and for decision-making. This Project Board was crucial for the project because it was acknowledged that success would only come through cross-sector collaboration. The IE project also acknowledged that the needs of some children with complex disabilities could not be met. By 2008 there were over 4500 children with disabilities attending the 536 mainstream schools and 3 special schools.

When the SIDA funding was withdrawn in 2009, there was no clear strategy to build on the success of the project and either sustain the IE schools network nor expand it. The only evidence which currently exists regarding its sustainability, is through evaluations of other IE projects which have built upon it by using some of the IE schools to work in (see below). However, the fact that the MoES estimates that the number of children with disabilities in mainstream schools had fallen by over 50% in the 3 years after the project closed (MoES, 2014, p. 2) suggests that the government and its development partners had systemically failed to build on the project's success in supporting the inclusion of children with disabilities in education across the country.

A project (CRS, 2010) which built upon the achievements of the IE Project is the Catholic Relief Service's Strengthening Community and School Support for Children with Disabilities

in Lao PDR (2006-2010), funded by USAID and CRS and implemented in three provinces. This project focused on developing institutional capacity in the MOES and MOH and continued the cross sector approach. The project provided training for every teacher in 132 project schools. Due to lack of further evidence, the impact of this project is not known. However, CRS has now received funding from DfAT for a similar inclusive education project in one remote province for 2013-2015.

A third project having significant impact was the 'Improving Access to Education for Children with Disabilities in Oudomxay Province, Lao PDR' project in 7 districts in 111 schools of Oudomxay province supported by POWER International (Grimes, 2013b). This project, implemented from 2011 – 2013 adopted a collaborative cross-sectoral approach. A key component was strengthening the capacity of a DPO for advocating on behalf of children and working with both schools and communities to introduce inclusive practices into mainstream schools. An important finding from this project is that schools which were earlier in the IE project or UNICEF's SOQ were the better performing schools and were taking the lead in inclusive education.

The Schools of Quality (SOQ) approach is another mechanism for inclusive education supporting the inclusion of all children in schools (UNICEF, 2009). It has been successful in making a shift towards child-centred learning, enrolment of girls has increased, and the learning environment is greatly improved. A small number of children with disabilities attend the SOQ schools and whilst these children were achieving positive results, it falls short of the improvements made by other children. Statistics from one school revealed that 94.11% of children with disabilities had achieved satisfactory outcomes in 2007-2008 as compared to 80% in 2001-2002. However, UNICEF has noted that the SOQ project has failed to have a significant impact on children with disabilities (ibid).

Democratic participation

In all projects, the role of community and joined-up working has been credited as contributing greatly to project success. An important learning from the IE Schools project is good communication and partnership with the local community. Another unique feature of the project was capacity building of schools and community to engage closely in carrying out

schools self-evaluation and school audit and making community-based school improvement plans. This helped to ensure that local people were working together to find locally sustainable solutions. A key stakeholder of the CRS project is the Village Education Development Committee (VEDC). Their capacity was built to engage closely with schools and to raise awareness campaigns etc. The SOQ's objective is also to enhance the capacity of the community to work collaboratively with schools and local government. The community played an important role in the Oudomxay project by closely involving in project design, decision-making and implementation (Grimes, 2013b). In this project, parent training 'mirrors' the training given to teachers and other stakeholders; parents are supported in becoming advocates for children with disabilities.

Overall impact for children with disabilities

Lao PDR has enacted a number of legislations and has had one of the longest running inclusive education projects. Despite this, a number of challenges remain with regard to children with disabilities. There is contradiction in policy strategies where there is both an inclusion discourse and at the same time a mandate for special schools, indicating a medical model approach. This is a cause for serious concern because there is rich evidence from a number of Lao PDR projects suggesting that child-centred pedagogy in mainstream schools is greatly helping in including children with disabilities. Various understandings and terminologies of inclusive education prevail, some not consistent with international trends. The most recent enactment is the IE policy, which shows the government's commitment to inclusive education. However the policy has 55 priority areas to achieve inclusive education and these appear to have been identified without a clear acknowledgement of whether they are realistically achievable. Until now, much of the actual implementation of inclusive education has been through INGO support. The other challenges are a lack of systemic strategy to implement pre-schools across the country, inadequate coverage of inclusive education in pre-service and in-service training, attitudinal barriers and lack of effective EMIS to collect disability data which can inform planning.

Recommendations for future policy / programme development

- It is important to establish clarity about the understanding of inclusive education and to adopt correct terminologies in all policy documents

- Inclusive education for children with disabilities must be given special focus by donors, as it is evident that the broader inclusive approach has not been effective in bringing about sustainable systemic change for children with disabilities. Equally crucial is to have a collaborative engagement and debates/dialogue about special school provision
- Enacting policies shows the government's commitment but it is equally important to translate policies into practice and to build on previously successful examples of inclusive education
- The EMIS must be strengthened to identify children with disabilities in school and out of school and the barriers which they are experiencing; this information must be used for planning and policy development.
- Inclusive Education coverage in pre and in-service teacher education must be holistic and embedded into the entire course rather than having a stand-alone module approach
- Developing the capacity of the education system through training IE specialists who can support schools in the inclusion of children with disabilities through a twin track approach.

