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The Use of UIS Data and Education Management Information Systems to Monitor Inclusive Education

UNESCO

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A Review of Data on Disability in Education Management Information Systems

Background to the review

The “leave no one behind” theme of the 2030 Agenda for Sustainable Development is meant to ensure that development reaches all marginalized people.¹ This includes people with disabilities who have been historically excluded by social and economic development (see **Annex I** for UIS review of measures of education and disability). The international community has recognized the importance of disaggregating Sustainable Development Goal (SDG) indicators by disability status. This will enable monitoring and evaluation efforts to ensure the rights of people with disabilities to fully participate in society. A key example is SDG indicator 4.5.1 which calls for parity indices to monitor differences in access to education by disability and other vulnerable groups. This is also reflected in the widely ratified Convention on the Rights of Persons with Disabilities (CRPD), and is in the foundation of the SDGs. Article 24 of the CRPD specifically mentions the right to education.²

SDG 4 education indicators are laid out in the Education 2030 Framework for Action.³ The Technical Cooperation Group on the indicators for SDG 4 (TCG) approved these indicators, while identifying several other indicators requiring further methodological development.

A number of these indicators require administrative data from national Education Management Information Systems (EMIS). An EMIS collects national data for assessing the performance of the education system, policy planning, monitoring the implementation of programs and policies, and evaluating their outcomes. Most EMIS use school censuses to collect aggregate information on students and schools from teachers and/or school administrators. These are usually paper forms distributed to school administrators. Others use electronic systems that can keep track of data on individual students on an ongoing basis. They are sometimes referred to as granular systems. EMIS include information such as enrolment, new entrants, attendance, transfers and dropouts. They also collect data on material resources, staffing, and facilities.

EMIS are used to generate many key education indicators. If they are designed to identify students with disabilities, then all of the SDG 4 indicators relying on EMIS data can be disaggregated by disability status without any additional data collection. A key issue, though, is how students with disabilities can be accurately identified as part of an EMIS. This review examines the extent to which current EMIS collect data on disability and how it evaluates the methodology for disability identification. Recommendations are provided for standardizing disability identification in future EMIS.

Clearly, EMIS data is not only intended for SDG reporting. It is also used for budgeting and resource planning. Information on disability status can also be helpful in drawing up individual education plans, providing support needs, or for guiding policies promoting inclusion. Therefore, this review examines the

¹ For full information on the Sustainable Development Goals see <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>.

² For information on the CRPD see <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>.

³ See <http://unesdoc.unesco.org/images/0024/002456/245656E.pdf>.



methodology for disability identification not only in light of disability disaggregation, but for other potential uses of the data.

The questions for the review were:

- 1) What are the current approaches to collecting data on disability in EMIS around the world?
- 2) How do these approaches align with the definition of disability at the heart of the CRPD?
- 3) What are appropriate measures of disability that are internationally comparable for the purpose of SDG 4 disaggregation, as well as being useful at the school and school system level?

Methodology for this review

The review involved two methods:

- Examination of annual school census/survey forms from countries in different regions of the world, which provide data that will be used to report against SDG 4-Education 2030 indicators.⁴ The review was specifically looking for information in the forms that relate to identifying students with disabilities.
- A targeted literature review, including documents with applicability to less developed contexts, on the concept of disability, in particular the social model of disability, and how that informs methods for collecting data on disability status.

Coordinating EMIS and survey data

It should be noted that a key limitation of the use of EMIS data is that EMIS do not include children who are out of school. Data from EMIS can be used to disaggregate completion and drop-out rates by disability. While the number of students with disabilities can be monitored, calculating attendance rates requires survey data that capture the total number of children with disabilities. For this reason, it is important that the approach to identifying children with disabilities in an EMIS and in survey data be comparable. Therefore, discussion of the UNICEF/Washington Group Child Functioning Module which has recently been incorporated in UNICEF's MICS is included in this report in conjunction with recommendations for data collection in an EMIS.

⁴ The UNESCO Institute for Statistics (UIS) supplied the vast majority of these census forms. A small handful were added based on the authors familiarity from previous work.



Identifying people with a disability

According to the CRPD, people with disabilities are...

“...those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

In the past, attempts to identify people with disabilities in surveys or in administrative data tended to use one of two approaches, both of which greatly under-identify people with disabilities.⁵ The first method is to simply ask if the person has a “disability.” Because of the shame or stigma often associated with disability, people are often reluctant to label people as such. Also, people often associate the term “disability” with very severe conditions. As a result, those with more mild or moderate impairments are not identified, even though the barriers to participation they face may be significant.

A second method often used to identify people with disabilities is to ask about particular diagnoses. For example, these diagnoses can include cerebral palsy, autism, polio, epilepsy, and others. This method is also problematic. First, no list of diagnoses is ever fully complete. Second, respondents (or teachers filling out forms) may not know an individual’s particular diagnosis, especially if they are underserved by health professionals. Moreover, knowing a diagnosis often does not provide very good information regarding an individual’s support needs. Two people with the same diagnosis may have very different capabilities. For example, some people with cerebral palsy have difficulty walking or speaking but can get around and communicate effectively without any assistance. Others may require wheelchairs, communication boards, and personal assistants.

In a review of 40 EMIS census forms conducted in 2015, nineteen countries did not have any data on students with disabilities.⁶ Moreover, when such data was included it was often done in an inappropriate or ineffective fashion, sometimes using offensive terms, sometimes only identifying people with the most severe impairments (e.g. blind but not those with low vision) or sometimes using a blanket term of “disability” which as noted above provides limited information for planning purposes as well as under-identifying people with disabilities. A study of 14 Pacific island country EMIS conducted about the same time found similar results with the majority of countries using impairment-based disability categories with no instructions or guidance to support teachers in making selections.⁷

⁵ Mont, D. (2007) Measuring Disability Prevalence, Social Protection Discussion Paper, The World Bank, Cappa, C., Petrowski, N., & Njelesani, J. (2015). Navigating the landscape of child disability measurement: A review of available data collection instruments. *ALTER-European Journal of Disability Research/Revue Européenne de Recherche sur le Handicap*, 9(4), 317-330, UNICEF, (2016) *Guide for Including Disability in Education Management Information Systems*.

⁶ Countries in this review included: Bangladesh, Barbados, Belize, Bhutan, Burkina Faso, Cambodia, Cape Verde, Central African Republic, Chad, Cote D'Ivoire, Democratic Republic of Congo, Ethiopia, Gambia, Ghana, Grenada, Guinea, Guinea-Bissau, India, Jamaica, Lao, Liberia, Malawi, Mali, Mauritania, Mozambique, Namibia, Nepal, Niger, Nigeria, Pakistan, Senegal, Sierra Leone, St. Christopher and Nevis, St. Lucia, St. Vincent and the Grenadines, Swaziland, Tanzania, Timor-Leste, Togo, and Uganda.

⁷ Sprunt, B., Marella, M., & Sharma, U. (2016). Disability disaggregation of Education Management Information Systems (EMISs) in the Pacific: a review of system capacity. *Knowledge Management for Development Journal*, 11(1), 41-68.



International best practices on identifying people with disabilities have gravitated away from asking about “disability” or asking about what impairment a person has, but what activities they have difficulty doing.⁸ This is sometimes referred to as a functional approach to disability identification. Recent survey-based data on disability – tools developed by the UN Statistical Commission’s Washington Group on Disability Statistics, the WHO’s Model Disability Survey, and others – focus on asking about the difficulty undertaking basic activities such seeing, hearing, walking, remembering and concentrating, communicating, lifting, etc. UNICEF’s *Guide for Including Disability in Education Management Information Systems* proposes a template taking the same approach but adapted for an EMIS setting⁹.

The UNICEF template for identifying students with disabilities is shown in **Table 1**.

⁸ Loeb, M., Mont, D., Cappa, C., De Palma, E., Madans, J., & Crialessi, R. (2018). The development and testing of a module on child functioning for identifying children with disabilities on surveys. I: Background. *Disability and Health Journal*.

⁹ http://training.unicef.org/disability/emergencies/downloads/UNICEF_guide-for-including-disability-in-education-management-information-systems.pdf



Testing this template in primary schools in Tanzania indicated that for the most part the questions worked well, with a few caveats.¹⁰ The main caveat is that since the EMIS census occurs at the beginning of the year, there were concerns that children with less visible or more moderate disabilities would be under-identified. Teachers in Tanzania felt more accurate data would be collected if EMIS forms were distributed later in the year, but for ministerial purposes that was unlikely to change. For this reason, data collected in a granular system which can be updated during the course of the year probably has greater accuracy. Teachers also had some issues with the “some difficulty” category. They believed that identifying children with “some difficulty” was useful to identify children with additional learning support needs or the need for referral to services, but that only those with “a lot of difficulty” in a functional area should be counted as having a disability. This more conservative category is consistent with the cut-off recommended for the UNICEF/WG Child Functioning Module (as explained below).

Deciding on a cut-off has important implications for reporting. The higher the threshold for what constitutes a disability, the smaller the number of students that will be identified as having one. At the same time, those students will be the ones with the most participation restrictions. Therefore, using a higher threshold will most likely lead to a larger gap in SDG indicators between those students with and without disabilities. Lowering the threshold for what constitutes a “disability” will raise the prevalence and lower the gap in indicator outcomes but identify more students who may need special help or services.

The UNICEF template was also adapted and used in Fiji, which generates data not only for system wide indicators but also for individualized planning purposes as shown in **Table 2** in a referral guidance table¹¹. The accuracy of the Fijian data was confirmed in a study comparing parents’ (or primary caregivers’) responses with teacher responses and clinical assessments.¹² Parent and teacher responses were compared to the clinical assessments and diagnostic accuracy was calculated using the clinical assessment as the reference standard test.

¹⁰ Mont D. and B. Sprunt, “Adapting Education Management Information Systems to Support Inclusive Education,” Chapter in Schuelka, M. (ed.), *Handbook on Inclusive Education*, SAGE Publishers, (forthcoming 2019).

¹¹ FEMIS Disability Disaggregation Package: Guidelines and Forms, 2018.

¹² Sprunt B, & Marella M. (2018). Measurement accuracy - enabling human rights for Fijian students with speech difficulties. *International Journal of Speech-Language Pathology*. Sprunt, B., Hoq, M., Sharma, U., & Marella, M. (2017). Validating the UNICEF/Washington Group Child Functioning Module for Fijian schools to identify seeing, hearing and walking difficulties. *Disabil Rehabil*, 1-11. doi:10.1080/09638288.2017.1378929.


Table 2: Fiji Education Management System Reference Guidance Table

Functional area	Level of difficulty recorded on Student Learning Profile				Refer to whom? (selecting from these options varies depending on location)
	No difficulty	A little difficulty	A lot of difficulty	Cannot do at all	
Seeing	X	✓	✓	✓	School health team, district hospital, Pacific Eye Institute, Project Heaven, optometrist
Hearing	X	✓	✓	✓	Hilton Audiology Unit (Suva), School health team, district hospital, Project Heaven, audiologist
Gross motor	X	✓	✓	✓	Physiotherapist at district hospital, local health centre
Fine motor	X	!!	✓	✓	Physiotherapist at district hospital
Learning (general)	X	!!	!!	!!	Local special schools may assist with providing advice on how to include the student more effectively in mainstream schools
Learning (specific)	X	!!	✓	✓	School Counsellor, literacy or numeracy specialist, educational psychologist (if available), the <i>Dyslexia Indicators Assessment Tool for Fiji</i>
Behaviour / Socialisation	X	!!	✓	✓	School Counsellor, educational psychologist (if available)
Mood	Very sad, depressed, anxious, worried at least once a week or more frequently				School counsellor, social welfare, local health services and psychology services. Youth Champs for Mental Health Fiji. http://youthchampsformentalhealth.org/

Note: difficulties in some functional areas are not highlighted for referral to medical or health assessment as there are limited diagnostic services in Fiji, and in many cases medical or health treatment is not available or required (marked in the table with two exclamation marks (!!)).

In Fiji, operationalizing the functional approach to identifying children with disability in EMIS has required a number of steps.

Actions at the central level include:

- Working with the I.T. department of the Ministry of Education to develop online forms and programming for automated data analysis,
- Disseminating a guidance package with forms and instructions to schools; this includes a guidance table with descriptors (information) that provide functioning examples to support consistency in selection of response categories,
- Training programs for school heads and district education officers, who then train teachers,
- Verifying data through school visits; in Fiji this is particularly important because disability identification through the system leads to inclusion funding,
- Monitoring automated reports from the online system.



Actions at the school level include:

- Teachers complete the form at any point during the year (where possible in discussion with parents) based on everyday observations of the student's functioning in class and on school grounds. Depending on Internet connectivity, the teacher either enters the data online, or submits the paper form to an administration officer at the school or district office.

A range of researchers have identified problems with teachers identifying disability using impairment or health condition-based categories. These categories have been shown to be poor predictors of participation¹³ and mask a range of functional abilities^{14,15}. Inconsistency in use of medically-based categories in education settings has been found to be a major problem^{16, 17}. Use of a functioning profile instead of an impairment or medical diagnosis has been widely recommended,^{18 19 20} including in the *World Report on Disability* which recommends use of a "difficulties in functioning approach" instead of an "impairment approach" to better capture the magnitude of disability.²¹

The functioning approach simply asks teachers to consider whether students have difficulties in a range of functional activities, based on observations which teachers are very capable of making in their standard interactions with their students.

Research in Fiji was based on primary school-aged children and considered *inter-rater* reliability between parent and teacher respondents, but not between different teachers as respondents. Further research may be valuable to compare *inter-rater* reliability between teachers, and to assess at a secondary school level as teachers there spend less time with each student than in primary school situations. However, it should be noted that most disability categories in EMIS forms are impairment-based, which are less valid and reliable because teachers (who are not trained to diagnose impairments) are required to make assumptions about impairments often in the absence of clinical information.

¹³ Anaby D, Hand C, Bradley L, DiRezze B, Forhan M, DiGiacomo A, et. al. The effect of the environment on participation of children and youth with disabilities: a scoping review. *Disability and rehabilitation*. 2013; 35(19): 1589-98.

¹⁴ Daley TC, Simeonsson RJ, Carlson E. Constructing and testing a disability index in a U.S. sample of pre-schoolers with disabilities. *Disability and rehabilitation*. 2009; 31(7): 538-52.

¹⁵ Lee AM. Using the ICF-CY to organise characteristics of children's functioning. *Disability and rehabilitation*. 2011; 33(7): 605-16.

¹⁶ Florian L, McLaughlin MJ. *Disability classification in education: issues and perspectives*. Thousand Oaks, CA: Corwin Press; 2008.

¹⁷ Simeonsson RJ, Simeonsson NE, Hellenweger J. International classification of functioning, disability and health for children and youth: A common language for special education. In: Florian L, McLaughlin MJ, editors. *Disability classification in education: issues and perspectives*. Thousand Oaks, CA: Corwin Press; 2008.

¹⁸ Silveira-Maia M, Lopes-dos-Santos P, Sanches-Ferreira M. How the use of the International Classification of Functioning, Disability and Health for Children and Youth changed the Individualized Education Programs in Portugal. *International Journal of Inclusive Education*. 2017; 21(5): 573-83.

¹⁹ Hollenweger J. Development of an ICF-based eligibility procedure for education in Switzerland. *BMC Public Health*. 2011;11 (Suppl 4): S7.

²⁰ Norwich B. Perspectives and Purposes of Disability Classification Systems: Implications for Teachers and Curriculum. In: Florian L, McLaughlin MJ, editors. *Disability classification in education: Issues and perspectives*. California: Corwin Press; 2008. p. 131-49.

²¹ WHO & World Bank. *World report on disability*. Geneva: World Health Organization; 2011.



OpenEMIS also has a template for collecting information on disability among students. OpenEMIS is a UNESCO initiative launched to assist in improving and implementing an EMIS. It provides royalty-free software that can be customised to meet the specific needs of implementing countries. Currently, a number of countries are using OpenEMIS to collect data on disabilities.

OpenEMIS can collect data on individual students or using forms like the ones reviewed below which collect aggregate data either by classes within a school or for the entire school. To collect data on individual students, teachers first enter whether or not a student has a particular condition. Following the UNICEF guide, the OpenEMIS template demo environment uses the following list of functional domains from the UNICEF template: vision, hearing, gross motor, fine motor, intellectual, communication, and behaviour/socialization. Teachers enter the level of difficulty, recording the impact on learning from no impact, some impact, or major impact. Then, the teacher can enter the student's support needs into the system and make referrals to various programs. The fact that the level of difficulty is tied directly to participation in schooling is very much in line with the CRPD and the social model of disability.

However, some countries modify the list of functional difficulties to contain a mix of functional domains and medical conditions, and at times uses the word "disability" which, as described above, can be problematic. One example is the following list of conditions, which deviates significantly from the UNICEF/UNESCO template.

