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KNOWLEDGE PLATFORM ON INCLUSIVE DEVELOPMENT POLICIES

Mainstreaming or targeting?

Literature review on inclusive education for children and youth with disabilities in low- and middle-income countries

By **INCLUDE Secretariat**

October 2020

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List of Acronyms

CRPD	Convention on the Rights of People with Disabilities
CYWD	children and youth with disabilities
DAC	Development Assistance Committee
DCDD	Dutch Coalition on Disability and Development
DFAT	Australian Department of Foreign affairs and Trade
DFID	UK Department for International Development
DPO	disabled persons organization
GLAD	Global Action on Disability Network
GPE	Global Partnership for Education
ICF	International Classification of Functioning, Disability and Health
IDDC	International Disability and Development Consortium
IEI	Inclusive Education Initiative
ILO	International Labour Organization
INGO	international non-governmental organization
K4D	Knowledge for Development
LMIC	low- and middle-income country
MFA	Ministry of Foreign Affairs
NGO	non-governmental organization
NORAD	Norwegian Agency for Development Cooperation
OECD	Organisation for Economic Cooperation and Development
ONCE	Organización Nacional de Ciegos Españoles (Foundation for the Cooperation and Social Inclusion of Persons with Disabilities)
PISA	Programme for International Student Assessment
PWD	person with disabilities
SDG	Sustainable Development Goal
TIMSS	Trends in International Mathematics and Science Study
TVET	technical and vocational education and training
UIS	UNESCO Institute for Statistics
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WASH	water, sanitation and hygiene
WGSS	Washington Group Short Set
WHO	World Health Organization

1. Introduction

Background and scope

Since its adoption in 2006, 190 governments have ratified the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), thereby committing to respect, promote and fulfil the rights of people with disabilities (PWDs).[1] This includes Article 24, which recognizes the right to education based on equal opportunity, and requires states to *"provide reasonable accommodations targeting individuals and adopt support measures within the broader educational environment"*.[2] Despite this commitment, and multiple legislative changes, relatively little progress has been made towards developing communities of practice and implementing strategies that improve the living situation of PWDs by removing barriers to education and facilitating access to economic opportunities.

To date, no country has fully satisfied the CPRD, and few have adopted the Organisation for Economic Cooperation and Development (OECD) marker for disability-inclusion in their development framework or programming. Progress towards Sustainable Development Goal (SDG) 4, to "*ensure inclusive and equitable quality education and promote lifelong learning opportunities for all*", has also notably flattened, as the hardest to reach, including learners with disabilities, have been left behind (Mundy & Proulx, 2019). The failure to translate intention into action can be attributed to a number of interrelated factors, including limited political will and competing agendas in already constrained development environments; a poor understanding of the needs, rights and experiences of PWDs; cultural norms and values that stigmatize and marginalize PWDs; a failure to grasp the true cost of exclusion; the ambiguous and non-binding nature of the CRPD;[3] and more practical issues related to the financing, implementation and organization of disability-inclusive strategies and programmes.

This report seeks to address some of these hurdles by synthesizing the evidence on education for children and youth with disabilities (CYWDs) in low- and middle-income countries (LMICs), including in conflict-affected settings, and identifying options for donor engagement. This chapter defines the scope of this review, sets out the methodology used, and defines the way disability is measured. The next chapter contains conceptualizations and diagnostics of the problem worldwide, and identifies the gaps in education between young people with and without disabilities, as well as the barriers that different groups of CYWDs face in accessing opportunities for learning. The third chapter explores policies and practices aimed at improving access and achievement in education for CYWDs in order to enhance their participation in society. The review concludes with a list of options and trade-offs to consider in approaching disability inclusion from a (Dutch) donor perspective. Ultimately, the review aims to stimulate action and strengthen efforts to satisfy the CPRD and SDGs through more disability-inclusive development cooperation.[4]

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[1] https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4&clang=_en
[2] https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-24-education.html
[3] "The CRPD stopped short of a precise definition of inclusion in education. The term therefore remains contentious, lacking a tight conceptual focus, which may have contributed to ambivalence and confused practices" (UNESCO, 2020).
[4] The Dutch Ministry of Foreign Affairs acknowledges the importance of supporting people with disabilities in its policy on International Trade and Development Cooperation. This position is supported by INCLUDE, which emphasizes education and work for vulnerable groups of young people, including those with disabilities, as key mechanisms for reducing poverty and inequality in developing countries (see Concept note for phase II, INCLUDE, 2019, pp.4–5).