Viet Nam

Drivers and barriers for policy change

Over the past 2 decades the Vietnamese government has developed a comprehensive set of policies to increase access, quality and equity of education for all. The steady economic growth since the economic reform policies in the late 80s led to an increased state budget and opportunities to invest in education (GoV, 2012b). The desire of the government to receive international recognition furthermore created a political willingness to implement international conventions such as the Universal Declaration of Human Rights (UN, 1948), the UN Convention on the Rights of the Child (1989) and the UN Convention on the Rights of Persons with Disabilities (UN, 2007). The low population growth of the past years and the reduction of the school-aged population created a unique window of opportunities for the government to explore and implement new education policies (Rolleston et al., 2014).

A major barrier in the development and implementation of policies on inclusive education is the tension between the international conventions on the rights to education and understanding of inclusive education which are developed from a social model on disability and the Vietnamese policies and programmes on inclusive education which are rooted in the medical model on disability. Many Vietnamese inclusive education policies target specific groups such as children with disabilities, children from ethnic minority families or street children. They focus rather on exemption or reduction of school fees for these disadvantaged groups than on systematic school reforms, while the fee exemption and subsidies have proven not to be effective in reducing inequity in education (IRC, 2014).

A lack of budget is often mentioned as a reason for the low implementation of the inclusive education policies in Vietnam (NCCD, 2010). The government has tried to overcome this by introducing a range of 'socialization policies'. These policies have been implemented since the late 1980s with Vietnam's transition into a market economy and the Doi Moi (recovery policies) to overcome the financial crisis. The government was not able to provide free education and health services and private funding was necessary to provide basic public services. According to the government (GoV, 2012a) this has led to key achievements regarding school infrastructure. When the economy recovered however, the socialization policies were not removed. Voluntary contributions from parents have become a common practice and parents feel obliged to participate (IRC, 2014). Vietnamese families spend more on education than families in other countries in the region. Children from poor families are more likely to drop out because their families cannot afford the school fees (ibid). As families with children with disabilities tend to live in the more rural and poor areas in Vietnam, participate less in the labour force and have lower living standards (MPI, 2011), children with disabilities face higher barriers in accessing education.

Perceptions of disability and understanding of inclusive education

There is confusion at all levels on what inclusive education means. Different definitions are used. In the National Action Plan on Education For All (GoV, 2003) a broad definition is used: 'An education approach aimed at extending access to formal education, to all children, especially those who have tended to not attend normal schooling.' The Disability Law of 2010 (GoV, 2010) reduces inclusive education to 'integrating persons with disabilities with

persons without disabilities in educational institutes.’ MoET describes inclusive education as an approach to create equal education opportunities specific groups. Decision 23 (MoET, 2006) targets children with disabilities and Circular 39 (MoET, 2009) targets children from ethnic minority families who don’t speak Vietnamese, orphans and street children. In applying policy in practice, inclusive education is usually interpreted to mean providing educational opportunities for children with disabilities in mainstream educational settings ((MoET/UNESCO, 2009).

A survey from the Institute For Social Development Studies (Le et al., 2007) confirms the medical perception on disability. Many respondents feel pity towards PWD. They have to rely on other people’s support and become a ‘burden’ for their families and communities. An important percentage of the respondents consider it as bad luck to be in contact with PWD. As a result PWD face isolation and verbal and physical aggression. The negative feelings are often rooted in the Buddhist belief that disability is the result of bad actions in previous lives. Also common is the perception that PWD have to make sacrifices for the well-being of the whole family. When it comes to education, many believe that children with disabilities should either not go to school because they are ‘uneducable’ or they should go to separated schools or classes so they will not affect the other children’s performances.

Specialised Services and fragmentation

The Vietnamese government does not make a clear choice on which educational approach should be used to provide education for children with disabilities. Inclusive education, special education and semi-integrated education all co-exist. There are contradicting elements in different policy documents. The Disability Law (GoV, 2010) states that inclusive education should be the main mode of education for children with disabilities, and Decree 58 (MoET/MoLISA, 2012) regulates the transition of special schools into Inclusive Education Resource Centres. However, in the Education Strategy 2011 – 2020 (GoV, 2012a), the government committed itself to investing more in special education for children with disabilities. The lack of collaboration between different ministries in charge of education for children with disabilities further complicates the situation. While MoET seems to encourage inclusive education, MoLISA continues to support specialized education, especially through the rehabilitation centres for children with physical impairments (Le, 2013).

Government provision versus NGO and Agency Provision

The government has developed a comprehensive set of policies and guidelines on inclusive education. Due to a number of reasons the implementation remained limited. NGOs such as CRS, HI and Caritas Switzerland have successfully implemented inclusive education projects including teacher training, awareness raising and community participation (HI, 2012, CRS, 2007, CRS, 2010, Caritas, 2012). Although the results from these projects show evidence of positive impact, they have not been widely duplicated yet.