- Autism Spectrum Disorder
- Emotional/Behavioral Disorder
- Health Disorder
- Intellectual Impairment
- Pervasive Development Disorder
- Deaf/Hard of Hearing
- Physical Disability
- Speech/Language Disorder
- Visually Impaired

Therefore, while use of OpenEMIS inclusive education templates is a sign that a country is collecting granular data on disability including the degree of disability and its relation to support needs, it does not necessarily mean that the identification of disability is based on a purely functional approach.

As described below in the section reviewing EMIS census forms from around the world, there are definitely times when particular conditions are appropriate to put on this list. A common example is albinism in some African countries. While most people with albinism would be picked up because of visual impairments, there is still a compelling policy reason to identify these students because of the high degree of stigma they face.

For the purposes of SDG 4 disaggregation, the type of disability – or the type of impairment or condition – isn't that important. As long as most students are identified the gross disaggregation by disability status of various indicators will be fine. But for internal purposes, for example monitoring what scope and distribution of disability types and the supports needed, it is more important.



Indeed, some countries with few services available to children may balk at collecting detailed data on the type and degree of disability. If there are no supports available for students, then why collect that information? There are several reasons. First, asking about all functional domains and degrees of disability will yield more accurate data, and to the extent that this approach is being adopted more widely, it also makes the data more internationally comparable. Second, the very act of asking teachers to focus on different types of difficulties raises their awareness about disability and also sends the signal that such people belong in school. Third, it can help the education system plan and prioritise various actions to make their schools more inclusive. And finally, even when there are no structured services or programs, teachers can make adaptations and accommodations in their classes that can have a significant impact on the lives of their students. Currently there are ten countries using the inclusive OpenEMIS framework, and an additional ten are piloting it, so there is definitely demand for this information.

Child Functioning Module of UNICEF and the Washington Group on Disability Statistics

Formed under the aegis of the UN Statistical Commission, the Washington Group on Disability Statistics (WG) developed a set of functionally based questions suitable for identifying people with disabilities in an internationally comparable manner. The WG, whose members comprise representatives from numerous national statistical offices, tested and implemented these questions widely, and has since become an international standard for disability identification in surveys.²²

The WG short set of six questions, however, tends to under-identify children with certain types of disabilities.²³ For this reason, UNICEF and WG developed a Child Functioning Module (CFM) designed to be used in household surveys. Dozens of countries are currently implementing the CFM as part of their Multiple Indicator Cluster Surveys (MICS). The CFM takes the same approach as the previous WG questions in that it does not ask about “disability” or medical conditions, but rather focuses on the difficulties that children have doing age-appropriate activities. Questions in the CFM are carefully worded to elicit information on the nature of difficulties children have doing these activities.

An EMIS situation is slightly different. In a survey, a respondent is only asked the questions one time. A teacher filling out a form will do it multiple times and will presumably have training on the form. Therefore, instead of carefully worded questions, an EMIS can have categories with which a teacher can become familiar. By taking a functional approach to classification – and not a medical one – EMIS data on disability can be compatible with population-level survey data using the CFM so that the data can be used in conjunction with each other for deeper analysis (for example in examining enrolment rates), and so that differences in EMIS and survey reports do not cause confusion.

²² Groce, N. E., & Mont, D. (2017). Counting disability: emerging consensus on the Washington Group questionnaire. *The Lancet Global Health*, 5(7), e649-e650.

²³ Cappa, C., Mont, D., Loeb, M., Misunas, C., Madans, J., Comic, T., & de Castro, F. (2018). The development and testing of a module on child functioning for identifying children with disabilities on surveys. III: Field testing. *Disability and Health Journal*.



Review of EMIS census forms

This review incorporates 70 EMIS forms from low and middle-income countries in Africa, South and Central America, Asia, the Caribbean and the Pacific. Several forms from the Middle East were excluded because of the lack of translation from Arabic. Among these forms, 51 collected data on students with disabilities (see **Table 3**). Nine of these listed students simply as having a disability or being classified as special-needs with no explanation of what constitutes having a disability. There were 42 countries that identified students based on either experiencing functional difficulties, the existence of a particular impairment, or both. A list of countries included in this review can be found in **Annex II**. Note that this is not a random sample of countries, so the results are not representative of all EMIS in the world, but as 70 is a large number – all drawn from low- and middle-income countries – the results should be fairly indicative for that group of countries as a whole.

It should be noted that ten countries not included in Annex II are using the OpenEMIS disability template mentioned above. They are Barbados, Belize, Grenada, Jordan, Lesotho, Malaysia, Maldives, Turks and Caicos, and Uzbekistan.²⁴ This makes 62 low and middle-income countries documented to be collecting data on the disability status of their students. Moreover, about ten more countries are piloting the inclusive OpenEMIS. In addition to the OpenEMIS countries, an increasing number of countries are also using a granular system, namely Bhutan, Fiji, Indonesia, Micronesia, Tuvalu, and Vanuatu.

Countries in Annex II that identified students as having a disability based on functional difficulties or impairments did not necessarily ask teachers for information about difficulties in all functional domains. Only 14 of the 43 countries that identified students by the type of disability asked about difficulties (or included impairments) in all four of the following domains: vision, hearing, physical, and intellectual. Identifying students based on psychosocial or behavioural difficulties was quite rare. The only places doing so were Costa Rica, Fiji, Indonesia, Marshall Islands, and Puerto Rico. Cambodia did ask about violence in the family, though, which probably does have an effect on people's mental health. However, a handful of EMIS asked about developmental disabilities or autism, which depending on how well they diagnose those conditions, could capture some students with emotional difficulties. The CFM does collect information on children with psychosocial difficulties, so if EMIS do not do so, the survey and administrative data will not be exactly comparable.

²⁴ Personal communication from OpenEMIS team.


Table 3: Summary of presence of disability identification questions in EMIS by region

Region	Number of countries	Countries identifying students with disabilities	Only using “disability” or “special needs” to identify	Types of disability include vision, hearing, physical, and intellectual	Records degree of disability only for vision and hearing	Includes medical diagnoses
Africa	28	24	4	5	11	7
Caribbean	9	3	0	2	1	2
Central America	7	5	1	2	5	1
Asia	11	7	2	2	5	2
South America	7	4	0	0	3	2
Pacific	9	9	2	3	4	0
ALL	71	52	9	14	29	14

Other than Timor-Leste, Fiji and Tuvalu, little attempt was made to capture the degree of disability, except in the areas of vision and hearing. In 29 countries, students who were blind or who had vision difficulties and students who were deaf or had hearing difficulties were recorded separately. In some countries, though, only students who were blind or deaf were identified as having a disability. It would appear that students with low vision and who were hard of hearing were not included. In practice, teachers may have included students with significant sensory issues who were not completely blind or deaf. In fact, it is possible that students were not categorized similarly by different schools or even by different teachers within a school depending on how they interpreted the words “blind” and “deaf.” Some countries listed intellectual and learning disabilities separately, which may signify different levels of intellectual disability, but also may include students with conditions such as dyslexia (which was listed separately for Puerto Rico, along with dyscalculia).

Conditions listed in some forms included stuttering, dwarfism, epilepsy, autism, and albinism. Epilepsy is a condition that is often raised in discussions of disability identification because when a seizure is not occurring there are no functional difficulties, but the risk of one at any time may affect a person’s ability to do certain activities, depending on how well the seizures are under control. As stated earlier, in some African countries there are important policy-based reasons for identifying students with albinism.

In general, several major concerns emerge from reviewing these EMIS forms.²⁵

- 1) **Identifying students by “disability” or “special needs.”** As stated above, using the term “disability” often does not identify people with more mild or moderate impairments that might still put them at risk of exclusion. For example, even a student with vision problems correctable

²⁵ Note that all the forms recorded here are for primary school. In the countries examined where disability data were collected, and secondary schools were available, the methods used were the same.



by glasses who lives in an environment where glasses are not obtainable is probably at greater risk of dropping out of school. Moreover, beyond SDG 4 reporting purposes on “disability”, identifying students with minor difficulties for the purposes of referrals to services (even as simple as getting glasses) can be a useful component of an EMIS. Using the term “special needs” creates similar problems. It also introduces variance across countries based on the nature of their special-needs programs. Students are often categorized as “special needs” if they qualify for such programs. If the programs are limited in scope then by definition, fewer students will be identified. This shows up in data on the number of special needs children in OECD countries, where big differences exist across country reports not because of differences in disability prevalence but because in the nature of special education programs availability.²⁶

- 2) **Disability as a screen.** A few countries that did ask about functional domains first asked if the person had a disability, and then asked about the difficulties (and/or diagnoses) they might have. This was the case in Ecuador and The Marshall Islands, for example. This potentially causes the same difficulties present in EMIS that only ask about the presence of a disability.
- 3) **Incomplete coverage of all functional domains.** Only 13 of 70 countries asked about functional difficulties in vision, hearing, physical, and mental domains. Excluding domains of functioning necessarily excludes people with some types of disabilities.
- 4) **Lack of coverage of psychosocial difficulties.** As stated above, very few countries address this issue. It is of importance everywhere but is probably of particular importance in countries that are affected by conflict or other humanitarian crises.
- 5) **Lack of degree of disability.** Students with different types and degrees of disability face different barriers to education. In planning education policies and monitoring their effectiveness, it is thus important to be able to disaggregate individuals by type and degree of disability. While technically this is not necessary for the SDG 4 indicators, it is in the spirit of “no one left behind” to be able to address the needs of different marginalized groups. This is addressed in the OpenEMIS system and in other customized granular systems (e.g, Fiji and Vanuatu).
- 6) **Multiple disabilities.** Some EMIS list “multiple disabilities” as a separate category. As with omitting the degree of disability, this will not influence the ability to disaggregate SDG 4 indicators by disability status, but listing a person as having a “multiple disability” says nothing about the support needs they might have. Is the person both vision and hearing impaired? Or do they have a physical and intellectual disability? For instructional and planning purposes there is a significant difference.
- 7) **Offensive language.** A few of the EMIS forms used words like “cripple” and “retardation.” These are offensive terms and also create a conception of disability that is bad not only for creating attitudes supporting inclusion, but also may dissuade teachers from classifying students with more moderate impairments as having a disability.
- 8) **Charting outcomes of students with disabilities.** It is important to go beyond simply counting the number of students with disabilities in a class or school. Some EMIS forms simply do that. To disaggregate indicators, such as drop-out rates or completion rates, however, those data

²⁶ Robson, Colin (2004) "Equity in education: students with disabilities, learning difficulties and disadvantages," OECD.



fields must also collect information separately for students with and without disabilities. UNICEF's *Guide for Including Disability in Education Management Information Systems* provides example matrices on how to do this, and in a granular system, like the one being offered through OpenEMIS, this is automatically addressed.

Given the wide range of approaches to identifying students with disabilities in various countries, international comparisons are difficult. A country that only asks about “blind, deaf, and physically disabled” people is probably going to identify many fewer students as having a disability than a country that asks about degree of difficulty in a wider group of functional domains. As stated above, this will affect not only the number of people identified but the type and degree of disabilities these individuals are identified as having.

Recommendations for Education Management Information Systems (EMIS)

- 1) **EMIS should include information on the disability status and learning outcomes of students with disabilities.** As the EMIS is used for creating many key indicators, including some of the SDG 4 indicators, it is essential for that system to collect information on students with disabilities. As stated above, this means not only counting the number of students with disabilities, but also disaggregating other outcome indicators, such as drop-out and completion rates.
- 2) **EMIS should move to a granular system, where possible.** By granular it is meant that an individual record is kept for each student. Not only will this automatically allow for the disaggregation of all indicators by disability status, but it will help deal with the under-identification that can result from EMIS censuses being distributed at the beginning of the school year, before teachers are familiar enough with their students to identify those with more moderate or “invisible” disabilities. This is because granular systems can be updated more easily as the year progresses.
- 3) **EMIS should identify students with disabilities based on functional difficulties.** This method is superior to asking about “disability” or using impairment-based categories. It has been shown to be more accurate and better at identifying students with disabilities. Also, as a functional based approach is the basis of the Washington Group on Disability questions and is being incorporated in surveys (such as the MICS), it will make administrative data more compatible with other data being collected on disability in the country.
- 4) **EMIS should ask about difficulties in all domains.** Functional difficulties can be in the domains of vision, hearing, gross and fine motor, cognition, communication and psychosocial. Leaving out a domain will under-identify people with disabilities.
- 5) **EMIS should collect information on the degree of disability.** This will not only ensure that students with more moderate difficulties or impairments are not excluded but can help in the planning and provision of support for students.
- 6) **EMIS should exclude derogatory language.** Terms such as crippled, retarded, dumb, and defective are generally considered offensive. Disabled people organizations in a country should be consulted to make sure that no such language is used – even unintentionally.

The purpose of the SDGs is not only to chart a country's progress, but also for countries to benchmark their progress against their peers. This will not be possible if countries use different methodologies for identifying students with disabilities. Therefore, it is highly recommended that the approach outlined in the UNICEF



*Guide for Including Disability in Education Management Information Systems*²⁷ be followed. Currently, very few countries meet that standard. Also, even if the same approach is used, we might expect systematic differences between countries using a granular system that is constantly updated versus a census-based system, especially if those censuses are conducted at the beginning of the school year.

This does not mean there cannot be differences in the approach taken in EMIS in different countries when it comes to classifying students. For example, there are some conditions (like albinism in certain countries) that have special issues that call for monitoring. Some countries might be interested in capturing a wider range of degree of difficulties if they feel that information would be useful for service delivery. However, the core part of the EMIS should be constructed in a way that can insure a common approach for the creation of SDG indicators.

Review of Data Needed to Develop SDG Indicator 4.a.1(d)

SDG 4 states that countries should “ensure inclusive and equitable quality education and promote life-long learning opportunities for all.” In the spirit of the “leave no one behind” theme, this includes people with disabilities as embodied in target 4.a, which states that countries should:

Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.

A key component of any strategy for meeting this target is to create schools that are accessible to all learners, regardless of disability. Therefore, indicator 4.a.1 monitors the:

Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; (g) basic handwashing facilities (as per the WASH indicator definitions).

This report analyses the data currently available in the UIS database for creating indicator 4.a.1(d) and makes recommendations for how current data may be used, and how future data collection may be adapted to improve implementation of the indicator. Note that indicator 4.a.1(d) refers to the structure of the school environment and not other aspects of education, such as curriculum, assessment, and teaching methods.

Accessibility

One long run goal of the CRPD is that all schools follow the principal of universal design. An environment that meets the standards of universal design can be “accessed, understood and used to the greatest extent possible by all people, regardless of disability or any other characteristic (see **Box 1**.” With universal design, accessibility is not an add-on but rather is integral to design of the environment.

²⁷ See http://training.unicef.org/disability/emergencies/downloads/UNICEF_guide-for-including-disability-in-education-management-information-systems.pdf.



Box 1 Universal Design. Universal design is the design and composition of an environment so that it can be accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability. An environment (or any building, product, or service in that environment) should be designed to meet the needs of all people who wish to use it. This is not a special requirement, for the benefit of only a minority of the population. It is a fundamental condition of good design. If an environment is accessible, usable, convenient and a pleasure to use, everyone benefits. By considering the diverse needs and abilities of all throughout the design process, universal design creates products, services and environments that meet peoples' needs. Simply put, universal design is good design. (National Disability Authority: see <http://universaldesign.ie/What-is-Universal-Design/>).

Achieving universal design is a long-run goal

Even if all new schools were designed as such it would take a while to completely revamp the entire educational system. It should be noted here, though, that building a fully accessible environment for new construction is not costly – estimates are that it adds about 1 percent to costs – although retrofitting old schools can be expensive.²⁸ Thus, while on the path to universal design it is important that schools be made as accessible as possible and reasonable accommodations are available when general accessibility is not present. Reasonable accommodations are forms of assistance built and/or delivered to meet the particular needs faced by persons with disabilities in an otherwise inaccessible environment. Generally speaking, a disabled student's access to education is a function of two things: how well designed the environment is for people with disabilities and the availability of reasonable accommodations for overcoming remaining barriers in that environment.

A school designed in such a manner that a student in a wheelchair can access any floor and room of the building is an aspect of universal design. A school that is not designed in that manner but has constructed a ramp to allow such students to gain access to various rooms is an example of one making a reasonable accommodation.

While the long run goal of the CRPD – and indeed the implicit goal of “leave no one behind” – is universal design, this report focuses more narrowly on accessibility. That is, it explores what information is needed to adequately track whether children with disabilities are capable of accessing the educational institutions where they live.

However, it should be noted that indicator 4.a.1(d), “proportion of schools with access to adapted infrastructure and materials for students with disabilities,” if read literally, is more limited than this. It only purports to report on the percentage of schools that have any adapted infrastructure and materials, not whether those adaptations and materials are adequate for either (a) the students currently attending, or (b) any potential student who may wish to attend that school.

So, three approaches could be taken: any efforts, efforts to address current students, or full accessibility. Because the goal of SDG 4 is to “leave no one behind” and because an inaccessible school environment may deter potential students with disabilities from attending, the measure used is a variant of the third option.