Methodology

This review is structured around several questions formulated through consultations with the Dutch Ministry of Foreign Affairs (MFA) (Table 1). These questions were answered primarily through desk research, examining systematic reviews, impact evaluations, academic literature and government/donor reports. This was supplemented by interviews with representatives from disabled persons organizations (DPOs), including the Dutch Cooperation for Disability and Development (DCDD), for their knowledge, experience and guidance. It also builds on the report by Altaf and Rempel (2019), which offers action points for the Dutch development sector in the broader field of disability.

Table 1. Structure of the report

Chapter	Questions
1. Scope	▪ How are mental and physical disabilities defined and measured today? ▪ How has this changed over time, and what are the major implications of these shifts for development policies and programmes?
2. Diagnostics	▪ What is the scope of the problem in LMICs? - How many and which children and youth have a disability? - What are the most common types and severity of disability? - What is the prevalence of disability among different socioeconomic/geographic groups? ▪ What are the gaps in education for these young people? ▪ Which barriers do different groups of CYWDs face in accessing quality education? - Are they more excluded in situations of emergency and armed conflict? - What are the underlying reasons for the exclusion of CYWDs in the education systems of LMICs, and what are the costs of exclusion?
3. Policies and practices	▪ What are the best practices and lessons learnt in supporting the learning and development of CYWDs? Who are the main actors involved, and what are the main challenges to their success? ▪ What are the major debates on this issue in the international donor community? What are the trade-offs faced and how do different donors respond to these trade-offs? ▪ How can the MFA most effectively increase its attention to these issues in its existing multilateral and bilateral programmes and make its support more effective and efficient?
4. Recommend-ations	▪ Which actions should donors prioritise to promote inclusive education? How do these actions remove the barriers to education for CYWDs? ▪ What do each of these mean for Dutch development cooperation? What trade-offs must be made in terms of resources and meeting different development goals?

Defining and measuring disability

Discourses on disability have a large impact on how it is understood and treated in debate and practice (Watson & Vehmas, 2019). How we define disability influences our perception of the normalcy and competence of disabled persons, thereby affecting the degree of polarization, stigma, autonomy and opportunity affecting PWDs.[5] It can also shift responsibility by framing disability as either an individual or a societal issue, and can influence programme boundaries (e.g. eligibility for social protection), which impacts on the wellbeing of those excluded (UNESCO, 2020). Ambiguous goals and definitions have complicated the monitoring of compliance with laws ensuring the rights of PWDs to education and decent work (Mundy & Proulx, 2019). Understanding these consequences is important to prevent the further exclusion of already marginalized people.

Notions of disability have changed significantly over the past two decades, following shifts in medical science and political ideology.[6] Traditional medical models of disability, based on fairly rigid and narrow classifications, have been gradually replaced by social or 'bio-psycho-social' approaches, which encompass a broader range of impairments and consider the subjective experiences and functioning of PWDs within society, consistent with Amartya Sen's capabilities approach to human development (Mutanga, 2019). This transition has been spurred by increasing evidence on PWDs, as well as growing attention in the international arena, reflected in documents such as the UN CRPD (UN, 2006) and the specific mentioning of PWDs in numerous SDG targets and the Leave No One Behind (LNOB) framework (UN, 2015).

Some of the main differences between the definitions of disability found in the literature are:

- The *types of disabilities* considered (more progressive categorizations include aspects of mental health such as memory, communicative capacities and psychological wellbeing)[7]
- Whether disabilities are seen as *binary* (disabled or non-disabled) or as categories or continuums of severity
- The extent to which a person's *social and operating environments* are considered (this acknowledges that disabilities can have a more severe impact on functioning in a certain context than in another, e.g. when infrastructure or social protection systems are underdeveloped or stigmas around disability prevail)

Prominent definitions of disability today include those used in the UN CRPD and contained in WHO's International Classification of Functioning, Disability and Health (ICF):

- **UN CRPD definition:** "*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*"

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[5] Despite enabling the identification and treatment of impairments, conventional medical approaches have contributed to labelling PWDs as people who need to be 'fixed' or who require charity, as opposed to providing adaptive environments (UNESCO, 2020; Watson & Vehmas, 2019), and prevented them from making their own decisions, claiming their rights and becoming active members of society (UNICEF, 2018). Social and human rights-driven models that value identity, access and participation have more scope for building inclusive systems that empower PWDs (Mutanga, 2019). However, thinking along a continuum can make it hard to collect meaningful data for allocating resources, measuring progress and holding decision makers accountable.