Training and support for teachers

The lack of knowledge on disability, skills and experiences among mainstream school teachers to teach children with disabilities is one of the biggest constraints in providing education for children with disabilities in Vietnam (Rosenthal, 2009, MoLISA/UNICEF, 2009, NCCD, 2010). The Vietnamese government has developed a number of policies to regulate teacher training and teaching reform. The implementation remains low due to a lack of accompanying policies and guidelines on updating curricula, contents, facilities and teaching aids and a limited use of new active teaching approaches in the teacher training institutes and colleges (MoLISA/UNICEF, 2009).

Modules on inclusive education are available in general and special teacher training. Both pre-service training options are still relatively new and are yet to deliver results in the field. Graduated students do not have enough knowledge and skills to teach children with disabilities, according to a study by MoET and UNESCO on inclusive education in teacher training (MoET/UNESCO, 2009). The study identifies a number of reasons for the low success rates. In the general teacher training, the subjects on inclusive education are offered as optional modules and are not very popular. The modules only provide knowledge on children with disabilities and children from ethnic minorities, and not on the full concept of inclusive education. The focus is heavily on theory and knowledge, with little or no opportunities to practice inclusive education methodologies and teaching approaches. As the topic and modules are relatively new, the lecturers themselves have not been trained on

inclusive education. The inclusive education modules in the special education training focus only on children with disabilities. Graduates from the special education teacher training tend to work rather in special schools than in mainstream schools.

Apart from the official in-service training sessions organized by MoET, many in-service teacher training services are provided by INGOs and development partners. CRS Vietnam (2010) and Handicap International (HI, 2012) have identified in-service teacher training as a key factor in successful implementing inclusive education. They noticed difficulties in the transition from theory to practice. Regular follow-up, on the job training and peer support have proven to be successful to encourage teachers to implement new approaches in their classes.

CRS Vietnam, HI and Caritas Switzerland have each explored models of peer support among teachers in inclusive settings. All three models aim to create a network among inclusive schools and teachers to provide support in implementing inclusive education in a context with limited resources. The tasks of the support teams include:

- Assist in the development and implementation of school and individual inclusive education plans
- School and family observations and recommendations
- Capacity building of teachers and parents
- Encourage interaction and sharing of experiences

Besides appropriate skills and knowledge, the attitudes of education staffs are crucial in the success of inclusive education (CRS Vietnam, 2010; HI, 2012; Caritas, 2012). Teachers are often raised themselves in an environment with stigma and discrimination towards children with disabilities. Regular contact with children with disabilities will be necessary to remove attitudinal barriers (Rosental, 2009).

Overall impact for children with disabilities

Overall, it appears that the policy initiatives from the Vietnamese government have led to improvements. The Vietnamese government argued that the country had nearly reached universal primary education (GoV, 2012b), the school network has expanded and is

increasingly able to address different needs of targeted children (MoET & UNESCO, 2009) and the overall teaching quality is relatively high (Rolleston et al., 2014). However, caution is needed when interpreting Vietnam’s education statistics. There is a lack of accurate data about the number of children with disabilities in Vietnam and their participation in education (NCCD, 2010). In 2007 – 2008 only 28% of children with disabilities attended school. Given such a high percentage of children with disabilities who are not going to school, questions might be raised about the accuracy of national data sets which report 99% net enrolment in primary education. It seems likely that children with disabilities are not accurately represented in the national education statistics.

Recommendations for future policy / programme development

- Clarify the concept of inclusive education and make clear strategic choices for inclusive education. Provide capacity building for education authorities at subnational level to ensure they fully understand the concept of inclusive education and the legal framework
- Develop tools and strategies to collect disaggregated data in education.
- Improve both pre and in service teacher training to ensure mainstream schoolteachers are able to educate children with disabilities in their classes. Modules on inclusive education should be part of the compulsory curriculum for teacher training students.
- Explore how pilot actions on peer support among teachers and inclusive education support teams can be duplicated
- Explore how pilot actions on community participation in education can be duplicated

Malawi

There is a range of published evidence which helps to develop some understanding of the local context regarding children with disabilities and their engagement with the Malawian education system. Recent situation analyses from UNICEF (2013), Sight Savers (2012), NAD (Munthali, 2011) and most recently FEDOMA (Federation of Disability Organisations Malawi) (Grimes et al., 2013), have been helpful in this regard as has data from the Malawi Ministry of Education Science & Technology, Department of Education Planning (MoEST).

Context and background

Malawi faces a number of challenges in ensuring that there is universal primary education. The introduction of free schooling (Chimombo, 2009) led to a large increase in the number of children in school and this in turn has created pressures both within the education system and also socially. Barriers to participation in school for all children mean that children from poor families are less likely to attend school and more likely to drop out. The 2003 Malawi World Health Survey (WHO, 2003) found that 12.97% of people aged 15-65 had a disability and also that people were more likely to be disabled if they come from poorer backgrounds. The forms of disability identified were mostly physical and causes which were listed included physical illness, accidents and witchcraft. This latter phrase, draws attention to the significance of local cultural understandings (Braathen and Ingstad, 2006 , Braathen and Kvam, 2008) as discussed earlier in this paper. This data is also notable in that it indicates the lack of awareness in the general population of the wider range of disabilities, with a focus on linking disability with physical impairment. In addition to this, there is also evidence suggesting negative attitudes towards disability being particularly prevalent in girls with disabilities (Braathen and Kvam, 2008).