²⁸ World Bank (2005), “Education for All: The Costs of Accessibility,” Education Notes 38864.



However, instead of trying to measure full accessibility, the proposed approach to generating indicator 4.a.1(d) is to collect information on whether adaptations to infrastructure and the environment are being made in each functional area, for example seeing, hearing, mobility, etc.

Accessibility falls into two main areas: physical accessibility and informational/communicational accessibility (hereafter referred to simply as informational). Physical accessibility refers to the ability to access and use all aspects of the school's physical environment: classrooms, WASH facilities (water, sanitation, and hygiene), recreational facilities, computer rooms, labs, or any other facility or materials used by students in the school. In addition to the physical structure of the school it also refers to things like furniture, writing materials, or any other device used by students. Informational accessibility refers to the transfer of information. This can be aided by sign language interpretation, audio loops, screen readers, braille and easy to read books and signage, etc.

Because both the physical and informational environments of schools can vary significantly across countries, the relevance of some data collection may also vary. It makes no sense to ask about audio loops in a country that doesn't have hearing aids (hearing aids are not available or too expensive to access in many low income countries). If a school doesn't use computers, then not having a screen reader does not pose a barrier for blind children. In some countries an elevator is important way to gain access to upper floors; in schools that have a single level they are irrelevant. These different environments must be kept in mind when designing the data collection rubric, as explained later in this report.

Disability is very heterogeneous, both in terms of types of disability – vision, hearing, mobility, cognition, communication, psychosocial – and degree. This means that schools are not necessarily totally accessible to all students with disabilities or totally inaccessible. For example, they may be fully accessible to children who cannot walk but not to children who cannot see or hear. As an indicator is supposed to measure progress towards a goal, a strictly binary indicator of whether a school is accessible or not accessible may not capture real progress made towards accessibility. While indicator 4.a.1(d) measures the proportion of schools meeting some standard of adaptation to the needs of students with disabilities, it must be generated by aggregating indicators for each individual school.

This relates to the notion of *progressive realization*, which is mentioned in the CRPD. Universal design – or even universal access – may not be achievable in the very short run but meaningful gains can be made. Moreover, if a school is strongly committed to reasonable accommodations – and this is known and respected in the community – then even existing barriers in that school may be overcome on an individual basis as a student with particular needs demands access to that school. Clearly, universal design is the desired approach, but on the path to universal design, policies can still promote and provide education for all children.

It is with these considerations that we analyse the existing data being collected by the UIS.

Current UIS Data Collection

The UIS *Questionnaire on Students and Teachers* (ISCED-04) contains a number of questions for public and private institutions that deal with accessibility of schools and which aim to capture aspects of indicator 4.a.1(d). They are asked of primary, lower secondary and upper secondary schools, and are found in Section A13 of the questionnaire, entitled *Number of educational institutions with ICT services, basic hygiene facilities and*



the provisioning of life skills-based HIV and sexuality education by level of education – all programmes (general and vocational). The questions are reproduced in **Table 4**, and are collected by countries during their school censuses. The aggregated results are then provided to the UIS from the various ministries of education. (See **Annex III** for the UIS discussion on including disability status in the UIS annual survey and **Annex IV** for a more complete accounting of UIS tables on disability).

Accessibility for students with disabilities is addressed in these questions but in a very global way with a single question. Countries are asked to report on the number of schools that have “adapted infrastructure and materials for students with disabilities.” There are no questions on whether those adaptations address the barriers that students with all types of disabilities have, or all degrees of disability, or even the particular needs of students currently attending that school. Nor does it record whether all aspects of the school – classroom, toilets, auditoriums, recreational areas, laboratories, etc. – are accessible. Nor does it refer specifically to materials and other infrastructure – such as furniture and writing implements – or accommodations for information, such as sign language and braille. It also does not give insight as to whether the school is designed with disability in mind – say a fully accessible toilet – or whether a child with a disability in that school is given some sort of accommodation to help with his or her particular impairment. Nevertheless, data is available that does provide information on which countries are making any attempt whatsoever at making their schools accessible.

Table 4: Questions on Accessibility from the Questionnaire on Students and Teachers (ISCED 0-4)*

With electricity

With computer(s) for pedagogical purposes

With internet for pedagogical purposes

With improved toilets

of which: single-sex toilets

of which: useable single-sex toilets

With improved drinking water source

of which: with drinking water available

With handwashing facilities

With adapted infrastructure and materials for students with disabilities

Providing life skills-based HIV and sexuality education

** Note that in the form, questions are asked for public, private and all institutions, and for primary, lower secondary and upper secondary schools separately.*



However, when examining the data available on the UIS website, it appears that most countries are not reporting the indicator. For example, of the 227 countries and territories reporting data, only 31 in 2016 and 23 in 2017 reported data on the percentages of primary schools with adapted infrastructure and materials. All other countries in the data set have missing values. It should be noted, though, that 2016 was the first year the UIS collected these data which probably contributes to the low reporting rates. The countries reporting values above zero in at least one of those two years are shown in **Table 5**.

As can be seen in Table 5 the data are problematic for several reasons.

- 1) Few countries bother to report this indicator, even high-income countries that presumably are more likely to be making accommodations. Even some countries reporting in 2016 do not report in 2017.
- 2) No idea is provided on the extent or variety of accommodations being made.
- 3) A number of countries reporting claim 100 percent of schools have such accommodations. While this may be true to the extent that all schools have at least some accommodations, it is highly unlikely that they all completely meet the accessibility standards implied above.
- 4) Some countries report very low percentages, for example about 2 percent in Burkina Faso. One reason for this may be that they are referring to special schools for children with disabilities. These schools clearly will have made accommodations, but segregated schools are contrary to the CRPD, and the principle of equal access to the same quality of education for all children.



Table 5: Percentage of Primary Schools with Accommodations for Students with Disabilities, by Country, 2016-2017, UIS online Database (September 2018 release)

Country	2016	2017
Andorra	100.0	100.0
Bahrain	...	100.0
Bermuda	100.0	...
British Virgin Islands	63.0	63.0
Burkina Faso	1.9	2.3
China, Hong Kong Special Administrative Region	96.0	95.6
China, Macao Special Administrative Region	60.0	60.0
Cook Islands	4.2	...
Costa Rica	60.5	...
Dominica	1.7	...
El Salvador	25.3	28.3
Eswatini	12.1	...
Finland	100.0	...
France	100.0	...
Gibraltar	100.0	100.0
Honduras	5.4	...
India	63.6	...
Jamaica	11.7	11.7
Kazakhstan	...	4.3
Latvia	17.7	...
Liberia	0.4	...
Malaysia	97.8	...
Maldives	...	100.0
Marshall Islands	21.3	...
Mauritius	37.1	31.1
Monaco	100.0	100.0
Morocco	...	17.3
Niue	100.0	...
Palestine	38.6	31.1
Peru	16.2	19.3
Qatar	...	100.0
Republic of Moldova	100.0	100.0
Rwanda	...	18.1
Saint Vincent and the Grenadines	...	100.0
Seychelles	7.1	0.0
Sierra Leone	...	4.6
Slovakia	14.4	...
Ukraine	62.8	62.8
Uruguay	100.0	...
Uzbekistan	...	13.2



The results are similar for secondary schools as shown in Tables 6 and 7, although the number of countries reporting on accommodations is slightly higher (36 for lower secondary and 37 for upper secondary). The same issues remain with countries often reporting 100 percent and sometimes very low percentages. Twenty-seven countries reported the percentages of schools at all three levels at least once over the two-year period 2016-2017.

Table 6: Percentage of Lower Secondary Schools with Accommodations for Students with Disabilities, by Country, 2016-2017, UIS online Database (September 2018 release)

Country	2016	2017
Andorra	100.0	100.0
Bahrain	100.0	100.0
Bangladesh	20.0	...
Bermuda	100.0	...
British Virgin Islands	100.0	100.0
Burkina Faso	16.6	--
China, Hong Kong Special Administrative Region	100.0	100.0
China, Macao Special Administrative Region	100.0	100.0
Costa Rica	53.8	...
El Salvador	30.3	29.2
Gibraltar	100.0	100.0
India	77.1	...
Jamaica	12.7	12.7
Kazakhstan	...	9.1
Kuwait	100.0	100.0
Liberia	0.7	...
Malaysia	26.3	24.2
Maldives	...	100.0
Mauritius	42.0	56.5
Monaco	100.0	100.0
Morocco	...	37.6
Myanmar	...	1.9
Niue	100.0	...
Palestine	43.6	45.9
Peru	20.8	30.9
Qatar	100.0	100.0
Republic of Moldova	100.0	100.0
Rwanda	...	22.1
Saint Lucia	8.3	8.3
Saint Vincent and the Grenadines	...	100.0
Sierra Leone	...	7.1
Singapore	19.9	...
Ukraine	78.6	77.3
Uruguay	100.0	0.0
Uzbekistan	...	13.0



Table 7: Percentage of Upper Secondary Schools with Accommodations for Students with Disabilities, by Country, 2016-2017, UIS online Database (September 2018 release)

Country	2016	2017
Albania	...	5.3
Andorra	100.0	100.0
Bahrain	100.0	100.0
Bangladesh	19.9	20.0
Bermuda	100.0	...
British Virgin Islands	100.0	100.0
Burkina Faso	23.3	--
China, Hong Kong Special Administrative Region	100.0	100.0
China, Macao Special Administrative Region	100.0	100.0
Costa Rica	54.0	...
Dominica	100.0	...
El Salvador	54.0	29.3
Gibraltar	100.0	100.0
India	60.1	...
Jamaica	25.9	25.9
Kazakhstan	...	63.1
Kuwait	100.0	100.0
Liberia	0.7	...
Malaysia	95.7	...
Maldives	...	100.0
Mauritius	42.0	56.5
Monaco	100.0	100.0
Morocco	...	42.6
Myanmar	...	0.8
Nauru	100.0	...
Niue	100.0	...
Palestine	48.7	48.6
Qatar	100.0	100.0
Republic of Moldova	88.9	100.0
Saint Lucia	...	8.3
Saint Vincent and the Grenadines	...	100.0
Sierra Leone	...	4.8
Singapore	19.9	...
Sri Lanka	...	0.2
Ukraine	79.2	79.6
Uruguay	100.0	...
Uzbekistan	...	30.0



Other approaches to asking about accessibility

To better capture whether indicator 4.a.1(d) is reaching its target, it would be better to ask specific questions about accessibility. One approach is to adapt the UIS form to get a more nuanced description of disability, as shown in blue in **Table 8**. For this to work, countries' EMIS forms have to be modified. An effort to promote this change is underway through OpenEMIS, which has drawn upon UNICEF's technical guidance on developing inclusive EMIS.²⁹ This will take time. It should be noted, though, that there are example of countries following this route. Fiji is a prime example, and about 20 countries are implementing OpenEMIS, which contains more disability questions and a flexible format to add and modify questions.³⁰

Table 8: Adapted Questions on Accessibility from the Questionnaire on Students and Teachers (ISCED 0-4)

With electricity
With computer(s) for pedagogical purposes
<i>Are there screen readers for students with visual difficulties?</i>
With internet for pedagogical purposes
With screen readers for students with visual impairments
With improved toilets
<i>of which: single-sex toilets</i>
<i>of which: useable single-sex toilets</i>
<i>of which single-sex useable toilets are accessible to students with disabilities</i>
With improved drinking water source
<i>of which: with drinking water available</i>
<i>of which: accessible to students with disabilities</i>
With handwashing facilities
Accessible to students with disabilities
With adapted infrastructure for accessing all school areas
With adaptations for children with communication issues, for example those with vision, hearing, or cognitive difficulties
Providing life skills-based HIV and sexuality education

²⁹ UNICEF (2016), Guide for Including Disability in Education Management Information Systems, Technical Guidance.

³⁰ Mont, D. and B. Sprunt (2019), "Adapting education management information systems to support inclusive education," Chapter 22 in The SAGE Handbook of Inclusion and Diversity in Education; eds. Matthew Schuelka, Chris Johnstone, Gary Thomas, Alfredo Artiles, Sage Publications.



While the questions in Table 8 would provide better data for constructing indicator 4.1.a(d), they still do not provide information on the type of accommodations being made and the type of accommodations that are needed. Nor does it address whether the accommodations are adequate. Accommodations that are not adequate do not provide full accessibility.

The goal of data collection is not just for monitoring the SDGs but also for providing information that is useful in developing, implementing, and monitoring activities that are taken to meet them. The overarching goal of SDG 4 of course is not accessible schools, but parity in education for all children. Accessible schools are a means to an end. If parity is not achieved, it will be useful to see the extent to which the scope and nature of accommodations are related to differences in educational achievement.

Table 9 provides a more detailed list of questions aimed at capturing the accessibility of schools. Country context becomes more important with the more detailed level of detail. Some of the questions (for example audio loops for people with hearing aids) may not be relevant for some countries and so could be excluded. However, an advantage of including more questions on type of accommodations is that they can have an awareness raising function and offer implicit guidance on what type of accommodations can be considered.

Note that the questions in Table 9 can be integrated with the form shown in Table 8. The questions in the accessible structures section on toilets and WASH can be used as in Table 8 when asking about toilets and WASH in general. And, the questions on adapted materials and technology would replace the questions on other accommodations in Table 8. Also, as mentioned above, only relevant rows in Table 9 are needed. If schools generally do not have a library or a computer room, then obviously those rows could be deleted. All of these approaches are consistent with the efforts currently being made through OpenEMIS. Of course, to collect international data from a large number of countries to monitor progress in indicator 4.a.1(d) with this level of precision would take a significant effort to improve EMIS internationally. At present, collecting data for indicator 4.a.1(d) is much more limited. Most countries do not collect information on accommodations or accessibility.

**Table 9: Further Accessibility Questions for Constructing Indicator 4.a.1**

	Yes/No	
Accessible structures – accessible to all students with disabilities		
Entrance to school		
Classrooms		
Recreational facilities		
Computer room		
Laboratories		
Library		
Auditorium		
Toilets		
<i>Of which are single-sex</i>		
Handwashing facilities		
Adapted materials, assistance, and assistive technology – Does your school have a sufficient quantity for children who need:		
	Yes/No/Not needed	High quality = 1 Average quality = 2 Low quality = 3
Vision		
Braille learning materials		
Audio learning materials (e.g. CDs)		
Computer screen readers		
Hearing		
Audio loops (for hearing aids)		
Sign language interpreters		
Physical		
Modified furniture		
Devices to help with gripping (e.g. for pencils)		
Cognitive/Communication		
Large, easy to read signage		
Simplified learning materials		
Alternative or augmentative communication aids (<i>low tech versions like communication boards or higher tech versions</i>)		

The response categories for accessible structures are different than for adapted materials, assistance, and assistive devices. As structures are costly and long term, a school system can only be accessible if these structures are designed appropriately. For other forms of assistance, they can be available on a per needed basis. For example, if there are no deaf children, there is no need for a sign language interpreter. So, for those categories a response category of “not needed” is added, in addition to a measure of quality.



Also note that the terms “sufficient” and “quality” are not well defined in the table and thus may be interpreted differently by different school administrators filing out the school census. It will be important to have metadata and training for people filling out the forms to create a common understanding of what is meant by these terms in the country context. Remember, that as EMIS is an ongoing data collection exercise, experience with the form will be developed and expanded over time.

Another approach would be to ask even more detailed questions to capture the exact equipment and accommodations made and how they align with student needs. In fact, the EMIS in Fiji is set up to be able to report in such a manner, but it is unlikely that many countries will go that far, at least in the short term.

The percentage of schools meeting indicator 4.a.1(d) would then be the number of schools making adequate accommodations (as explained below) divided by those reporting a need (either met or not met).

A category of “not needed” does pose some dangers, though. A school doesn’t “need” modified furniture if there is no student attending the school who needs such furniture. However, the lack of such furniture may dissuade prospective students from enrolling because they believe they would not be able to participate. This is more of a concern with physical infrastructure rather than materials which can more easily be provided on a per student basis as the need arises. This issue could be investigated using other data, for example, the reasons out-of-school children with disabilities report for not attending. An indicator based on the questions in Table 9 would at least be able to state whether children attending the school are receiving the accommodations they need.

The issue then is how are all of these questions combined into a single metric for indicator 4.a.1. One problem with a binary indicator is that it would mask improvements made for students with certain types of disabilities, or conversely, could mask the fact that students with certain types of disabilities are facing exclusion.

Developing an indicator for accessibility

For that reason, the following indicator for determining whether a particular school is making accommodations in fulfillment of indicator 4.a.1(d), based on Table 9, is recommended.