[6] See Watson and Vehmas (2019) for a full discussion of the evolving discourse.

[7] Mental health is increasingly recognized as an important area for development policy, given the rise in recorded mental impairments in recent years, as well as in response to the current global situation regarding the COVID-19 pandemic.

- **ICF definition:** "*a limitation in a functional domain that arises from the interaction between a person's intrinsic capacity, and environmental and personal factors*"

In this review, where possible, we use data collected using the Washington Group Short Set (WGSS) of disability-screening questions, developed by the Washington City Group on Disability Statistics (see Mizunoya, Mitra & Yamasaki, 2016). The WGSS method has become commonly used among researchers and practitioners, as it acknowledges diversity and context while retaining a clear structure that facilitates identification, screening, funding allocation and evaluation in development programmes. It uses a four-level difficulty scale governing a person's ability to function in six basic physical and mental domains (seeing, hearing, walking, remembering and concentration, self-care, and communication). The WGSS builds towards a universal categorization of disability that reflects the complex realities of living with an impairment and can be used to strengthen understanding and impact.

2. Diagnostics

This section analyses the magnitude of the problem by looking at how many young people live with a disability in developing countries, the types of impairment they experience, and the prevalence of disability among different socioeconomic and geographic groups. It then identifies the range of barriers CYWDs face in accessing quality education and examines the underlying root causes and costs of exclusion. A general assessment of trends is followed by a discussion of heterogeneity among CYWDs, including the intersection between disability and other socio-demographic factors such as gender and conflict. The majority of examples are from Sub-Saharan Africa, given the identified severity of the problem in this region and the geographic focus of Dutch development cooperation.

Disability in low- and middle-income countries

An estimated one billion people globally, or 15% of the global population, live with a disability (ILO & ONCE, 2019; UN Department of Economic and Social Affairs, 2018).[8] Around 80% of these people are in developing countries and 50% are in countries affected by fragility and conflict (DFID, 2018a). At least 65 million disabled persons living in developing countries are school-aged children under 15 years (Elbers, 2020; World Bank, 2019), ranging from 6% to 24% of national populations (UNESCO, 2020).[9] Sub-Saharan Africa has the highest rate of moderate-to-severe disability among its population (UNESCO, 2018), reflecting environmental factors which inhibit functioning, such as the relatively low quality of services and access to technology.

In many countries, the distribution among the various types of disability is still unknown. One study conducted in Uganda, Ethiopia, Tanzania and Malawi (although not specifically targeting children) found seeing and walking difficulties to be the most common form of disability, and communication difficulties to

[8] One in five PWDs are classified as having a severe disability. These individuals often require full time support and are unable to work or learn. The majority (80%) could benefit significantly from interventions that meet their learning needs, reduce exclusion and help them to meet their potential at school and work.
[9] The corresponding statistic for youth (16–24 years) could not be found. In this report, we group children and youth with disabilities together, although it is understood that they may face different barriers to education and, hence, require different solutions.

be the least prevalent (Mitra, 2018), but this likely differs according to the context and local definitions of disability.[10] For instance, physical stunting may be more common in locations with poor maternal healthcare and nutrition, and psychosocial impairments more common in violence or conflict-affected countries. Moreover, psychosocial impairments are often reported less due to stigma and taboo. Understanding the local nature of disability is key to identifying and removing barriers to functioning and wellbeing.

Box 1. The disability data gap

Despite target 17.18 under the SDGs specifying the need for "*enhanced capacity-building [..] to increasing the availability of high-quality, timely and reliable data disaggregated by [..] disability [status or type]*", data issues continue to hinder our understanding of disability and stall the removal of barriers to inclusion. Insufficient, inaccurate, inconsistent and outdated information limit the assessment of both individual programmes and overall progress, leaving widespread inequalities related to disability hidden (UNESCO UIS, 2019).

Half of LMICs do not collect data on CYWDs in national surveys (UNESCO, 2020). Statistics on learning are often taken from schools, which omits information on the many CYWDs who are out of school. Where available, data is often from old sources (e.g. from 2010 in Zambia and Ghana, 2009 in Kenya, 2008 in South Sudan, and 2006 in Burkina Faso)[11] and the focus is on access to education rather than its quality. Disaggregation by type of disability and gender is the exception not the rule, and limited country-wide information exists at the subnational level, despite education plans often being implemented by local governments.