In schools there is a shortage of teachers and classrooms; the Ministry of Education, Science and Technology (MoEST) is facing challenges in recruiting qualified teachers and in retraining those already within the system (Kunje and Stuart, 1999, p. 157, USAID, 2010). Class sizes are large and the teacher-pupil ratio is high. Although the average teacher-pupil ratio is 75:1 in some urban areas this is much lower, which masks the fact that in many rural areas the ratio is far higher, for example, 200:1 (USAID, 2010) and 300:1 (Grimes et al., 2013).

Training and support for teachers is limited and this has resulted in the creation of a number of systemic barriers to the implementation of quality education for all children. An example of this is the way in which children are currently assessed in schools. Summative assessment is the predominant method used to assess children's progress. This is problematic in that it does not allow for the measurement of the development of the whole child, rather focusing on performance in tests at key points in the school year, usually reporting individual achievement in relation to aspects of the core curriculum (e.g. mathematics and literacy).

A 2011 study (USAID, 2011, p. 6) found that written tests still predominate and there was little evidence of child centred learning approaches.

This is indicative of an education system which needs strengthening in many areas. However, it is also an example of the ways in which barriers to participation and achievement for many children with disabilities can be exacerbated by these inherent weaknesses. All children have the right to be taught within a system which measures their progress holistically and in such a way that assessment feeds back into their learning. This is particularly true of children with disabilities who have a high risk of dropping out because they feel that their experience of school does not respond to their own unique learning characteristics.

Policy and Planning

Malawi has passed a range of legislation designed to protect the rights of people with disabilities, including most recently The Disability Act (GoM, 2012) which incorporates many of the provisions of the CRPD, and perceives disability as a human rights issue. The latest draft of the new Education Sector Policy (MoEST, 2008) states that the government will:

- ensure that barriers to universal access to primary education are reduced and that all school going age children have equitable access to quality education;
- reinforce that free primary education is compulsory and implemented incrementally;
- ensure that special needs education is institutionalized in primary education;
- ensure that safe water and gender responsive sanitary facilities are provided to primary schools.
- increase teacher student intake in the training colleges for both normal and special needs with emphasis on increased female intake;
- ensure that Special Needs Education support system is integrated within the teacher development network.

Planning, budgeting and financing of SNE (Special Needs Education) is shared by (MoEST) through the Directorate of SNE, the regions and districts. The Directorate for SNE sits within MoEST and comprises a director and three advisors (Itimu and Kopetz, 2008). The department has responsibility for overseeing policy for SNE, although it is currently considering a review of its title to reflect an inclusive education paradigm (Grimes et al.,

2013). The FEDOMA review concluded that SNE budgets are limited and disability remains low on the policy agenda. It was also apparent that experience and knowledge in planning for inclusive education is limited. At the district level it is notable that although all districts are now allocated specific budgets for SNE, there is an absence of strategies towards the education of children with disabilities. The lack of funding and strategic planning regarding the education of children with disabilities in mainstream classrooms clearly contributes to the identified lack of professional training opportunities for teachers and a lack of teaching and learning resources. Whilst there is commitment by all stakeholders to the implementation of inclusive education understanding of the way in which systemic change can be brought about needs to be developed (ibid).

Within the overall MoEST structure SNE in Malawi is delivered through a mixed method approach which includes:

- Special schools staffed with trained SNE teachers: there are four special schools for children with hearing impairments and 13 centres for students with visual impairments.
- Inclusive practice in regular primary schools with resource centres where students with special needs are educated in regular classes for part of the day but specialized services are provided outside a regular classroom, particularly if these services require special equipment or are considered disruptive to the rest of the class. In some schools children with disabilities are educated exclusively within these resource centres for up to the first two years of their education before being placed back into regular classes.
- Schools without resource centres teach children with disabilities full time in regular classes with limited or occasional advice and support of itinerant teachers. Itinerant teacher services are stretched as they have responsibility for up to 15 schools, but with lack of transport, logistics are difficult and many schools do not receive this support (ibid:69).

There is also a range of institutions, both government and non-government, that are engaged to some extent in provision and support to children with disabilities. For example the Malawi Council for the Handicapped (MACHOHA) as well as the Ministry of Gender,

Children and Community Development have crucial functions, among other things, in supporting the registration of children with disabilities and providing care for children at the community level. The Ministry of Disability and the Elderly, the Ministry of Health, and the Ministry of Youth and Sports each have their own specialist areas of support. These are all supplemented by a range of international and Malawian NGOs that operate both at the national and local levels. While there are localised examples of multi-agency working, this is not uniform practice, and there is a significant degree of variation in provision of support and services between localities. Where agencies support education for children with disabilities, there are significantly different interpretations of best practice for provision and inclusion.

Implementation and Programmes

Malawi has had a teacher training programme for SNE since 1968 (Itimu and Kopetz, 2008). This has been run through Montfort Teachers Training College who have provided training for SNE teachers to work as specialists to support children with disabilities in mainstream schools. The College are in favour of more explicit development of inclusive education in Malawi, but have noted reservations that SNE teachers are not equipped to deliver inclusive education as their training, to date, is focused on SNE with a specialisation in visual impairments, hearing impairments or learning difficulties. The introduction of inclusive education would require a comprehensive review of the current curriculum for training SNE teachers (Grimes et al., 2013, p. 75).