The school level indicator to be aggregated to create indicator 4.a.1(d) takes on three values. A literal reading of indicator 4.a.1(d) is the proportion making *any* accommodations, so the indicator would be the percentage of schools having a value of either 1 or 2. Preferably, the indicator could be reported using two different cutoffs – the percentage of schools having a value of 1 or 2 but also the percentage having a value of 2. It would be even better, if accessibility were reported on in more detail, as in **Table 12**. The degree of accessibility would correspond to the lowest level provided (0, 1, or 2) for the components of each type of accessibility.



Table 10: Values for Proposed School Level Indicator to be Aggregated to Create Indicator 4.a.1(d)

No accessibility = 0	Does not meet the criteria of accessibility for any type of disability
Limited accessibility = 1	Meets the criteria of accessibility for at least one but not all types of disability
Full accessibility = 2	Meets the criteria for all types of disability

For the various types of disability, accessibility is graded as follows:

Table 11: Standards for Accessibility by Type of Disability*

Physical	All relevant structures are accessible Modified furniture and gripping devices are available if needed
Vision	Braille or audio books are available if needed Computer screen reader is available if needed
Hearing	Audio loops available if needed Sign language interpretation available if needed
Cognition	Easy to read signage available Simplified learning materials available Alternative communication available if needed
* Note that this table refers to all types of accessibility that can be met by a combination of materials, infrastructure, and human resources (e.g. sign language).	

Table 12: Reporting on Accessibility for Indicator 4.a.1(d)

Indicator 4.a.1(d)	No accessibility = 0 Limited accessibility = 1 Full accessibility = 2	
	Accessible (yes/no)	Quality (Low, Average, High)
Physical		
Vision		
Hearing		
Cognition		

School environments are complicated and can pose different types of barriers for students with different types of disabilities. For indicator 4.a.1(d) to be meaningful, the data behind it must be collected in a way that captures aspects of that complexity in as straightforward a way as possible. A full accessibility audit is not practical, but the questions in Table 9 will capture critical elements of accessibility, and changes in this indicator, as structured, will be able to document progress towards universal access of education. If Table 9 is too lengthy, **Table 11** could substitute to create indicator 4.a.1(d) that would track efforts to promote



accessibility but would not provide the breadth and depth of information in Table 9 that could be helpful in policy planning and monitoring.

Another indicator that can be aggregated up from EMIS data is a parity indicator, namely dividing education outcome indicators for students with disabilities by the same indicator for students without disabilities. If the quotient is equal to one, there is parity between the two groups of students. Such an indicator can be used to monitor the progress towards equality between students with and without disabilities, but several issues need to be considered.

- 1) For international comparisons it is important that the **same approach** to identifying children with disabilities is taken (see UNICEF technical guidance mentioned earlier). Determination of disability is very sensitive to the way questions are asked.
- 2) The **cutoff for disability should be clear**. Disability is not really a binary variable. Functioning exists along a continuum, so the cutoff point between who has and who doesn't have a disability must be considered. If the cutoff is lowered, that will raise the number of students identified as having a disability, but it will also mean that the average level of limitations they face (as a group) will be lower. This will invariably raise the disability parity index. If the cutoff is very high (so only students with very significant disabilities are identified) the group of students identified will face, on average, higher levels of limitations, thus lowering the parity index. This means that the parity index will change with no change in the education system if the threshold for what constitutes a disability changes. Similarly, international comparisons of a disability parity index will not be appropriate if the countries are not using approximately similar cutoff levels for disability.
- 3) A disability parity index based on EMIS data **will not capture children who are out of school**. In fact, if children with higher levels of functional limitations are brought into the school, the disability parity index may take a slight dip while the school is making efforts to promote inclusion that are actually improving the educational outcomes for all children.
- 4) A disability parity index should be **disaggregated by gender**. Evidence shows that girls with disabilities face particular hardships.³¹

Reliable, timely data collection for these indicators would be most effectively collected if countries moved towards an electronic, granular system, such as OpenEMIS or the Fiji EMIS.³² This is particularly important for collecting data on children. Paper EMIS forms are generally circulated at the beginning of the school year. Teachers – especially those with large class sizes – may not yet be aware of children with invisible disabilities, or those whose disabilities are more moderate. An electronic, granular system allows for information to be updated on an ongoing basis.

³¹ Arciuli, J., Emerson, E., & Llewellyn, G. (2018). Adolescents' self-report of school satisfaction: The interaction between disability and gender. *School psychology quarterly*.

³² Mont, D. and B. Sprunt (2019), "Adapting education management information systems to support inclusive education," Chapter 22 in *The SAGE Handbook of Inclusion and Diversity in Education*; eds. Matthew Schuelka, Chris Johnstone, Gary Thomas, Alfredo Artiles, Sage Publications



Conclusions about current UIS data collection on accessibility

As it currently stands, the the data collected for indicator 4.a.1(d) are of limited value. As the questionnaire is written, schools with various levels of accommodations – from making small accommodations for individual students to making efforts to build truly inclusive schools – can all report that they have made accommodations. This makes comparisons between countries less meaningful.

To create indicator 4.a.1(d) a country must collect school-level data through its EMIS, and then aggregate that data. Basically, they need to report on the percentage of schools reporting that they meet some standard of accommodations as defined by the EMIS form (and accompanying metadata). The fact that the majority of countries have not responded at all to the UIS for this indicator is probably indicative that they do not currently collect this information.

Thus, the main recommendation to the UIS is that they more fully promote and expand their current efforts of making OpenEMIS more inclusive, and to do so in a manner explained in this report – choosing the level of detail that is acceptable to countries. Countries that have ratified the CRPD (the majority) have made a commitment to inclusive education. The strength of that commitment should be reflected in the data collected to monitor their efforts and to help planning and evaluation efforts to make schools more inclusive.



Annex I: Measures of education and disability from household surveys and population censuses

A 2018 paper by the UIS examines educational disparities linked to disability based on data from 49 countries and territories.³³

The results of the analysis confirm that persons with disabilities are nearly always worse off than persons without disabilities. On average, persons with disabilities are less likely to ever attend school, more likely to be out of school, and they tend to have fewer years of education than persons without disabilities. They are less likely to complete primary or secondary education and are less likely to possess basic literacy skills.

Comparability of the data across countries is limited because only some of the surveys and censuses analysed by the UIS used questions developed by the Washington Group on Disability Statistics to identify persons with a disability. The accuracy of the indicator estimates is also affected by sampling and non-sampling errors in the data, the small sample size of many of the surveys that were analysed, and the relatively small proportion of persons with disabilities in each country's population. Moreover, because of the scarcity of national data, it is currently not possible to generate statistics on the status of persons with disabilities with regard to education that are regionally or globally representative.

Despite the limitations regarding quality and comparability of the data, the paper provides a good overview of inequalities linked to disability and of the gaps that must be overcome to achieve equity in education as defined in SDG 4.

The analysis examined five education indicators based on three sources, with data collected between 2005 and 2015: Demographic and Health Surveys (DHS) sponsored by USAID, School-to-Work Transition Surveys (SWTS) by ILO, and population census data compiled by IPUMS-International.

- 1) **Proportion of the population aged 15 to 29 years who have ever attended school.** 15- to 29-year-olds with disabilities are less likely to have attended school than those without disabilities in the 37 countries for which data were available. On average, 87% of persons without disabilities attended school, compared to 77% of persons with disabilities. The largest gaps between persons with and without disabilities are observed in Vietnam 2009 (44% vs. 97%), Egypt 2006 (43% vs. 89%) and Indonesia 2010 (53% vs. 98%).
- 2) **Out-of-school rate for children of primary school age and lower secondary school age.** For the calculation of the out-of-school rate, data on current school attendance are required. This, and the need for data on disability, limited the analysis for this indicator to six countries that participated in DHS surveys. In these countries, primary school-age children with disabilities are more likely to be out of school than their peers without disabilities. The largest gap between children with and without disabilities was observed in Cambodia, with a 50-percentage-point difference between the out-of-school rate of disabled and non-disabled children (57% vs. 7%). In other words, 1 in 2 disabled children is not in school in the country, whereas this is only the case for 1 in 14 non-disabled children.

³³ UNESCO Institute for Statistics (UIS). 2018. "Education and Disability: Analysis of Data from 49 Countries." Information Paper no. 49. Montreal: UIS. <http://uis.unesco.org/sites/default/files/documents/ip49-education-disability-2018-en.pdf>



Similarly, adolescents of lower secondary school age with disabilities are more likely to be out of school than adolescents without disabilities. The average out-of-school rate across the six countries with DHS data is 18% for adolescents without disabilities and 26% for adolescents with disabilities.

- 3) **Completion rate for primary education and lower secondary education.** Disabled children are not only more likely to be out of school, they are also less likely to complete primary education than non-disabled children in the six countries with DHS data. As a direct consequence of lower primary completion rates, children with disabilities are also less likely to complete lower secondary education and to continue their education at higher levels of education. For example, only 36% of adolescents with disabilities complete lower secondary education compared to 53% of adolescents without disabilities in the six countries that were analysed.
- 4) **Mean years of schooling of the population 25 years and older.** Mean years of schooling is the number of completed years of formal education at the primary level or higher, not counting years spent repeating individual grades. This indicator was calculated for the population 25 years of age and older in 22 countries. In these countries, disabled persons spend a lower average number of years in formal education than their counterparts without a disability. On average, across the 22 countries and territories with data, people aged 25 years and older without disabilities have 7 years of schooling, compared with 4.8 years for those with disabilities. The largest difference in years of schooling between non-disabled and disabled persons were observed in the following three countries: Mexico (4.1 years) Panama (4.0 years) and Ecuador (3.4 years).
- 5) **Adult literacy rate of the population 15 years and older.** In all 25 countries with relevant data, the adult literacy rate for those with disabilities is lower than for other adults. The gap ranges from 5% in Mali to 41% in Indonesia, where the vast majority of adults without disabilities (93%) have basic literacy skills, compared to only half (52%) of adults with disabilities.

The data also reveal that women with disabilities are often less likely to reap the benefits of a formal education than disabled men. This is because they are marginalized not only by their disability but also by their gender. In most countries, men with disabilities have higher literacy rates than women with disabilities. The widest gap is seen in Mozambique, where almost one in every two men with disabilities (49%) can read and write, compared to only one in six women with disabilities (17%).

Below is a comprehensive list of the SDG 4 indicators that could potentially be calculated from household survey and census data and disaggregated by disability status:

4.1 Free, equitable and quality primary and secondary education

- 4.1.1 Proportion of children and young people (a) in Grade 2 or 3; (b) at the end of primary education; and (c) at the end of lower secondary education achieving at least a minimum proficiency level in (i) reading and (ii) mathematics
- 4.1.3 Gross intake ratio to the last grade (primary education, lower secondary education)
- 4.1.4 Completion rate (primary education, lower secondary education, upper secondary education)
- 4.1.5 Out-of-school rate (primary education, lower secondary education, upper secondary education)
- 4.1.6 Percentage of children over-age for grade (primary education, lower secondary education)



4.2 Quality early childhood development, care and pre-primary education

- 4.2.1 Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex
- 4.2.2 Participation rate in organized learning (one year before the official primary entry age), by sex
- 4.2.3 Percentage of children under 5 years experiencing positive and stimulating home learning environments
- 4.2.4 Gross early childhood education enrolment ratio in (a) pre-primary education and (b) early childhood educational development

4.3 Quality technical, vocational and tertiary education

- 4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex
- 4.3.2 Gross enrolment ratio for tertiary education, by sex
- 4.3.3 Participation rate in technical-vocational programmes (15- to 24-year-olds), by sex

4.4 Skills for employment, decent jobs and entrepreneurship

- 4.4.1 Proportion of youth/adults with information and communications technology (ICT) skills, by type of skill
- 4.4.2 Percentage of youth/adults who have achieved at least a minimum level of proficiency in digital literacy skills
- 4.4.3 Youth/adult educational attainment rates by age group, economic activity status, level of education and programme orientation

4.5 Equal access to all levels of education and training for the vulnerable

- 4.5.1 Parity indices (by disability status) for all education indicators on this list that can be disaggregated
- 4.5.2 Percentage of students in primary education whose first or home language is the language of instruction

4.6 Literacy and numeracy

- 4.6.1 Proportion of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex
- 4.6.2 Youth/adult literacy rate
- 4.6.3 Participation rate of illiterate youth/adults in literacy programmes

4.7 Education for sustainable development

- 4.7.4 Percentage of students by age group (or education level) showing adequate understanding of issues relating to global citizenship and sustainability
- 4.7.5 Percentage of 15-year-old students showing proficiency in knowledge of environmental science and geoscience

4.a School environment

- 4.a.1(d) Proportion of schools with access to adapted infrastructure and materials of students with disabilities
- 4.a.2 Percentage of students experiencing bullying



The paper makes a series of recommendations to improve the quality of data on disability and education. Comparability of the data across countries is limited, for example because not all national surveys and censuses used the standard set of questions developed by the Washington Group on Disability Statistics and UNICEF to identify adults and children with disabilities.

Key recommendations from the paper:

- Increase the availability of internationally-comparable data on education and disability
- Build an inventory of existing data
- Use Washington Group questions in all surveys and censuses
- Increase frequency of data collection for regular monitoring, especially in light of SDG 4
- Strengthen statistical capacity in countries to measure disability, including administrative data collection
- Improve coordination between national and international agencies in the area of disability statistics
- Increase funding by international donors and foundations for collection and analysis of data on disability



Annex II: Review of approaches to identifying students with disabilities in EMIS

Country	Year	Language	Contain data on students with disabilities	Identified only by "disability" or "special needs"	Vision, Hearing only degree ³⁴	Vision, Hearing, Physical, Intellectual	Includes at least some medical diagnoses
Africa							
Algeria	2014	Arabic	Yes	Yes	No	No	No
Burkina Faso	2018	French	Yes	No	No	Yes	Yes
Burundi	2018	French	Yes	No	No	No	No
Congo	2015	French	Yes	No	No	No	No
Cote d'Ivoire	2018	French	Yes	No	No	No	Yes
Ethiopia	2004	English	Yes	No	No	No	No
Gambia	2013	English	Yes	No	No	Yes	No
Ghana	2014	English	Yes	No	Yes	Yes	No
Guinea	2014	French	Yes	Yes	No	No	No
Kenya	2015	English	Yes	No	No	Yes	No
Lesotho	2014	English	Yes	No	No	Yes	No
Liberia	2013	English	Yes	No	No	No	No
Madagascar	2010	French	No	No	No	No	No
Malawi	2018	English	Yes	No	Yes	No	Yes
Maldives	2014	English	No	No	No	No	No
Mali	2018	French	Yes	No	No	Yes	No
Mauritania	2016	French	No	No	No	No	No
Mauritius	2014	English	Yes	No	No	No	No
Namibia	2018	English	Yes	Yes	No	No	No

³⁴ Both students' vision and hearing difficulties were recorded by degree, for example blind and vision impaired.



Niger	2018	French	Yes	No	Yes	Yes	Yes
Senegal	2018	French	Yes	No	No	No	No
Sierra Leone	2013	English	Yes	No	No	No	Yes
South Africa	2018	English	Yes	No	Yes	Yes	No
South Sudan	2010	English	Yes	No	Yes	Yes	No
Swaziland	2013	English	Yes	Yes	No	No	No
Tanzania	2014	English	Yes	No	No	Yes	Yes
Togo	2017	French	No	No	No	No	No
Uganda	2008	English	Yes	No	No	Yes	Yes
Caribbean							
Bahamas	2011	English	Yes	No	Yes	No	Yes
Dominican Republic	2012	Spanish	No	No	No	No	No
Grenada	2011	English	No	No	No	No	No
Haiti	2012	French	Yes	No	No	No	No
Jamaica	2009	English	No	No	No	No	No
Puerto Rico	2009	Spanish	Yes	No	Yes	Yes	Yes
Saint Kitts and Nevis	2011	English	No	No	No	No	No
Saint Lucia	2011	English	No	No	No	No	No
Saint Vincent and Grenadines	2012	English	No	No	No	No	No



Central America							
Belize	2018	English	Yes	Yes	No	No	No
Costa Rica	2014	Spanish	Yes	No	Yes	Yes	No
El Salvador	2013	Spanish	Yes	No	Yes	Yes	Yes
Guatemala	2018	Spanish	Yes	No	No	Yes	No
Honduras	2013	Spanish	Yes	No	No	Yes	No
Mexico	2014	Spanish	Yes	No	Yes	Yes	No
Panama	2016	Spanish	Yes	Yes	No	Yes	No
Asia							
Afghanistan	2016	English	Yes	Yes	No	No	No
Bangladesh	2005	English	Yes	No	No	Yes	No
Bhutan	2018	English	No	No	No	No	No
India	2018	English	Yes	No	Yes	Yes	Yes
Indonesia	2018	Bahasa	Yes	No	No	Yes	No
Laos	2014	English	No	No	No	No	No
Myanmar	2017	English	Yes	No	No	Yes	No
Nepal	2009	English	No	No	No	No	No
Pakistan	2013	English	No	No	No	No	No
Sri Lanka	2018	Sinhala & Tamil	Yes	No	Yes	Yes	Yes
Tajikistan	2014	English	Yes	Yes	No	No	No



South America							
Argentina	2012	Spanish	Yes	No	Yes	Yes	No
Colombia	2014	Spanish	No	No	No	No	No
Ecuador	2014	Spanish	Yes	No	No	Yes	No
Guyana	2011	English	No	No	No	No	No
Paraguay	2014	Spanish	Yes	No	No	Yes	Yes
Peru	2015	Spanish	Yes	No	No	Yes	Yes
Uruguay	2015	Spanish	No	No	No	No	No
Pacific							
Cook Islands	2013	English	Yes	Yes	No	No	No
Fiji	2018	English	Yes	No	No	Yes	No
Kiribati	2013	English	Yes	No	Yes	Yes	No
Marshall Islands	2014	English	Yes	No	No	Yes	Yes
Palau	2013	English	Yes	Yes	No	No	No
Samoa	2017	English	Yes	No	No	No	No
Solomon Islands	2019 ³⁵	English	Yes	No	No	No	No
Tuvalu	2014	English	Yes	No	Yes*	Yes	No
Vanuatu	2018	English	Yes	No	No*	Yes	No

³⁵The form reviewed is a revised EMIS form that Solomon Islands will be rolling out in 2019.