Another major problem is that data within and across countries remains largely incomparable. Some countries use the WHO International Classification of Functioning, Disability and Health (ICF), some the Washington Group Short Set (WGSS) of disability questions, and others their own classification. The reported prevalence of disability in Ethiopia ranges from 1 to 17.6% of the population, depending on the study (Mitra, 2018), and a 2004 census in Sierra Leone reported 3,300 cases of mental impairment, while a national survey one year before estimated the figure to be ten times higher (UNESCO, 2018). Much of this variation stems from the use of different methodologies and definitions of disability, as well as under-reporting due to isolation, shame or stigma.

Data issues make it extremely hard to gain an overarching picture of exactly how many (and which) CYWDs are currently in school and learning effectively, and to identify levers for change. A report by the UNESCO Institute for Statistics (UIS) highlights the steps needed to build stronger and more accessible information systems in the field of disability, and stresses this as a key area for international cooperation (UNESCO UIS, 2019). An important starting point is to embed disability questions as a baseline in a broader range of surveys and evaluations and explore different ways of collecting data on marginalized groups, such as mobile phone surveys.

The research reveals a socioeconomic gradient to disability, with functional impairments found more commonly among girls and households below the poverty line (Mitra, 2018; UN Department of Economic and Social Affairs, 2018). For example, a study in 30 LMICs found that children under 5 years old from the poorest 20% of households were more than twice as likely to be stunted (41%) as those from the richest 20% (UNESCO, 2020). No consistent pattern has been observed between urban and rural

[10] A World Bank study in Ugandan primary schools found mental impairment to be the most common type of disability, followed by visual and hearing impairment. However, this does not necessarily reflect the general distribution, as the study did not account for out-of-school children, including those who cannot physically reach or access schools.
[11] Disability data portal: https://www.disabilitydataportal.com/

households, although this may reflect the availability and quality of disability data in rural areas, and CYWDs in rural areas may experience more difficulties accessing supportive services and opportunities, compared to those with similar impairments in urban areas. Although the exact socioeconomic and geographic distribution of disability in the developing world cannot yet be defined, the added prevalence among certain vulnerable populations means that disabled children can face multiple barriers to education, making disability an important area for engagement across development sectors (World Bank, 2019).

It is unclear how the scale and nature of disability will change in response to global and local trends. The rise in non-communicable diseases (such as obesity and mental health conditions) and improvements in healthcare and technology could have opposing effects on the scale and type of disability found in the developing world. Technology presents both risks and opportunities in this regard, as it can vastly improve the functioning capacity and environment of persons with disabilities, but is not always accessible to vulnerable populations which tend to suffer disproportionately from impairments.

Exclusion from education

Despite millions of people escaping poverty over the last 20 years, the global situation for the majority of PWDs has not improved. Even with anti-discrimination laws now widely in place, disabled individuals are still far more likely than non-disabled individuals to be living in poverty (Watson & Vehmas, 2019). An important contributing factor is that they are too often excluded from accessing quality education. Childhood learning and skill development are a focal point of development strategies in many LMICs, but CYWDs have been largely ignored in this debate, which aggravates inequalities in opportunity and wellbeing. It is now cited that certain disabilities related to sight, hearing, and mobility may be the single most serious barrier to education globally (Mizunoya et al., 2016).

Various studies show that PWDs have less access to education than non-PWDs in LMICs (see Mizunoya et al., 2016; Male & Woden, 2017; World Bank & USAID, 2017; UN Department of Economic and Social Affairs, 2018; and World Bank, 2019). The 2018 UN Flagship Report on Disability and Development found that PWDs, on average, spend 40% fewer years in school (5 compared to 7 years), are 20 to 30% less likely to complete every level of education, and have relatively higher rates of illiteracy than non-PWDs (UN Department of Economic and Social Affairs, 2018).[12] Similar studies have found that the average disability-related gap in school attendance is 30% across primary and secondary levels (Mizunoya et al., 2016), and that more than half of all CYWDs in developing countries are out-of-school, contributing disproportionately to the number of out-of-school children worldwide (UNESCO, 2020; GPE, 2019). These findings clearly illustrate that CYWDs have not benefited equally from universal basic education programmes in LMICs.