Until 2013, MoEST's strategy was to use specialist or itinerant teachers to support children with disabilities in mainstream schools. FEDOMA (ibid: 77) found that most primary school head teachers rely on resident SNE specialist teaching staff or visiting itinerant teachers to support teachers in supporting and tracking performance of children with disabilities. The current strategy is to locate SNE teachers within resource centres in mainstream schools. Evidence seems to suggest that the resource centre strategy is contributing to the segregation of children with disabilities within mainstream schools (UNICEF, 2013, Grimes et al., 2013). Resource Centres within schools should be a base for resources to support children in the school and where necessary neighbourhood schools, although ideally all schools would have direct access to the resources required to support all children. However,

in Malawi, findings indicate that children with disabilities are often being taught exclusively by SNE teachers within the resource centres, creating a segregated provision within a mainstream setting. UNICEF (2013: ix) are supporting MoEST in the strategy to increase the numbers of schools with resource centres and SNE teachers are an important part of this strategy. One of the challenges facing the government will be to try and develop the role of the teachers and centres so that they can support equitable experiences for children with disabilities rather than contributing to discriminatory practices. FEDOMA (Grimes et al, 2013:31) found that where children with disabilities were isolated within the school, they were less likely to play alongside their peers or be accepted in to social groups. One parent in a focus group described how 'fellow children tend to discriminate them and imitate how children with a disability walk'.

There have been a number of interventions from INGOs and IDAs to support inclusive education initiatives. DfID have funded a range of programmes (DFID, 2007) aimed at addressing the needs of children with disabilities and supporting schools and teachers in developing more inclusive practice, including a disability toolkit (VSO, 2007). Sight Savers (2012) recently completed a situation analysis of education for children with visual impairments in Malawi, and has a history of supporting the education of visually impaired children for more than 50 years including the Malawi Integrated Education Programme (MIEP) which was established in collaboration with MoEST in 1983. MIEP continues to run in 12 out of 34 education districts through a programme of SNE teachers providing peripatetic support for children with visual impairments, their teachers and families. They have also focused on early years education in recognition of the need to intervene as early as possible to ensure that children with disabilities are fully included in school. The Woodford Foundation (2012) has been working to support the needs of deaf children in northern Malawi using a similar strategy to Sight Savers, whereby SNE teachers specialising in deaf education work with schools and families. In both of these programmes, training is also given to schools and families to improve understanding of disability issues and ways in which to improve the quality of teaching and learning in schools. Other IDAs such as VSO have been working across the education sector to support the development of quality education and also engaging with issues of equity and marginalisation. For example, producing a Disability Toolkit to help all teachers to assess children's needs and support them

accordingly (VSO, 2007, p. 1); supporting the development of child friendly schools and the enrolment of children with disabilities in school (VSO, 2012, p. 14 & 24).

Democratic Participation

Where programmes appear to have been particularly successful in including children with disabilities in mainstream schools and in tackling discrimination there is evidence that this has involved close partnership working with the community and disabled peoples organisations. The Malawi Council for the Handicapped (MACHOA) is implementing community-based rehabilitation projects which are trying to ensure that children with disabilities do not drop out of mainstream schools (UNICEF, 2013:44). FEDOMA is implementing a number of projects, including 'Promoting Inclusion of Children with Disabilities into Basic Education', funded through the World Bank and aimed at developing the capacity of schools and communities in three districts (FEDOMA, 2012) in order to build systemic capacity. One of the principles of such initiatives is democratic community participation. This has been applied by many initiatives in Malawi to support quality education (Jere, 2012, p. 761) although this can create a lack of trust when expectations of what might be achieved do not materialise and in some instances fail to 'encourage local ownership and accountability' (Rose, 2003, p. 47). MACHOA and FEDOMA are attempting to ensure that people with disabilities are the centre of these projects in order to develop capacity within communities to challenge discrimination and prejudice.

Summary

Overall whilst there is evidence (e.g. The Disability Act, 2012) that the government is aware of the need to reform education to ensure that children with disabilities are fully included, progress is slow (UNICEF, 2013:43). Schools are under resourced, often overcrowded and teachers require additional support and training (Grimes et al, 2013). There is evidence that the existing strategy of using resource centres and SNE teachers to support the inclusion of children with disabilities may increase segregatory practices (ibid) and only some evidence that SNE teachers are making an impact on the development of inclusive practice (e.g. Sight Savers, 2012). IDAs (e.g. UNICEF; VSO) and NGOs (FEDOMA, MACHOA) are supporting the MoEST in reforming education by supporting the development of inclusive child friendly schools which focus on ensuring that all children including those with disabilities attend and

complete school. However, the capacity of the education system as a whole is low with generally weak understanding of inclusive education and ways in which children with disabilities can be successfully included.