Annex III: Options for including disability status in the UIS annual survey

Although the concept of inclusive education has been promoted internationally for more than 20 years, many obstacles still prevent children with disabilities from participating fully in education. A recent UIS study confirmed that children with disabilities were more likely to be out of school, never to go to school or to leave school before completing their primary or secondary education³⁶.

Improving the situation and increasing the integration of children with disabilities in mainstream schools requires reforms in many areas, including administrative procedures, policies, legislation, budget allocation, preparation of schools, and teacher training.

An important priority for ministries of education is to systematically gather information on students with disabilities in standard school data collection exercises. Access, participation and performance of children with disabilities should be monitored and evaluated, as well as the services and materials available to facilitate their integration and their success in the normal school system.

The UIS could provide a significant boost to such efforts at the national and international levels, in close collaboration with countries, by introducing the breakdown by disability status into its administrative data collection. **With a judicious number of changes**, the UIS could amend its data collection tools to include disaggregation by disability status. Currently, key administrative data on enrolment, new entrants, repeaters, graduates, teachers, and the number of schools with basic services are collected from all UNESCO Member States. In 2016, the UIS started collecting data on the proportion of school with adapted infrastructure and materials for students with disabilities. Unlike existing and less frequent surveys, adding information on disability status to the **annual** UIS collection of administrative data would allow regular monitoring and evaluation of inclusive education and of progress regarding children with disabilities, at the national and international levels. Data collection would be systematized and disaggregated indicators could be calculated in a standard way for all countries.

A) Different types of data on disability that can be included in the UIS annual data collection

- a) **Information on availability of data in countries' EMIS**, type of data collected, definitions used, as well as existence of policies and legislation related to children with disabilities could be requested with questions like those in Box 1.
- b) **Identification of children with disabilities** and their enrolment or participation in school. This is the primary goal of most activities regarding children with disabilities: to identify them in order to monitor their attendance and achievements in school. This item is closely related to SDG targets 4.1, 4.2 and 4.5 (see **Table A2**).
- c) **Existence of adapted infrastructure and materials for children with disabilities**. This item is closely related to SDG target 4.a: to provide "education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all". The

³⁶ UNESCO Institute for Statistics (UIS). 2018. "Education and Disability: Analysis of Data from 49 Countries." Information Paper no. 49. Montreal: UIS. <http://uis.unesco.org/sites/default/files/documents/ip49-education-disability-2018-en.pdf>.



item aims to assess to what extent the school infrastructure and materials are adapted and ready to host children with disabilities, and could improve their participation and performance.

- d) **Measure of student performance.** If childrens' status (with or without disability) is known and accurate, data on participation, progression and completion could be disaggregated according to this criterion. The accuracy of the results would depend on the quality of data on childrens' experience obtained through the EMIS data collection. **Tables A3** and **A5** and **Tables A7** and **A8** in **Annex IV** demonstrate how data collection on the number of students, repeaters, new entrants and graduates can be combined with disaggregation by disability status.
- e) **Existence of human resources and services.** Other tables in the UIS questionnaire can be used to collect information on the type of training, preparation received by teachers to assist, support and provide the necessary care for children with disabilities; and on the number of special schools for children with disabilities. See **Tables A9** and **A12** in Annex IV.

Annex IV presents all modifications that can be introduced in UIS surveys to incorporate information on disability status. In agreement with its partners, the UIS would discuss the technical details and timing of this revision to its data collection, with amendments that can be introduced gradually or simultaneously. Support from partners in this matter is essential both at the UIS level (modification of data collection tools) and at the country level (amendments to national EMIS, support for advocacy through national contacts, national and regional workshops).



Box 1: Possible questions to collect information on data availability, policies and legislation related to children with disability

5.a Does your country have an education law mandating compulsory education for all children? Is there any specific reference to the rights of children with disabilities?

- Yes
 No

5.b Is there any specific reference to the rights of children with disabilities?

- Yes
 No

Reference to the rights of children with disabilities:

6. Does your census form contains items on children with disability?

- Yes
 No

**6 a. If yes, which data related to disability are collected in your EMIS ?
 (please select all that apply)**

- Identification of children with disability, enrolment
 Students' performance (repetition, outcomes ...) by status of disability
 Data on accessibility of building and materials
 Teacher training on teaching children with disabilities

ii) Which definition is used to define disability?

- The Washington group set of questions (Vision, hearing, Gross motor, fine motor, Intellectual, Communication, Behavior and Socialisation)
 Other, please specify in the text box below

Comments:

iii) which levels (please select all that apply)

- Preprimary education
 Primary education
 Secondary education

6.b. If no, is it planned that category of children with disability is introduced in the near future?

- Yes
 No


Table A5: Number of students and repeaters by age, grade, sex and disability status

Students Full- and part-time		Formal initial primary education (ISCED 1) only																			
Sex	Age	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Unspecified or residual grade	TOTAL												
Males and females	7																				
	8																				
	9																				
	10																				
	11																				
	12																				
	13																				
	14																				
	15																				
	16																				
	...																				
	TOTAL																				
		<i>Of which: students with disabilities</i>																			
		<i>Of which: repeaters</i>																			
	<i>Of which: repeaters with disabilities</i>																				

B) Challenges for data collection on students with disabilities

Countries and ministries worldwide have already carried out data collections on students with disabilities, using national or cross-national household surveys, national school surveys of administrative data, or censuses. However, comprehensive data on students with disabilities is rare. The following challenges remain:

- The data on disability status from EMIS available in most countries usually provide only the **number of children with disabilities**. When data are collected, they often do not include detailed information and generally have little consistency over time.
- Disability-related items, when included in school census data collection forms, may **ignore primary education**. In least developed countries, the number of out-of-school children in primary school is often relatively high, and includes a significant number of children with disabilities. Yet, questions and items on disability status often target only the secondary level of education. Enrolling children with disabilities in mainstream schools is essential at all levels of education. Access to mainstream education for children with disabilities should begin and be monitored from early levels of education.
- The lack of cooperation between ministries in charge of education can lead to **partial results** not covering a large part of children with disabilities.

In general, the lack of data on this key topic in the mainstream school system may reflect a lack of commitment and motivation from ministries and governments to address the disability and inclusive education. Efforts to increase access and ensure the success of children with disabilities in the school system and to make mainstream schools more accessible can therefore be compromised.



C) How the UIS can help, especially concerning GPE countries

In the common case where data are not available or where the level of disaggregation is not satisfactory, the UIS could help as follows, if the necessary resources are available at the UIS:

- a) Support Member States in their efforts to improve and strengthen their statistical systems and provide them with resources for data collection, production and dissemination of data and indicators on disability. GPE countries could be among the priority countries to receive this assistance. For this purpose, the UIS could:
 - Identify potential challenges at the country level for data collection on children with disabilities, and evaluate options for the inclusion of specific items in the country's EMIS and data collection tools,
 - Make relevant recommendations and offer guidance for this purpose.
- b) Take advantage of existing global platforms and connections in which the UIS is involved:
 - Identify and establish contacts with national bodies, ministries, statisticians, and other key stakeholders,
 - Through various interventions, such as regional and national workshops, use the absence of data as a starting point to motivate all stakeholders concerned with the integration and implementation of data disaggregated by disability status into the EMIS of the country,
 - Advocate and involve as many countries as possible on rapid integration in national EMIS and data collection tools on disability status.

Incorporating disability status into the UIS annual school survey would help fill important data gaps and also serve as a gentle but frequent and effective reminder to all stakeholders of the need for inclusive education in all countries' school systems. But this would require more resources than what the UIS currently has.



Annex IV: Proposed UIS questionnaire tables with breakdown by disability status

Table A7: Number of new entrants to Grade 1 in initial education by age and sex and status of disability

New entrants to Grade 1 Full- and part-time		Formal initial education only			
		Primary		Lower secondary	
Sex	Age	ISCED 1		ISCED 2	
Males and females	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
	15				
	16				
	17				
	...				
	TOTAL				
Of which students with disabilities					
<i>Of which: have attended any early childhood education programme (ISCED 0)</i>					



**A12: Number of educational institutions by level of education and type of institution -
all programmes and status of disability**

Educational institutions	Primary			Lower secondary			Upper secondary		
	ISCED 1			ISCED 2			ISCED 3		
Public institutions									
Private institutions									
Total									
Special schools for children with disabilities									



Annex V: Administrative data on children with disability for nine countries

This annex presents a compilation of existing administrative data on children with disabilities collected by ministries of education in countries for which data on this topic were immediately accessible.

Most data currently available on children with disabilities come from household surveys (MICS, DHS, national surveys) or censuses. Inclusive education implies that more children should be integrated into the mainstream education system. This will require increasing efforts to cover students with disabilities in EMIS and in standard school data collection exercises.

Access, participation and performance of children with disabilities in mainstream schools, as well as the services and materials available, should be better monitored, in order to facilitate their integration and success in the regular school system.

However, data obtained from countries have shown that few countries collect comprehensive data on children with disabilities in their school system. When collected, the data remain weak, with no useful information on their success, nor on the types of programmes available to them. This may slow down the appropriate allocation of resources, targeted policies and planning, and effective preparation of schools and teachers in the mainstream education system and thus the achievement of the goal of inclusive education.

This annex presents data from nine countries that participated in the CapED project with the UIS, which facilitated the collection of information on children with disabilities in these countries.

CapED countries that did not collect data on children with disabilities were not included in the document, even if they stated their intention to include this item in their EMIS questionnaires for the coming year (Bangladesh). Instead, non-CapED countries with relatively easy access to data on children with disabilities were included (India, Rwanda).

- References to any existing legislation/act or national policies were included in this annex when available, but not all countries were able to provide such references.
- Sources of data were always provided to facilitate GPE follow up, especially in the case where data were taken from the country's yearbook.
- Information on the coverage of the data is not available. The probability of under-coverage is high, and it is assumed that a small proportion of children with disabilities are actually enrolled in the regular school system.
- ISCED mappings with information on national education systems, available at <http://uis.unesco.org/en/isced-mappings> can aid in understanding of the figures in this annex.



Administrative data presented in this annex consist mainly of the numbers of children with disabilities recorded in the mainstream school system of the following countries:

- [Afghanistan](#)
- [India](#)
- [Kenya](#)
- [Mali](#)
- [Mozambique](#)
- [Myanmar](#)
- [Nepal](#)
- [Rwanda](#)
- [Senegal](#)

Some data were received from countries after the UIS contacted them and asked for data on this topic. Other data were obtained from national statistical yearbooks.

There is considerable variation between the nine countries in the definition of disability, disaggregation of data (e.g. by location, grade, level of education) and availability of information on related topics (see the summary table below).

- Five countries (India, Mali, Mozambique, Nepal, Rwanda) were able to provide data disaggregated by type of disability, according to a variant of the Washington Group set of questions. Myanmar mentioned that their data could be disaggregated by type of disability according to the Washington Group set of questions, but data received for this annex are not disaggregated.
- Six countries (Afghanistan, India, Kenya, Mozambique, Rwanda, Senegal) were able to disaggregate data by criteria other than type of disability: geographical region, location (urban/rural) and/or enrolment by grade.
- Data for five countries (India, Kenya, Mozambique, Nepal, Rwanda) were available through national statistical yearbooks.
- For four countries (Afghanistan, Mali, Myanmar, Senegal), data were obtained with the help of UIS cluster advisors and for these countries the information is generally more limited.
- Rwanda is the only country with information for levels of education besides primary and secondary (pre-primary, tertiary, trainees with disabilities in TVET programmes). Myanmar mentioned that they collected these data on disability also for pre-primary level, but data were not made available on time
- Data for items other than enrolment were available for three countries (infrastructure for disability for India and Myanmar, directly submitted to the UIS; and Rwanda data available through the yearbook and submitted to the UIS). Only Rwanda could provide data on teachers trained in special needs and inclusive education.



Summary table

	Afghanistan	India	Kenya	Mali	Mozambique	Myanmar	Nepal	Rwanda	Senegal
Disaggregation by definition of disability	No	Variant of Washington Group set of questions	No	Variant of Washington Group set of questions	Variant of Washington Group set of questions	No	Variant of Washington Group set of questions	Variant of Washington Group set of questions	No
Other disaggregation available	Geographic location, status of institutions (public or private)	Geographic location, enrolment by grade	Geographic location	No	Geographic location	No	No	Enrolment by grade	Enrolment by grade
Method used to obtain data	Intervention of UIS cluster advisor	Yearbook	Yearbook	Intervention of UIS cluster advisor	Yearbook	Intervention of UIS cluster advisor	Yearbook	Yearbook	Intervention of UIS cluster advisor
Disaggregation by level of education	None	Primary, secondary	Primary, secondary	Primary, secondary	Primary, secondary	Primary, secondary	Primary, secondary	Pre-primary, primary, secondary, tertiary, TVET programmes	Primary, secondary
Other information in addition to enrolment available	No	Infrastructure	No	No	No	Some data on infrastructure	No	Teachers, infrastructure for children with disability	No



Afghanistan

General information on children with disability data

4. Does your census form contains items on children with disability?

- Yes
 No

5 a. If yes, which data related to disability are collected in your EMIS ?
 (please select all that apply)

- Identification of children with disability, enrolment
 Students' performance (repetition, outcomes ...) by status of disability
 Data on accessibility of building and materials
 Teacher training on teaching children with disabilities

ii) Which definition is used to define disability?

- The Washington group set of questions (Vision, hearing, Gross motor, fine motor, Intellectual, Communication, Behavior and Socialisation)
 Other, please specify in the text box below

Comments:

No common definition

iii) which levels (please select all that apply)

- Preprimary education
 Primary education
 Secondary education

5.b. If no, is it planned that category of children with disability is introduced in the near future?

- Yes
 No

Data source for tables on disabled (below): Excel file provided by UIS cluster advisor



Disabled total

Province ID	Province Name	2017			2016			2015		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
1	Kabul	1	1	2	87	18	105	100	39	139
2	Kapisa	19	2	21	44	3	47	27	4	31
3	Parwan	19	0	19	131	39	170	123	58	181
4	Wardak	121	13	134	54	8	62	44	3	47
5	Logar	5	0	5	68	12	80	132	7	139
6	Ghazni	4	2	6	8	3	11	61	13	74
7	Paktia	3	2	5	15	2	17	13	9	22
8	Nangarhar	28	18	46	126	4	130	162	0	162
9	Laghman	10	0	10	40	18	58	25	20	45
10	Kunar	34	5	39	34	10	44	20	5	25
11	Badakhshan	32	61	93	45	50	95	37	46	83
12	Takhar	20	59	79	52	54	106	110	40	150
13	Baghlan	17	0	17	41	22	63	92	20	112
14	Kunduz	0	1	1	48	5	53	84	32	116
15	Samangan	17	13	30	7	-	7	16	16	32
16	Balkh	54	57	111	44	50	94	255	109	364
17	Jawzjan	45	18	63	44	50	94	50	45	95
18	Faryab	0	1	1	43	7	50	46	11	57
19	Badghis	12	3	15	49	5	54	16	1	17
20	Hirat	2	0	2	85	50	135	110	59	169
21	Farah	1	3	4	13	2	15	2	58	60
22	Nimroz	9	2	11	1	-	1	2	40	42
23	Hilmand	54	9	63	25	21	46	109	12	121
24	Kandahar	5	0	5	2	12	14	0	0	0
25	Zabul	0	0	0	-	-	-	57	0	57
26	Uruzgan	0	0	0	-	-	-	2	0	2
27	Ghor	0	0	0	3	-	3	3	0	3
28	Bamyan	14	27	41	-	1	1	2	3	5
29	Paktika	6	0	6	5	-	5	13	0	13
30	Nuristan	4	0	4	-	-	-	0	0	0
31	Sar i Pul	13	2	15	6	7	13	1	3	4
32	Khost	32	0	32	69	14	83	128	3	131
33	Panjshir	4	1	5	11	6	17	10	4	14
34	Daikundi	39	20	59	37	43	80	104	48	152
35	Kabul City	178	149	327	222	216	438	140	137	277
Total		802	469	1,271	1,459	732	2,191	2,096	845	2,941



Disabled (Government schools)

Province ID	Province Name	2017			2016			2015		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
1	ولایت کابل	1	1	2	87	18	105	100	39	139
2	کاپیسا	19	2	21	44	3	47	27	2	29
3	پروان	19	0	19	101	39	140	123	58	181
4	وردک	121	13	134	53	8	61	44	3	47
5	لوگر	5	0	5	65	12	77	132	7	139
6	غزني	4	2	6	8	3	11	61	13	74
7	پکتیا	3	1	4	14	2	16	13	9	22
8	ننگرهار	27	18	45	123	4	127	144	0	144
9	لغمان	10	0	10	40	18	58	25	20	45
10	کنر	34	5	39	31	10	41	20	5	25
11	بدخشان	32	61	93	45	50	95	37	46	83
12	تخار	20	59	79	52	54	106	110	40	150
13	بغلان	17	0	17	41	21	62	91	20	111
14	کندوز	0	1	1	46	4	50	84	32	116
15	سمنگان	17	13	30	6	0	6	16	16	32
16	بلخ	54	56	110	42	46	88	250	109	359
17	جوزجان	45	18	63	42	46	88	50	45	95
18	فاریاب	0	1	1	36	7	43	46	11	57
19	بادغیس	12	3	15	47	5	52	16	1	17
20	هرات	1	0	1	70	49	119	108	59	167
21	فراه	1	3	4	13	2	15	2	58	60
22	نیمروز	7	2	9	0	0	0	2	40	42
23	هلمند	52	9	61	24	20	44	107	12	119
24	کندهار	5	0	5	1	12	13	0	0	0
25	زابل	0	0	0	0	0	0	57	0	57
26	ارزگان	0	0	0	0	0	0	2	0	2
27	غور	0	0	0	3	0	3	3	0	3
28	بامیان	13	26	39	0	1	1	2	3	5
29	پکتیکا	6	0	6	5	0	5	13	0	13
30	نورستان	4	0	4	0	0	0	0	0	0
31	سرپل	13	2	15	6	7	13	1	3	4
32	خوست	23	0	23	59	14	73	125	3	128
33	پنجشیر	4	1	5	7	6	13	10	4	14
34	دایکندي	39	20	59	37	43	80	104	48	152
35	شهر کابل	156	135	291	181	199	380	84	124	208



Disabled (private schools)

Province ID	Province Name	2017			2016			2015		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
2	کاپیسا	0	0	0	0	0	0	0	2	2
3	پروان	0	0	0	0	0	0	0	0	0
4	وردک	0	0	0	0	0	0	0	0	0
5	لوگر	0	0	0	0	0	0	0	0	0
6	غزني	0	0	0	0	0	0	0	0	0
7	پکتیا	0	1	1	0	0	0	0	0	0
8	ننگرهار	1	0	1	3	0	3	18	0	18
9	لغمان	0	0	0	0	0	0	0	0	0
10	کنر	0	0	0	0	0	0	0	0	0
11	بدخشان	0	0	0	0	0	0	0	0	0
12	تخار	0	0	0	0	0	0	0	0	0
13	بغلان	0	0	0	0	1	1	1	0	1
14	کندوز	0	0	0	2	0	2	0	0	0
15	سمنگان	0	0	0	0	0	0	0	0	0
16	بلخ	0	1	1	2	4	6	5	0	5
17	جوزجان	0	0	0	0	0	0	0	0	0
18	فاریاب	0	0	0	0	0	0	0	0	0
19	بادغیس	0	0	0	2	0	2	0	0	0
20	هرات	1	0	1	0	0	0	2	0	2
21	فراه	0	0	0	0	0	0	0	0	0
22	نیمروز	2	0	2	0	0	0	0	0	0
23	هلمند	2	0	2	1	1	2	2	0	2
24	کندهار	0	0	0	1	0	1	0	0	0
25	زابل	0	0	0	0	0	0	0	0	0
26	ارزگان	0	0	0	0	0	0	0	0	0
27	غور	0	0	0	0	0	0	0	0	0
28	بامیان	1	1	2	0	0	0	0	0	0
29	پکتیکا	0	0	0	0	0	0	0	0	0
30	نورستان	0	0	0	0	0	0	0	0	0
31	سرپل	0	0	0	0	0	0	0	0	0
32	خوست	9	0	9	4	0	4	3	0	3
33	پنجشیر	0	0	0	0	0	0	0	0	0
34	دایکندي	0	0	0	0	0	0	0	0	0
35	شهر کابل	22	14	36	38	14	52	56	13	69



India

General information on children with disability data

4. Does your census form contains items on children with disability?

- Yes
 No

5 a. If yes, which data related to disability are collected in your EMIS ? (please select all that apply)

- Identification of children with disability, enrolment
 Students' performance (repetition, outcomes ...) by status of disability
 Data on accessibility of building and materials
 Teacher training on teaching children with disabilities

ii) Which definition is used to define disability?

- The Washington group set of questions (Vision, hearing, Gross motor, fine motor, Intellectual, Communication, Behavior and Socialisation)
 Other, please specify in the text box below

Comments:

Right of the person with Disability Act, 2016 <https://wecapable.com/disabilities-list-rpwd-act-2016/>

iii) which levels (please select all that apply)

- Preprimary education
 Primary education
 Secondary education

5.b. If no, is it planned that category of children with disability is introduced in the near future?

- Yes
 No



Data source: http://udise.in/Downloads/Publications/Documents/Analytical_Table_2016-17.pdf

The enrolment by nature of disability status, by region are available on pages 77, 78, 79.

Other documents:

http://udise.in/Downloads/Publications/Documents/Flash_Statistics_on_School_Education-2016-17.pdf

Enrolment-Based Indicators

Part III

Table 3.8 Enrolment of Children by Nature of Disability : 2016-17

All Areas : All Managements

Nature of Disability Grade		Total Students with Disability										
		I	II	III	IV	V	VI	VII	VIII	I-V	VI-VIII	Total
Blindness	Boys	4624	4165	4640	4546	4808	4501	4145	3891	22783	12537	35320
	Girls	3281	3371	3704	3588	4132	3441	3326	3272	18076	10039	28115
Low vision	Boys	14107	18289	21795	25000	29286	29185	32565	32054	108477	93804	202281
	Girls	12252	15853	19110	22023	26713	29263	33988	34972	95951	98223	194174
Hearing Impairment	Boys	14535	15450	16702	16630	17158	14252	14076	12446	80475	40774	121249
	Girls	10948	12130	13140	12762	13378	11768	11549	9973	62358	33290	95648
Speech Impairment	Boys	14801	17206	17977	17893	16979	12800	12044	10013	84856	34857	119713
	Girls	10035	11556	11614	10825	10344	7880	7406	6203	54374	21489	75863
Locomotor Impairment	Boys	19222	23373	26198	28251	28952	23705	24431	22844	125996	70980	196976
	Girls	12382	16402	18199	18736	19351	16294	17095	16022	85070	49411	134481
Mental Retardation	Boys	31534	35915	39592	42626	41956	31301	29247	26506	191623	87054	278677
	Girls	19870	23996	27126	28727	28456	21681	20712	18674	128175	61067	189242
Learning Disability	Boys	9811	15345	19160	21005	21182	15897	15059	12882	86503	43838	130341
	Girls	7794	12216	15456	16239	16111	11909	11767	9680	67816	33356	101172
Cerebral Palsy	Boys	4653	4560	4734	4944	5048	3387	3010	2562	23939	8959	32898
	Girls	3028	3046	3138	3316	3306	2243	1959	1670	15834	5872	21706
Autism	Boys	1783	1751	1878	1788	1638	1324	1226	1031	8838	3581	12419
	Girls	936	1037	1114	1131	1112	859	870	745	5330	2474	7804
Multiple Disability	Boys	9568	9737	10036	10722	10742	7490	6645	5638	50805	19773	70578
	Girls	6236	6485	6811	6968	7427	5133	4428	3824	33927	13385	47312
Total CWSN Enrolment	Boys	124638	145791	162712	173405	177749	143842	142448	129867	784295	416157	1200452
	Girls	86762	106092	119412	124315	130330	110471	113100	105035	566911	328606	895517
Total Enrolment	Boys	13220591	13107456	12845755	12541157	12529800	11499785	11398414	11107916	64244759	34006115	98250874
	Girls	12070666	12165347	11975187	11657860	11694073	10769000	10775825	10528183	59563133	32073008	91636141



Part III

Elementary Education in India : Analytical Tables

Table 3.9 % Enrolment of Children by Nature of Disability : 2016-17

All Areas : All Managements

Nature of Disability Grade	Total Students with Disability										
	I	II	III	IV	V	VI	VII	VIII	I-V	VI-VIII	Total
Percentage by Nature of Disability to Total Students with Disability											
% Blindness	3.74	2.99	2.96	2.73	2.90	3.12	2.92	3.05	3.02	3.03	3.03
% Low vision	12.47	13.55	14.50	15.79	18.18	22.98	26.04	28.53	15.13	25.78	18.92
% Hearing Impairment	12.05	10.95	10.58	9.87	9.91	10.23	10.03	9.54	10.57	9.94	10.35
% Speech Impairment	11.75	11.42	10.49	9.65	8.87	8.13	7.61	6.90	10.30	7.57	9.33
% Locomotor Impairment	14.95	15.79	15.74	15.78	15.68	15.73	16.25	16.55	15.62	16.17	15.81
% Mental Retardation	24.32	23.79	23.65	23.97	22.86	20.83	19.55	19.23	23.67	19.89	22.32
% Learning Disability	8.33	10.94	12.27	12.51	12.11	10.93	10.50	9.60	11.42	10.36	11.05
% Cerebral Palsy	3.63	3.02	2.79	2.77	2.71	2.21	1.94	1.80	2.94	1.99	2.61
% Autism	1.29	1.11	1.06	0.98	0.89	0.86	0.82	0.76	1.05	0.81	0.96
% Multiple Disability	7.48	6.44	5.97	5.94	5.90	4.96	4.33	4.03	6.27	4.45	5.62
Percentage of Disabled Students to Total Enrolment											
% Blindness	0.03	0.03	0.03	0.03	0.04	0.04	0.03	0.03	0.03	0.03	0.03
% Low vision	0.10	0.14	0.16	0.19	0.23	0.26	0.30	0.31	0.17	0.29	0.21
% Hearing Impairment	0.10	0.11	0.12	0.12	0.13	0.12	0.12	0.10	0.12	0.11	0.11
% Speech Impairment	0.10	0.11	0.12	0.12	0.11	0.09	0.09	0.07	0.11	0.09	0.10
% Locomotor Impairment	0.12	0.16	0.18	0.19	0.20	0.18	0.19	0.18	0.17	0.18	0.17
% Mental Retardation	0.20	0.24	0.27	0.29	0.29	0.24	0.23	0.21	0.26	0.22	0.25
% Learning Disability	0.07	0.11	0.14	0.15	0.15	0.12	0.12	0.10	0.12	0.12	0.12
% Cerebral Palsy	0.03	0.03	0.03	0.03	0.03	0.03	0.02	0.02	0.03	0.02	0.03
% Autism	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
% Multiple Disability	0.06	0.06	0.07	0.07	0.08	0.06	0.05	0.04	0.07	0.05	0.06
% with Disability	0.84	1.00	1.14	1.23	1.27	1.14	1.15	1.09	1.09	1.13	1.10
Total CWSN Enrolment	211400	251883	282124	297720	308079	254313	255548	234902	1351206	744763	2095969
Total Enrolment	25291257	25272803	24820942	24199017	24223873	22268785	22174239	21636099	123807892	66079123	189887015



Enrolment-Based Indicators

Part III

Table 3.10 Enrolment of Children with Disability : 2016-17

All Areas : All Managements

State/UT	Classes I - V				Classes VI - VIII				Classes I - VIII			
	Boys	Girls	Total	Ratio of Girls to Boys Enr.	Boys	Girls	Total	Ratio of Girls to Boys Enr.	Boys	Girls	Total	Ratio of Girls to Boys Enr.
A & N Islands	181	104	285	0.57	88	64	152	0.73	269	168	437	0.62
Andhra Pradesh	30430	22055	52485	0.72	16630	13284	29914	0.8	47060	35339	82399	0.75
Arunachal Pradesh	865	779	1644	0.90	454	532	986	1.17	1319	1311	2630	0.99
Assam	32712	23491	56203	0.72	11254	9887	21141	0.88	43966	33378	77344	0.76
Bihar	71669	54793	126462	0.76	28131	22467	50598	0.8	99800	77260	177060	0.77
Chandigarh	956	576	1532	0.60	1251	847	2098	0.68	2207	1423	3630	0.64
Chhattisgarh	21629	17321	38950	0.80	12886	10794	23680	0.84	34515	28115	62630	0.81
D & N Haveli	173	105	278	0.61	79	62	141	0.78	252	167	419	0.66
Daman & Diu	43	30	73	0.70	31	23	54	0.74	74	53	127	0.72
Delhi	5376	4332	9708	0.81	5279	3897	9176	0.74	10655	8229	18884	0.77
Goa	1110	643	1753	0.58	1061	632	1693	0.6	2171	1275	3446	0.59
Gujarat	34406	24364	58770	0.71	26511	18441	44952	0.7	60917	42805	103722	0.7
Haryana	9083	5977	15060	0.66	6099	4252	10351	0.7	15182	10229	25411	0.67
Himachal Pradesh	2801	2101	4902	0.75	1984	1461	3445	0.74	4785	3562	8347	0.74
Jammu & Kashmir	6623	4931	11554	0.74	3589	2562	6151	0.71	10212	7493	17705	0.73
Jharkhand	21918	18536	40454	0.85	9229	8865	18094	0.96	31147	27401	58548	0.88
Karnataka	29154	21828	50982	0.75	17762	13330	31092	0.75	46916	35158	82074	0.75
Kerala	38264	27698	65962	0.72	33042	26310	59352	0.80	71306	54008	125314	0.76
Lakshadweep	85	43	128	0.51	43	33	76	0.77	128	76	204	0.59
Madhya Pradesh	40632	31227	71859	0.77	25722	19973	45695	0.78	66354	51200	117554	0.77
Maharashtra	106979	70187	177166	0.66	60238	45281	105519	0.75	167217	115468	282685	0.69
Manipur	2753	2071	4824	0.75	740	588	1328	0.79	3493	2659	6152	0.76
Meghalaya	1568	1246	2814	0.79	399	426	825	1.07	1967	1672	3639	0.85
Mizoram	1205	904	2109	0.75	846	751	1597	0.89	2051	1655	3706	0.81
Nagaland	436	346	782	0.79	204	173	377	0.85	640	519	1159	0.81
Odisha	36961	26413	63374	0.71	25085	18964	44049	0.76	62046	45377	107423	0.73
Puducherry	304	260	564	0.86	280	320	600	1.14	584	580	1164	0.99
Punjab	28627	18672	47299	0.65	15401	14126	29527	0.92	44028	32798	76826	0.74
Rajasthan	42138	28346	70484	0.67	21617	15670	37287	0.72	63755	44016	107771	0.69
Sikkim	269	206	475	0.77	179	141	320	0.79	448	347	795	0.77
Tamil Nadu	47484	31396	78880	0.66	32907	25347	58254	0.77	80391	56743	137134	0.71
Telangana	17897	13605	31502	0.76	7778	6489	14267	0.83	25675	20094	45769	0.78
Tripura	1240	888	2128	0.72	717	515	1232	0.72	1957	1403	3360	0.72
Uttar Pradesh	105693	78211	183904	0.74	31168	25044	56212	0.80	136861	103255	240116	0.75
Uttarakhand	3130	2136	5266	0.68	1190	924	2114	0.78	4320	3060	7380	0.71
West Bengal	39501	31090	70591	0.79	16283	16131	32414	0.99	55784	47221	103005	0.85
All States	784295	566911	1351206	0.72	416157	328606	744763	0.79	1200452	895517	2095969	0.75



Kenya

General information on children with disability data

4. Does your census form contains items on children with disability?

- Yes
 No

5 a. If yes, which data related to disability are collected in your EMIS ? (please select all that apply)

- Identification of children with disability, enrolment
 Students' performance (repetition, outcomes ...) by status of disability
 Data on accessibility of building and materials
 Teacher training on teaching children with disabilities

ii) Which definition is used to define disability?

- The Washington group set of questions (Vision, hearing, Gross motor, fine motor, Intellectual, Communication, Behavior and Socialisation)
 Other, please specify in the text box below

Comments:

Data available not disaggregated by type of deficiency

iii) which levels (please select all that apply)

- Preprimary education
 Primary education
 Secondary education

5.b. If no, is it planned that category of children with disability is introduced in the near future?