Zambia

Context and Background

It has been estimated that poverty affects two thirds of the population of Zambia and that 93% of people with disabilities are living in severe poverty (SINTEF, 2006). Zambia is ranked 163 out of 187 countries in the UN Human Development Index (UNDP, 2013, p. 143), below the average of 0.475 for countries in Sub-Saharan Africa. Education is considered a priority sector for poverty alleviation and economic growth in Zambia's Sixth National Development Plan 2013 – 2016. The Ministry of Education's (MOE) National Implementation Framework 2013 – 2016 (GRZ, 2013) works towards EFA / MDG goals of universal access to quality primary education but there is recognition that the government are facing ongoing challenges in meeting these goals (Chitiyo and Chitiyo, 2007). It is also clear that the quality and equity of the education system 'remain key concerns' (DfID, 2013, p. 1). For example, UNICEF report (2014) that there are over a quarter of a million children who do not attend school and 47% of those enrolled in school do not complete primary education. It is also noted that there are low levels of achievement in English, which is the language of instruction, and also in Mathematics (DfID, 2013:1).

Community schools, which are set up and run by the community, have had a significant impact on improving vulnerable children's access to school, particularly orphans (ibid: 3). Free basic education was introduced in 2002, resulting in significant increases in enrolment although the drop-out rate is still relatively high (NORAD, 2010). As the recruitment and deployment of teachers has not kept pace with the increase in overall enrolment, pupil-teacher ratios have increased (GRZ, 2007) impacting on the quality of education in all schools.

UNICEF have found that 'understanding of different forms of disability is limited' (UNICEF, 2008, p. 24) and that there is evidence of discrimination and stigmatisation across all levels of Zambian society (ibid:25). For example, research suggests that parents often feel

ashamed and will not release information about their children if they are disabled and this often prevents enrolment in school (Kalabula, 2000). There is a tradition within Zambia of the church and charities trying to respond to the needs of disabled people through mission schools (Csapo, 1987 p. 107) but this has tended to reinforce a medical model of disability with an emphasis on care rather than education. There remain significant imbalances and geographic disparities in children with disabilities' access to education. Enrolment and completion rates for children with disabilities are acknowledged as poor with evidence that in some areas 60% are not enrolled in school (ZAFOD, 2012) . Sight Savers have estimated that less than 10% of children who are either blind or have low vision, receive any form of formal education (SightSavers, 2010). However, it should be noted that there are:

'no reliable statistics about the number of children with disabilities, or those identified as having special educational needs, attending school since the introduction of free education in Zambia' (Miles, 2011, p. 1089).

Data released by the Ministry of Education, indicates that children with disabilities 'constitute 5.1% of its enrolment for grades 1-9 and 1.58% ... for grades 10-12' (Akakandelwa and Munsanje, 2012 p. 43) demonstrating not only a relatively low number of children with disabilities attending school but also how few progress to higher grades. For example, it was found that 40% of children with disabilities in Western and North Western provinces of Zambia dropped out of school because they could not afford transport to school, food or uniforms. The same study noted that children in rural areas had to walk an average of 11 kilometres to get to school (Moberg and Kasonde-Ng'andu, 2001). HIV prevalence in Zambia has impacted on children in a number of ways including causing disabilities either as a direct result of contracting the disease, or through poverty and / or being orphaned as a result of parental illness.

Existing attitudes within Zambian society towards disability and education can be partly evidenced through a study of 484 pre-service teachers' attitudes towards inclusion (Muwana and Ostrosky, 2013). The research found that 90% of the respondents believed that children with disabilities should be taught by specialist SEN teachers and if children with disabilities were included in mainstream schools there would need to be significant changes to 'general education classroom procedures' (ibid:9). However, the research also found that overall

there was evidence to conclude that there were positive attitudes towards children with disabilities and that it was possible for inclusion to be successful (ibid:15-16). Overall, though, this data supports the impression that there is an underlying assumption within the Zambian education system that the inequalities experienced by children with disabilities can only be addressed by specialised provision and training rather than a broader inclusive approach (Miles, 2011:1089-1090). This is reinforced by an analysis of the policy development in Zambia.

Policy and Planning

Zambia was one of the first countries to sign the Salamanca Statement in 1994 (UNESCO) and a commitment to inclusive principles was reflected in the 1996 policy 'Educating Our Future' which claimed that 'the government will seek to eliminate sources of educational disadvantage in order to enhance equity' (GRZ, 1996a, p. 5). However, the policy did not set out clear guidance for the implementation of the policy, nor indicators to measure its effectiveness (Serpell and Jere-Folotiya, 2011, p. 215). The policy aims to include children with disabilities in the mainstream educational system, except for children with severe impairment who will continue to be catered for in segregated special schools. The Zambia Disabilities Act (GRZ, 1996b) stipulated that any institution failing to enrol children with disabilities because of their disability would face penalties. This has now been replaced by The Persons with Disabilities Act, 2012 (GRZ, 2012), which aims to implement the UN Convention on the Rights of Persons with Disabilities. Successive National Development Plans and Sector Education Development Plans (GRZ, 2006, GRZ, 2007, GRZ, 2011) have aimed to ensure the full inclusion of people with disabilities in society and there is evidence in the national plan (GRZ, 2006) of a commitment to increase government spending on disability and to strengthen 'institutions and systems that cater to people with disabilities' (Akakandelwa and Munsanje, 2012 p. 43). However, in reality, it would appear that inclusive education is not understood in terms of system reform to ensure equity for all children, but rather as 'an extension of special education, which is administered in parallel to the mainstream school system' (Miles, 2009, p. 615). Teacher training for children with disabilities is through Special Educational Needs / Disability focused programmes. The Zambia Institute for Special Education, specialises in training teachers for disability subjects.