- Yes
 No



Data source:

<http://www.education.go.ke/index.php/downloads/category/9-other-documents?download=30:basic-education-statistical-booklet-2014>

Reference years: 2014 and 2015

Table 5: Special Needs, Orphaned and Vulnerable Children

	Special Needs Learners	OVCS
Primary		
Public	243,081	996,037
Private	8,461	87,435
Total	251,542	1,083,472
<i>Percentage</i>		
Public	2.9%	11.9%
Private	0.7%	7.3%
Total	2.6%	11.3%
Secondary		
Public	12,694	245,658
Private	1,404	14,881
Total	14,098	260,539
<i>Percentage</i>		
Public	0.2%	2.9%
Private	0.1%	1.2%
Total	0.1%	2.7%

**Table 44: OVCS, Special needs and pupils no desk, Primary**

COUNTY	Urban/Semi-Urban			Rural			Total		
	Streams	Overload Desks	OVCS/ S. Needs	Streams	Overload Desks	OVCS/ S. Needs	Streams	Overload Desks	OVCS/ S. Needs
Baringo	340	371	653	5,128	10,279	14,838	5,468	10,650	15,491
Bomet	220	541	734	6,995	10,602	14,760	7,215	11,143	15,494
Bungoma	1,156	4,819	6,224	11,731	80,098	71,770	12,887	84,917	77,994
Busia	672	3,159	4,370	5,851	30,147	42,807	6,523	33,306	47,177
Elgeyo Marakwet	202	191	648	3,665	7,390	8,982	3,867	7,581	9,630
Embu	209	290	307	4,034	12,014	10,268	4,243	12,304	10,575
Garissa	832	2,118	6,454	1,267	5,637	9,686	2,099	7,755	16,140
Homa Bay	1,105	2,908	10,605	8,751	26,660	78,405	9,856	29,568	89,010
Isiolo	139	543	681	987	4,195	6,997	1,126	4,738	7,678
Kajiado	1,193	933	3,002	3,779	11,837	12,017	4,972	12,770	15,019
Kakamega	1,064	2,788	6,904	13,620	57,121	83,358	14,684	59,909	90,262
Kericho	436	141	608	6,578	10,389	12,703	7,014	10,530	13,311
Kiambu	3,155	4,262	8,050	6,691	13,119	23,451	9,846	17,381	31,501
Kilifi	1,925	6,959	9,125	6,094	55,468	32,557	8,019	62,427	41,682
Kirinyaga	300	310	303	3,468	5,717	5,898	3,768	6,027	6,201
Kisii	882	692	2,447	8,747	18,072	35,507	9,629	18,764	37,954
Kisumu	1,658	3,897	12,831	5,643	16,859	54,177	7,301	20,756	67,008
Kitui	465	176	1,522	11,507	34,677	31,201	11,972	34,853	32,723
Kwale	309	518	797	4,625	34,012	18,897	4,934	34,530	19,694
Laikipia	657	705	2,484	2,562	5,637	7,024	3,219	6,342	9,508
Lamu	138	167	322	880	2,476	3,010	1,018	2,643	3,332
Machakos	911	874	2,605	8,408	20,341	34,693	9,319	21,215	37,298
Makueni	171	296	562	8,773	21,130	45,585	8,944	21,426	46,147
Mandera	475	5,002	4,751	1,413	12,728	16,802	1,888	17,730	21,553
Marsabit	49	93	195	1,537	5,820	10,265	1,586	5,913	10,460
Meru	528	722	1,910	9,645	24,706	33,636	10,173	25,428	35,546
Migori	1,193	3,920	7,187	7,284	32,837	59,237	8,477	36,757	66,424
Mombasa	3,678	7,295	17,226	135	30	505	3,813	7,325	17,731
Murang'a	164	178	398	6,450	9,627	14,744	6,614	9,805	15,142
Nairobi	11,356	28,566	47,532	71	251	223	11,427	28,817	47,755
Nakuru	3,147	9,750	10,516	8,506	20,493	26,446	11,653	30,243	36,962
Nandi	141	46	439	7,665	14,264	19,128	7,806	14,310	19,567
Narok	489	861	967	6,471	20,792	17,667	6,960	21,653	18,634
Nyamira	84	0	158	5,209	9,550	25,951	5,293	9,550	26,109
Nyandarua	73	397	362	4,859	10,483	10,720	4,932	10,880	11,082
Nyeri	641	703	916	4,403	5,800	9,188	5,044	6,503	10,104
Samburu	219	1,447	1,463	1,131	6,146	8,460	1,350	7,593	9,923
Siaya	518	2,114	3,967	6,800	24,893	58,254	7,318	27,007	62,221
Taita Taveta	332	318	883	1,909	3,812	7,104	2,241	4,130	7,987
Tana River	28	66	266	1,486	14,211	6,817	1,514	14,277	7,083
Tharaka-Nithi	136	91	327	3,959	10,032	14,942	4,095	10,123	15,269
Trans Nzoia	796	2,005	3,796	5,435	25,463	24,175	6,231	27,468	27,971
Turkana	433	8,925	4,601	3,102	84,897	31,856	3,535	93,822	36,457
Uasin Gishu	918	1,911	3,697	5,140	13,477	16,106	6,058	15,388	19,803
Vihiga	40	72	153	5,034	17,909	37,187	5,074	17,981	37,340
Wajir	434	2,934	3,828	1,186	10,425	10,288	1,620	13,359	14,116
West Pokot	298	740	1,211	4,051	35,915	17,735	4,349	36,655	18,946
Kenya	44,309	115,814	198,987	242,665	908,438	1,136,027	286,974	1,024,252	1,335,014

**Table 67: OVCS, Special needs and pupils no desk, Secondary**

COUNTY	Private			Public			Total		
	OVCs	Special Needs	Desk Overload	OVCs	Special Needs	Desk Overload	OVCs	Special Needs	Desk Overload
Baringo	61	2	24	3,271	258	868	3,332	260	892
Bomet	44	0	0	3,008	227	765	3,052	227	765
Bungoma	572	95	183	11,211	733	3,880	11,783	828	4,063
Busia	161	48	4	7,133	422	1,654	7,294	470	1,658
Elgeyo Marakwet		0	0	2,512	74	614	2,512	74	614
Embu	87	1	0	2,716	223	518	2,803	224	518
Garissa	483	93	92	1,670	31	464	2,153	124	556
Homa Bay	438	37	0	19,305	484	2,096	19,743	521	2,096
Isiolo	111	4	0	726	17	145	837	21	145
Kajiado	718	7	12	1,289	77	244	2,007	84	256
Kakamega	307	9	4	14,381	553	4,910	14,688	562	4,914
Kericho	37	0	0	3,802	330	617	3,839	330	617
Kiambu	604	33	68	7,128	768	829	7,732	801	897
Kilifi	625	3	0	5,246	294	2,670	5,871	297	2,670
Kirinyaga	23	0	0	2,351	67	279	2,374	67	279
Kisii	283	44	0	12,501	1,162	2,775	12,784	1,206	2,775
Kisumu	673	16	70	17,515	654	1,051	18,188	670	1,121
Kitui	252	6	0	7,708	154	1,720	7,960	160	1,720
Kwale	46	0	0	2,070	37	821	2,116	37	821
Laikipia	270	15	0	2,036	161	649	2,306	176	649
Lamu	20	2	0	365	25	245	385	27	245
Machakos	720	101	45	9,606	290	1,254	10,326	391	1,299
Makueni	172	12	0	8,725	431	1,531	8,897	443	1,531
Mandera	135	13	0	1,667	173	689	1,802	186	689
Marsabit	79	0	0	645	18	67	724	18	67
Meru	183	1	12	6,948	618	1,554	7,131	619	1,566
Migori	608	62	3	12,868	457	2,306	13,476	519	2,309
Mombasa	754	51	51	1,645	148	292	2,399	199	343
Murang'a	228	1	0	5,243	248	922	5,471	249	922
Nairobi	3,486	352	307	4,779	226	87	8,265	578	394
Nakuru	1,069	307	0	8,710	449	1,711	9,779	756	1,711
Nandi	74	8	29	3,295	273	960	3,369	281	989
Narok	205	5	0	1,577	81	683	1,782	86	683
Nyamira	69	39	0	5,792	234	2,672	5,861	273	2,672
Nyandarua	370	1	115	2,600	116	870	2,970	117	985
Nyeri	105	1	205	3,539	335	259	3,644	336	464
Samburu	82	0	0	853	33	55	935	33	55
Siaya	89	2	0	12,974	402	2,266	13,063	404	2,266
Taita Taveta	16	0	0	2,517	45	760	2,533	45	760
Tana River		0	0	858	10	783	858	10	783
Tharaka-Nithi	118	2	4	2,857	139	377	2,975	141	381
Trans Nzoia	240	5	0	5,556	233	2,414	5,796	238	2,414
Turkana	14	15	0	1,605	38	606	1,619	53	606
Uasin Gishu	139	8	0	2,639	509	1,346	2,778	517	1,346
Vihiga	49	0	0	7,590	185	1,001	7,639	185	1,001
Wajir	62	3	0	1,392	112	356	1,454	115	356
West Pokot	0	0	38	1,234	140	890	1,234	140	928
Kenya	14,881	1,404	1,266	245,658	12,694	54,525	260,539	14,098	55,791



Mali

General information on children with disability data

4. Does your census form contains items on children with disability?

- Yes
 No

5 a. If yes, which data related to disability are collected in your EMIS ? (please select all that apply)

- Identification of children with disability, enrolment
 Students' performance (repetition, outcomes ...) by status of disability
 Data on accessibility of building and materials
 Teacher training on teaching children with disabilities

ii) Which definition is used to define disability?

- The Washington group set of questions (Vision, hearing, Gross motor, fine motor, Intellectual, Communication, Behavior and Socialisation)
 Other, please specify in the text box below

Comments:

Data available not disaggregated by type of deficiency

iii) which levels (please select all that apply)

- Preprimary education
 Primary education
 Secondary education

5.b. If no, is it planned that category of children with disability is introduced in the near future?

- Yes
 No



Policy document:

Politique nationale en matière d'éducation spéciale

Secrétariat général, Ministère de l'Éducation et des langues nationales, République du Mali,

Mai 2011.

Data source : Cellule de Planification et de Statistiques-Secteur Education(CPS/SE)

Reference years : 2017 and 2018

TABLEAU: Nombre d'élèves en situation de handicap par statut d'école au fondamental 1 et 2

	Auditif	Autre	Mental	Moteur	Visuel	Total général
FONDAMENTAL	2741	686	1826	4802	2893	12948
Communautaire	447	75	158	498	259	1437
Medersa	293	99	368	936	342	2038
Privé	377	39	204	393	432	1445
Public	1624	473	1096	2975	1860	8028
FONDAMENTAL2	669	164	230	1722	1654	4439
Communautaire	11		2	26	9	48
Medersa	50	18	75	170	107	420
Privé	164	9	60	208	250	691
Public	444	137	93	1318	1288	3280



Mozambique

General information on children with disability data

4. Does your census form contains items on children with disability?

- Yes
 No

5 a. If yes, which data related to disability are collected in your EMIS ?
 (please select all that apply)

- Identification of children with disability, enrolment
 Students' performance (repetition, outcomes ...) by status of disability
 Data on accessibility of building and materials
 Teacher training on teaching children with disabilities

ii) Which definition is used to define disability?

- The Washington group set of questions (Vision, hearing, Gross motor, fine motor, Intellectual, Communication, Behavior and Socialisation)
 Other, please specify in the text box below

Comments:

Type of deficiency:
 Vision, hearing, Gross motor, speech impairment, more than one type of deficiency

iii) which levels (please select all that apply)

- Preprimary education
 Primary education
 Secondary education

5.b. If no, is it planned that category of children with disability is introduced in the near future?

- Yes
 No



Data source: Administrative data taken from the yearbooks

2017: <http://www.mined.gov.mz/DN/DIPLAC/Pages/Levantamento-3-de-Mar%C3%A7o-2017.aspx> (pages 38, 45, 54 and 60)

2018: <http://www.mined.gov.mz/DN/DIPLAC/Pages/Levantamento-3-de-Mar%C3%A7o-2018.aspx> (page 60)

Primary Education 1st Level, 2017 (page 38)

Ministério da Educação e Desenvolvimento Humano

Direcção de Planificação e cooperação

Número de alunos com necessidades educativas especiais, 2017

EP1

Província	Número de alunos por tipo de deficiência					Total
	Visual	Auditiva	Físico Motora	Transt. de Fala	Mais de uma dif.	
C. Delgado	388	1.314	748	1.115	754	4.319
Gaza	439	557	490	537	422	2.445
Inhambane	40	103	378	638	160	1.319
Manica	658	1.218	693	973	274	3.816
Maputo	441	436	646	614	366	2.503
Nampula	2.240	5.492	1.865	3.424	1.232	14.253
Niassa	627	1.296	714	801	277	3.715
Sofala	326	1.000	565	806	340	3.037
Tete	619	857	537	979	415	3.407
Zambézia	2.057	5.707	1.806	2.539	771	12.880
C. Maputo	-	-	70	69	43	182
Total	7.835	17.980	8.512	12.495	5.054	51.876

Maputo, 29 de Junho de 2017



Primary Education 2nd Level, 2017 (page 45)

Ministério da Educação e Desenvolvimento Humano
Direcção de Planificação e cooperação
Número de alunos com necessidades educativas especiais, 2017

EP2

Província	Número de alunos por tipo de deficiência					Total
	Visual	Auditiva	Físico Motora	Transt. de Fala	Mais de uma dif.	
C. Delgado	231	302	142	208	73	956
Gaza	115	117	109	67	42	450
Inhambane	57	142	153	301	74	727
Manica	224	323	159	277	108	1.091
Maputo	531	269	179	246	131	1.356
Nampula	848	1210	404	658	285	3.405
Niassa	281	371	131	184	61	1.028
Sofala	179	499	274	345	91	1.388
Tete	323	409	273	367	129	1.501
Zambézia	796	1545	698	955	333	4.327
C.Maputo	0	0	51	59	21	131
Total	3.585	5.187	2.573	3.667	1.348	16.360

Maputo, 29 de Junho de 2017



Secondary Education 1st Cycle (page 54)

Ministério da Educação e Desenvolvimento Humano

Direcção de Planificação e cooperação

Número de alunos com necessidades educativas especiais, 2017

ESG1

Província	Número de alunos por tipo de deficiência					Total
	Visual	Auditiva	Físico Motora	Transt. de Fala	Mais de uma dif.	
C. Delgado	-	-	-	-	-	-
Gaza	135	51	67	70	42	365
Inhambane	123	101	146	268	75	713
Manica	241	140	104	166	109	760
Maputo	216	60	51	24	73	424
Nampula	443	382	178	307	60	1.370
Niassa	306	352	169	198	42	1.067
Sofala	317	230	178	282	33	1.040
Tete	125	130	80	153	66	554
Zambézia*	489	278	150	228	119	1.264
C.Maputo	-	-	68	42	127	237
Total	2.395	1.724	1.191	1.738	746	7.794

*) Dados de 2016

Maputo, 03 de Julho de 2017



Secondary Education 2nd Cycle (page 60)

Ministério da Educação e Desenvolvimento Humano
Direcção de Planificação e cooperação
Número de alunos com necessidades educativas especiais, 2017

ESG2

Província	Número de alunos por tipo de deficiência					Total
	Visual	Auditiva	Físico Motora	Transt. de Fala	Mais de uma dif.	
C. Delgado	-	-	-	-	-	-
Gaza	135	51	67	70	42	365
Inhambane	60	20	19	47	23	169
Manica	133	53	68	96	35	385
Maputo	20	14	12	12	1	59
Nampula	150	82	41	80	21	374
Niassa	258	152	59	60	25	554
Sofala	53	54	47	102	11	267
Tete	79	71	61	61	113	385
Zambézia	-	-	-	-	-	-
C.Maputo	-	-	17	8	1	26
Total	888	497	391	536	272	2.584

Maputo, 29 de Junho de 2017



Summary, all levels

Ministério da Educação e Desenvolvimento Humano
 Direcção de Planificação e cooperação
 Número de alunos com necessidades educativas especiais, 2018

Resumo, todos os níveis

Província	Número de alunos por tipo de deficiência						Total	Total de alunos	% NEE
	Visual a)	Auditiva a)	Físico Motora	Trans. de Fala	Mais de uma dif.	Total			
C. Delgado	793	1 731	848	1 186	664	5 222	487 452	1,1	
Gaza	1 070	934	783	732	449	3 968	431 467	0,9	
Inhambane	11	681	1 745	2 662	873	5 972	465 111	1,3	
Manica	1 027	1 545	803	1 533	360	5 268	570 358	0,9	
Maputo	706	510	708	733	447	3 104	537 094	0,6	
Nampula	3 859	6 672	2 475	4 755	1 369	19 130	1 311 953	1,5	
Niassa	1 319	1 977	1 081	1 351	289	6 017	427 998	1,4	
Sofala	668	1 163	890	1 273	438	4 432	602 333	0,7	
Tete	718	1 617	918	1 244	548	5 045	637 052	0,8	
Zambézia	2 696	6 024	2 355	3 692	998	15 765	1 702 977	0,9	
C. Maputo	9	105	262	184	438	998	294 325	0,3	
Total	12 876	22 959	12 868	19 345	6 873	74 921	7 468 120	1,0	

a) Inclui todos os alunos com deficiência



Myanmar

General information on children with disability data

4. Does your census form contains items on children with disability?

- Yes
 No

5 a. If yes, which data related to disability are collected in your EMIS ?
(please select all that apply)

- Identification of children with disability, enrolment
 Students' performance (repetition, outcomes ...) by status of disability
 Data on accessibility of building and materials
 Teacher training on teaching children with disabilities

ii) Which definition is used to define disability?

- The Washington group set of questions (Vision, hearing, Gross motor, fine motor, Intellectual, Communication, Behavior and Socialisation)
 Other, please specify in the text box below

Comments:

iii) which levels (please select all that apply)

- Preprimary education
 Primary education
 Secondary education

5.b. If no, is it planned that category of children with disability is introduced in the near future?

- Yes
 No



Data source : Administrative data provided by The Ministry of Education, Department of Education Planning and Training, division of statistics

Number of students with disability and repeaters in initial primary education by sex

Students						
Sex		All grades			TOTAL	
Male	TOTAL	4,454			4,454	
	<i>Of which: repeaters</i>		Z			Z
Female	TOTAL	3,172			3,172	
	<i>Of which: repeaters</i>		Z			Z
Male & Female	Age unknown					
	TOTAL	7,626			7,626	
	<i>Of which: repeaters</i>		Z			Z
		Z : not applicable				



Number of students with disability and repeaters in initial lower and upper secondary general education by sex

Students full- and part-time		Lower sec (ISCED 24)						Upper secondary (ISCED 34)					
		TOTAL: all grades						TOTAL: all grades					
Sex	TOTAL	1,442					497						
	<i>Of which: repeaters</i>		Z					Z					
Male	TOTAL	1,062					411						
	<i>Of which: repeaters</i>		Z					Z					
Female	TOTAL	2,504					908						
	<i>Of which: repeaters</i>		Z					Z					
Male & Female	TOTAL												
	<i>Of which: repeaters</i>												

Z : not applicable



Nepal

General information on children with disability data

4. Does your census form contains items on children with disability?

- Yes
 No

5 a. If yes, which data related to disability are collected in your EMIS ? (please select all that apply)

- Identification of children with disability, enrolment
 Students' performance (repetition, outcomes ...) by status of disability
 Data on accessibility of building and materials
 Teacher training on teaching children with disabilities

ii) Which definition is used to define disability?

- The Washington group set of questions (Vision, hearing, Gross motor, fine motor, Intellectual, Communication, Behavior and Socialisation)
 Other, please specify in the text box below

Comments:

In 2007, the GON adopted an instrumental approach on the definition and classification of disability. It defines disability as a condition where a person feels difficulty to perform day-to-day activities and participate fully in their social life due to problems in body organs and system, including physical, socio-cultural and communication barriers. Disability has been classified into seven categories: (1) physical disability; (2) visual impairment: blind and low vision; (3) hearing impairment: deaf and hard of hearing; (4) deaf blind; (5) speech impairment; (6) mental disability: intellectual disability, mental illness and autism; and (7) multiple disabilities.

iii) which levels (please select all that apply)

- Preprimary education
 Primary education
 Secondary education

5.b. If no, is it planned that category of children with disability is introduced in the near future?

- Yes
 No



Data source: Final Draft Flash Report_I_2017-018(2074)_IIF2, Department of Education, Ministry of education, Government of Nepal, pages 38 and 83

Table 3.21: Total number of students by major types of disabilities at primary, lower secondary and basic levels

Level		Major types of disabilities							Total Disabled
		Physical (affecting mobility)	Intellectually impaired	Hearing impaired	Visually impaired	Low vision	Hearing and visually impaired	Vocal and speech related disabilities	
Primary	Girls	6,764	5,942	3,488	399	1,992	382	2,924	21,891
	Boys	7,528	6,365	3,658	395	1,978	412	3,428	23,764
	Total	14,292	12,307	7,146	794	3,970	794	6,352	45,655
	% in total enrolment	0.36	0.31	0.18	0.02	0.10	0.02	0.16	1.15
Lower Secondary	Girls	3,276	1,366	1,132	197	1,376	193	1,305	8,845
	Boys	3,444	1,434	1,295	176	1,238	180	1,682	9,449
	Total	6,720	2,800	2,427	373	2,614	373	2,987	18,294
	% in total enrolment	0.36	0.15	0.13	0.02	0.14	0.02	0.16	0.98
Basic	Girls	10,040	7,308	4,620	596	3,368	575	4,229	30,736
	Boys	10,972	7,799	4,953	571	3,216	592	5,110	33,213
	Total	21,012	15,107	9,573	1,167	6,584	1,167	9,339	63,949
	% in total enrolment	0.36	0.26	0.16	0.02	0.11	0.02	0.16	1.10


Table 3.73: Total number of students by major types of disabilities at secondary level

Level		Types of disabilities							
		Physical (affecting mobility)	Intellectually impaired	Hearing impaired	Visually impaired	Low vision	Hearing and visually impaired	Vocal and speech related disabilities	Total Disabled
Secondary (9-10)	Girls	1,757	583	542	117	692	94	317	4,102
	Boys	1,737	678	526	126	570	100	353	4,090
	Total	3,494	1,261	1,068	243	1,262	194	670	8,192
	% in total enrolment	0.36	0.13	0.11	0.03	0.13	0.02	0.07	0.84
Higher secondary (11-12)	Girls	558	75	136	44	123	67	969	1,972
	Boys	435	71	139	38	87	32	777	1,579
	Total	993	146	275	82	210	99	1,746	3,551
	% in total enrolment	0.17	0.02	0.05	0.01	0.04	0.02	0.30	0.61
Secondary (9-12)	Girls	2,316	658	677	161	815	162	1,287	6,076
	Boys	2,172	750	665	164	657	132	1,130	5,670
	Total	4,488	1,408	1,342	325	1,472	294	2,417	11,746
	% in total enrolment	0.29	0.09	0.09	0.02	0.09	0.02	0.16	0.76



Rwanda

General information on children with disability data

4. Does your census form contains items on children with disability?

- Yes
 No

**5 a. If yes, which data related to disability are collected in your EMIS ?
 (please select all that apply)**

- Identification of children with disability, enrolment
 Students' performance (repetition, outcomes ...) by status of disability
 Data on accessibility of building and materials
 Teacher training on teaching children with disabilities

ii) Which definition is used to define disability?

- The Washington group set of questions (Vision, hearing, Gross motor, fine motor, Intellectual, Communication, Behavior and Socialisation)
 Other, please specify in the text box below

Comments:

Hearing, Visual, Speaking, Hearing and speaking, Physical, Learning
 Multiple disabilities

iii) which levels (please select all that apply)

- Preprimary education
 Primary education
 Secondary education

tertiary education

5.b. If no, is it planned that category of children with disability is introduced in the near future?

- Yes
 No



Data source: <http://mineduc.gov.rw/index.php?id=141>

Or directly through Rwanda MoE website: mineduc.gov.rw>>>resource>>>statistics >>>statistical yearbook

Reference years: 2016 to 2018

Table 2.27: Special needs education in nursery from 2016 to 2018

INDICATOR/YEAR	2016	2017	2018
Number of schools with adapted infrastructure and materials for students with disabilities	-	183	264
% of schools with adapted infrastructure and materials for students with disabilities	-	5.7%	8.2%
Number of students with disability enrolled in nursery	1,545	1,362	1,253
Male	925	829	743
Female	620	533	510
<i>% of Male</i>	59.9%	60.9%	59.3%
<i>% of Female</i>	40.1%	39.1%	40.7%
Number of teachers trained in special needs and inclusive education	246	314	508
Male	76	72	110
Female	170	242	398
<i>% of Male</i>	30.9%	23.0%	21.7%
<i>% of Female</i>	69.1%	77.0%	78.3%

**Table 2.28: Nursery school pupils with disability in 2018**

Type of disability	Male	Female	Total
Hearing	56	44	100
Visual	93	88	181
Speaking	187	103	290
Hearing and speaking	36	30	66
Physical	222	132	354
Learning	110	84	194
Multiple disabilities	39	29	68
Total	743	510	1,253

Table 2.29: Nursery school pupils with disability from 2016 to 2018

Level	2017			2018		
	Male	Female	Total	Male	Female	Total
Nursery 1	379	244	623	277	203	480
Nursery 2	166	118	284	169	117	286
Nursery 3	284	171	455	297	190	487
Total	829	533	1,362	743	510	1,253


Table 3.26: Special needs education in primary schools from 2016 to 2018

INDICATOR/YEAR	2016	2017	2018
Number of schools with adapted infrastructure and materials for students with disabilities	...	522	684
% of schools with adequate infrastructure for Disabilities	...	18%	24%
Number of students with disability enrolled in primary	19,118	24,980	17,133
Male	10,639	13,317	9,669
Female	8,479	11,663	7,464
<i>% of Male</i>	55.6%	53.0%	56.4%
<i>% of Female</i>	44.4%	47.0%	43.6%
Number of teachers trained in special needs and inclusive education	1,286	1,492	4,102
Male	532	762	1,912
Female	754	730	2,190
<i>% of Male</i>	41.4%	51.1%	46.6%
<i>% of Female</i>	58.6%	48.9%	53.4%


Table 3.27: Primary school pupils with disability in 2018

Type of disability/Level	P1	P2	P3	P4	P5	P6	Total
Hearing	371	241	235	210	222	172	1,451
Visual	495	432	481	473	434	451	2,766
Speaking	649	351	280	176	134	87	1,677
Hearing and speaking	245	178	155	155	136	135	1,004
Physical	1,225	1,080	1,128	1,089	998	806	6,326
Learning	911	630	450	359	310	176	2,836
Multiple disabilities	348	256	169	106	107	87	1,073
Total	4,244	3,168	2,898	2,568	2,341	1,914	17,133

Table 3.28: Primary school pupils with disability by grades in 2017 and 2018

Level	2017			2018		
	Male	Female	Total	Male	Female	Total
Primary 1	2,809	2,052	4,861	2,508	1,736	4,244
Primary 2	2,194	1,673	3,867	1,834	1,334	3,168
Primary 3	1,934	1,587	3,521	1,693	1,205	2,898
Primary 4	2,000	1,692	3,692	1,394	1,174	2,568
Primary 5	2,006	2,025	4,031	1,270	1,071	2,341
Primary 6	2,374	2,634	5,008	970	944	1,914
Total	13,317	11,663	24,980	9,669	7,464	17,133


Table 4.37: Special needs education in secondary schools from 2016 to 2018

INDICATOR/YEAR	2016	2017	2018
Number of schools with adequate infrastructure for disabilities	-	369	494
% of school with adequate infrastructure for disabilities	-	23.5%	28.6%
Number of students with disability enrolled in secondary schools	5,587	4,557	4,685
Male	2,918	2,253	2,445
Female	2,669	2,304	2,240
<i>% of Male</i>	52.2%	49.4%	52.2%
<i>% of Female</i>	47.8%	50.6%	47.8%
Number of teachers trained in special needs and inclusive education	1,105	1,592	2,225
Male	822	1,142	1,546
Female	283	450	679
<i>% of Male</i>	74.4%	71.7%	69.5%
<i>% of Female</i>	25.6%	28.3%	30.5%

**Table 4.38: Secondary school students with disability in 2018**

Type of disability	Level							TOTAL
	S1	S2	S3	S4	S5	S6	TVET	
Hearing	128	89	55	42	26	30	50	420
Visual	322	216	152	95	104	75	66	1,030
Speaking	36	39	28	21	11	13	27	175
Hearing and Speaking	58	50	40	18	25	16	53	260
Physical	542	420	349	283	193	171	210	2,168
Learning	148	101	71	35	17	26	37	435
Multiple disabilities	43	42	27	13	19	13	40	197
Total	1,277	957	722	507	395	344	483	4,685

Table 4.39: Secondary school students with disability enrolled in 2017 and 2018

Level	2017			2018		
	Male	Female	Total	Male	Female	Total
Secondary 1	668	707	1,375	661	616	1,277
Secondary 2	483	506	989	492	465	957
Secondary 3	430	464	894	364	358	722
Secondary 4	261	275	536	281	226	507
Secondary 5	201	181	382	206	189	395
Secondary 6	210	171	381	190	154	344
Total	2,253	2,304	4,557	2,194	2,008	4,202


Table 5.13: Number of TVET trainees with disability enrolled in 2017 and 2018

Level	2017			2018		
	Male	Female	Total	Male	Female	Total
Level 1	153	137	290	83	104	187
Level 2	7	10	17	2	2	4
Level 3	82	67	149	66	52	118
Level 4	23	14	37	35	29	64
Level 5	33	29	62	65	45	110
Level 6	-	3	3	0	0	0
Level 7	2	-	2	3	3	6
Total	300	260	560	254	235	489

Table 5.14: Number of trainees enrolled in TVET by type of disability in 2018

Level	Hearing	Visual	Speaking	Hearing and Speaking	Physical	Learning	Multiple disabilities
Level 1	17	30	15	27	73	9	16
Level 2	2	0	0	0	2	0	0
Level 3	16	13	7	18	54	5	5
Level 4	7	8	3	4	40	1	1
Level 5	8	15	2	4	41	22	18
Level 6	0	0	0	0	0	0	0
Level 7	1	0	0	0	5	0	0
Total	51	66	27	53	215	37	40



Table 6.13: Number of students with disability enrolled in tertiary

Type of disability	2016/17			2017/18		
	Male	Female	Total	Male	Female	Total
Hearing	8	11	19	11	7	18
Visual	14	12	26	8	6	14
Speaking	9	2	11	2	1	3
Hearing and Speaking	0	0	0	1	2	3
Physical	52	32	84	75	59	134
Learning	3	0	3	0	0	0
Multiple disabilities	4	7	11	1	0	1
Total	90	64	154	98	75	173



Senegal

General information on children with disability data

4. Does your census form contains items on children with disability?

- Yes
 No

5 a. If yes, which data related to disability are collected in your EMIS ? (please select all that apply)

- Identification of children with disability, enrolment
 Students' performance (repetition, outcomes ...) by status of disability
 Data on accessibility of building and materials
 Teacher training on teaching children with disabilities

ii) Which definition is used to define disability?

- The Washington group set of questions (Vision, hearing, Gross motor, fine motor, Intellectual, Communication, Behavior and Socialisation)
 Other, please specify in the text box below

Comments:

Available data on children with disability not disaggregated

iii) which levels (please select all that apply)

- Preprimary education
 Primary education
 Secondary education

5.b. If no, is it planned that category of children with disability is introduced in the near future?

- Yes
 No



Legislation and Policies on Children in Special Education:

- Programme national de Réadaptation à Base communautaire (2017-2021) qui vise le développement inclusif permettant de répondre aux besoins à plus grande échelle des personnes vivant avec un handicap.
- Projet de renforcement de l'appui à la protection des enfants dans l'éducation au Sénégal (RAP) financé par le Canada.
- Politique d'éducation inclusive en train d'être élaborée par le MEN avec l'appui de la coopération italienne.

Data source: Direction de la Planification et de la Réforme de l'Education, Ministère de l'Education nationale du Sénégal, Reference year of data: 2017/18

Nombre d'élèves en situation de handicap dans l'enseignement primaire initial, par année d'études et sexe

Elèves		Enseignement primaire formel (CITE 1) seulement							
Sexe	Age	Niveau 1	Niveau 2	Niveau 3	Niveau 4	Niveau 5	Niveau 6	Niveau 7	TOTAL
Garçons	TOTAL	1891	1643	1461	1172	1136	1342		8645
	TOTAL	2045	1761	1436	1185	1192	1184		8803
Total (GF)	TOTAL	3936	3404	2897	2357	2328	2526		17448



**Nombre d'élèves en situation de handicap, dans l'enseignement secondaire général initial,
par année d'études et sexe**

Elèves		Enseignement secondaire formel général initial seulement							2e cycle du secondaire (CITE 34)
		1er Cycle du secondaire (CITE 24)						TOTAL	
Sexe	Age	Niveau 1	Niveau 2	Niveau 3	Niveau 4	Niveau 5	TOTAL		TOTAL: Tous niveaux
Garçons	TOTAL	858	693	608	765		2924	978	
Filles	TOTAL	821	773	786	848		3228	998	
Total (GF)	TOTAL	1679	1466	1394	1613		6152	1976	