There is a need to develop a range of training initiatives which will support mainstream teachers' understanding of inclusive education (ibid, p. 621-622).

Implementation and Programmes

As with Malawi, there have been many initiatives to support children with disabilities and also to develop inclusive education programmes in Zambia, supported by IDAs and NGOs but these have not, as yet, led to overall systemic change.

Sight Savers ran the Copperbelt Education Programme from 2007 to support schools in the Mufulira and Ndola districts and the Southern Province in enrolling visually impaired children in mainstream schools, during which time they trained education workers and community members in inclusive education and disability issues. From 2011, they have been implementing the Zambia Inclusive Education Programme, also in the Copperbelt and Southern Provinces of Zambia. The programme aims to provide coordination of inclusive education, support of training of special education teachers, provision of equipment and learning materials for visually impaired children. The Woodford Foundation and local partners conducted a community awareness survey in the Copper Belt region in 2013, designed to gauge the perception of deafness and disability across various levels of the community and to aid understanding of some of the cultural and personal feelings that people in Zambia have towards them. Findings from this survey have led to the design of a project yet to be implemented aimed at developing community, family and teacher training projects which focus on awareness and communication and improving outcomes for deaf children.

UNICEF has been working to support the Ministry of Education in strengthening 'capacity and systems for improvement of quality of education, equity in participation and progression from pre-primary to primary and lower secondary education, particularly for girls, rural children, and other excluded groups' (2014). But there is no detailed programme literature available to assess how this will enable the specific inclusion of children with disabilities. However, it is likely that the continued focus on developing more inclusive school environments and increased pre-school provision will create opportunities for children with disabilities to participate more fully in education. Save the Children Norway

(2008) have worked with community schools and community based associations to support children with disabilities both in the community and in school. The programme supported identification and assessment, challenging and changing discriminatory attitudes, provided training and support for both teachers and parents. One point to emerge for the evaluation of the project was that in some areas, the project team found that there was little or no 'capacity among teachers to deal with...' children with disabilities. This finding supports the argument that attitudes towards disability are embedded in a medical / deficit model which supports a dominant preconception that specialised resources, skills and training are required to include children with disabilities in mainstream settings.

Democratic Participation

The 1996 policy initiatives recognised the importance of democratic participation in education and also the fact that disabled peoples' organisations could play an important role in reducing discrimination and improving equity. Organisations such as the Zambia Federation of Disability Organizations (ZAFOD) and the Zambian Association of Parents of Children with Disabilities (ZAPCD) support the inclusion of children with disabilities in society through community-based initiatives such as parent groups, and also through programmes such the DEAR (Disability Access Action Rights) project.

DEAR, supported by Power International, is a project established by a consortium of three organizations: ZAFOD, ZAPCD and Zambia Open Community Schools (ZOCS), aimed at supporting children with disabilities in accessing quality education, particularly in community schools in four districts of Western Province. The project focused on early childhood care and development education for children with disabilities in the communities in which they lived. Between 2009 and 2012, the project supported 141 schools and communities with evidence of more positive attitudes towards children with disabilities, increased enrolment and developing parental and teacher confidence in supporting children with disabilities (ZAFOD, 2012). The project is recognition of the importance of community schools in addressing the issue of access to education for all children in Zambia and the significant role which the community has to play in supporting the country in working towards MDGs. ZOCS has been providing free basic education to orphans and vulnerable children, including children with disabilities, since 1992 and places significant emphasis not only on a rights

based approach to programming, but also increasing community capacity to provide such opportunities (PowerInternational, 2014). Community Schools have been supported by a number of IDAs and NGOs all with a focus on increasing the access for vulnerable children, including children with disabilities (e.g. Save the Children Norway, 2008:29).

Summary

There is evidence to suggest that whilst there have been initiatives to legislate and advocate for the inclusion of children with disabilities in education since 1996, this has had relatively little impact on systemic change and progress towards improving the quality of education and increasing accessibility is still slow (DfID, 2013). Whilst there is evidence of individual programmes making a difference to educational opportunity for children with disabilities in some districts (e.g. Save the Children Norway, 2008 and ZAFOD, 2012) this has not been part of a national strategic approach by the Ministry of Education. Attitudes to disability in both society and education are still rooted in a medical model resulting in the belief that programmes need to be developed around specialised interventions and resources and therefore, there is a predominant understanding that teachers need specialised training to be able to include children with disabilities in mainstream classes. Community based initiatives whereby parents of children with disabilities and disabled peoples organisations have worked together with IDAs and NGOS have demonstrated that attitudes can be changed and that there is the potential to develop low cost, sustainable responses which can successfully reduce stigmatisation and discrimination and develop equitable educational opportunity for children with disabilities.

Conclusion: Key priorities for policies related to a post-2015 agenda

From the evidence of this review, the inclusion of children with disabilities into mainstream schools is still a significant challenge for many governments and their development partners. It seems clear that one of the main reasons why EFA and MDG goals have not been met is the number of children with disabilities who do not attend school; of those who do, many will drop out before they complete primary schooling. Most of the figures which are provided regarding the number of children with disabilities attending and not attending school in low to middle income countries are estimates, because of the poor quality of existing data. International policies have impacted on the development of national policy

and legislation in many countries and this can be seen in the four case studies. However, these policy levers do not appear to have had a great deal of impact on the development of programs and interventions which reduce discrimination or create equitable and sustainable systemic change for children with disabilities. Inclusive education approaches which are broadly based on rights based inclusive principles and seek to improve the quality of education for all children have also had a limited impact. Where there is firm evidence that children with disabilities are being successfully included in mainstream schools, it has involved a twin track approach which places children with disabilities, alongside other marginalized children at the centre of inclusive school development. This approach strategically strengthens the capacity of the education system through identifying and removing barriers to participation and learning for all but especially for those most vulnerable to experiencing discrimination. The evidence suggests a number of recommendations for a post 2015 agenda, set out below.

Governments seeking to reform education to include children with disabilities must engage critically with the complexity of system change. Although EFA/MDG targets forced governments to identify key indicators of progress, they have also created a target driven culture within educational reform which has not always been realistic in its aims nor acknowledged the complex change processes required. Attempts to strategically address inequality on a national and international scale and reduce the marginalisation of children with disabilities must focus on the culture of schools and societies in order to tackle discrimination and negative attitudes which create barriers to the development of inclusive education. DPOs, people with disabilities, parents of children with disabilities must be at the heart of these developments so that system reform is driven by those who understand the barriers children with disabilities face. The paradigm shift required (Rieser, 2013) is from a deficit medical model of disability to a social model of disability. It also requires collaborative cross sector working practices to be developed more effectively so that there is a systemic culture change which requires all stakeholders at government, partner and civil society levels to work collegiately to ensure there is real change at community and school level.

The post-2015 development framework must be built upon a set of rights based principles which are clearly focused on the identification and removal of all inequalities which are experienced by people with disabilities and which seek to implement the Articles of the Convention on the Rights of Persons with Disabilities. All education goals, targets and indicators must clearly articulate this. In order to achieve this, tools for the collection and analysis of disaggregated data on children with disabilities must be developed which enable evidence informed planning.

Governments must base system reform on a twin track approach which seeks to strengthen the education system through inclusive education, improving quality whilst ensuring that marginalised children are fully included. This will involve recruitment, training and support for teachers so that they are equipped to plan for and meet the educational and social needs of diverse groups of learners. System reform for children with disabilities will also require that education is viewed as a lifelong process with particular attention paid to the importance of early childhood development, pre-school learning opportunities, improving health and reducing poverty. Specialised services and resources will always have an important role but they must be designed and enabled to support teachers and the inclusion of children with disabilities in mainstream non-segregatory settings through the implementation of universal inclusive rights based principles.

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List of Abbreviations

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| CFS | Child Friendly School |
| CRC | Convention on the Rights of the Child |
| CRPD | Convention on the Rights of Persons with Disabilities |
| CRS | Catholic Relief Service |
| CWD | Children with Disabilities |
| DEAR | Disability Access Action Rights project (Zambia) |
| DfID | Department for International Development (UK) |
| DPO | Disabled Peoples' Organisation |
| ECD | Early Childhood Development |
| EFA | Education For All |
| EMIS | Education Management Information System |
| ESDF | Education Sector Development Framework (Lao PDR) |
| FEDOMA | Federation of Disability Organisations Malawi |
| FTI | Fast Track Initiative |
| GPE | Global Partnership for Education |
| HI | Handicap International |
| ICF | International Classification of Functioning, Disability and Health |
| IDA | International Development Agencies |
| IE | Inclusive Education |
| IEC | Inclusive Education Centre (Lao PDR) |
| INGO | International Non Governmental Organisation |
| MACHOA | Malawi Council for the Handicapped |
| MDG | Millennium Development Goals |
| MIEP | Malawi Integrated Education Programme |
| MOE | Ministry of Education (Zambia) |
| MoET | Ministry of Education and Training (Vietnam) |
| MOES | Ministry of Education and Sports (Lao PDR) |
| MoEST | Ministry of Education, Science & Technology (Malawi) |
| MoLISA | Ministry of Labour Invalids and Social Affaires (Vietnam) |
| MOH | Ministry of Health (Lao PDR) |
| NGO | Non Governmental Organisation |
| NESRS | National Education System Reform Strategy (Lao PDR) |
| PWD | People with Disabilities |
| SIDA | Swedish International Development Cooperation Agency |
| SNE | Special Needs Education |
| SOQ | Schools of Quality (Lao PDR) |
| WHO | World Health Organisation |
| UN | United Nations |
| UNESCO | United Nations Educational, Scientific and Cultural Organisation |
| USAID | United States Agency for International Development |
| ZAFOD | Zambia Federation of Disability Organisations |

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| ZAPCD | Zambia Association of Parents of Children with Disabilities |
| ZOCS | Zambia Open Community Schools |