As a result, CYWDs have relatively poor educational outcomes, leaving them underqualified and less prepared for the labour market. A study in 10 LMICs found CYWDs 8 percentage points (or 19%) less likely to have minimum proficiency in reading and mathematics than those without disabilities (UNESCO, 2020). Gaps in basic skills often widen when accounting for gender – in Mozambique, almost

[12] Literacy is defined as the ability to read, write and understand a short, simple statement about everyday life. Some of these statistics are based on a small sample of countries (due to data availability) and vary between countries.

half of men (49%), compared to just one in six women (17%), with a disability can read and write (UNESCO UIS, 2019). Moreover, the failure to accommodate the diverse needs of students with disabilities in international achievement tests such as Programme for International Student Assessment (PISA) and Trends in International Mathematics and Science Study (TIMSS) assessments (see Kellaghan & Greaney, 2020) means that disability-related gaps in skills and test scores are unknown beyond basic literacy (Price, 2018). This inhibits access to opportunities for decent work and income by fuelling beliefs about competence and making discrimination harder to prove. Acknowledging that labour demand issues, particularly employer behaviour and job market factors, play a role, education remains a major factor driving the labour market outcomes of PWDs.[13]

Box 2. Key insights from the literature on disability and education in low- and middle-income countries

- **The marginal effect of a disability on education outcomes is larger than other individual and household factors.** Using regression analysis, the GPE and World Bank found that having a disability explains more of the variation in school enrolment, completion and literacy than wealth, gender, parents' education or place of residence (Male and Woden, 2017). In other words, the learning gaps between girls and boys, rural and urban learners, and children from the lowest and highest wealth quintiles, are smaller than the gap between children with and without disabilities. This testifies to the need for increased focus on disability within education policy and development work.

- **Early years of schooling are particularly important for the trajectory of CYWDs** (IDDC & Light for the World, 2016). Globally, more than 85% of disabled primary-school aged children who are out of school have never attended school (Mizunoya et al., 2016), and the vast majority of CYWDs do not complete primary school (DFID, 2018a). Moreover, the gap in the out-of-school rate between CYWDs and non-CYWDs widens with age, from 4% in primary education to 7% at lower-secondary level and 11% at upper-secondary level (GPE, 2019). Therefore, although higher education and labour market interventions are important for enabling transitions to work, they are insufficient to provide opportunities for the majority of CYWDs, especially in the short-term while basic education remains inaccessible.

- **Learning gaps have widened over time between children with and without disabilities.** The gap in school completion has increased from just a few percentage points three decades ago to between 15–17 percentage points for primary level, and 11–15 percentage points for secondary level, in recent census data (Male & Woden, 2017). Disparities in basic literacy have also widened to over 15 percentage points. This implies that CYWDs have been left behind in reforms that have supported the majority (such as universal basic education), but failed to remove the underlying structural and systemic barriers to education for marginalized learners (Watson & Vehmas, 2019).

[13] Employment rates for disabled persons are around 25% in Northern Africa and 34% in Sub-Saharan Africa, compared to 51% and 53%, respectively, for non-disabled persons (UN, 2018). A recent review found that up to 80–90% of PWDs in certain developing countries are unemployed, including many with a university degree (Ojok, Oryema & Were, 2020). In most countries, employed PWDs are more likely than non-PWDs to work precariously in part-time or informal work or be self-employed, with minimal social protection coverage. In Uganda, for example, just 1.3% of formally employed individuals have a disability (much lower than the national prevalence of disability), increasing their risk of poverty and deprivation (Make 12.4% Work, 2019).

- **Sub-Saharan Africa has the lowest educational outcomes for CYWDs globally, but the smallest gaps attributed to disability** (UN Department of Economic and Social Affairs, 2018). Just 25% of PWDs in Burkina Faso have ever attended school, but only 30% of all youth have ever been to school. Similarly, just 25% of disabled adults in Mali are literate, but only 30% of the overall population have basic literacy skills. The challenge in Sub-Saharan Africa is to make reforms inclusive right from the start, so that progress is uncoupled from rising inequality. A more targeted approach may be needed in countries where PWDs are already left behind and the learning gaps are larger (e.g. in Southeast Asia).

Barriers and drivers of exclusion

In spite of global efforts to provide universal basic education, CYWDs in LMICs face multiple barriers to attending and completing school and preparing for the world of work. In line with notions of disability that account for environmental (including institutional and sociocultural) factors, numerous barriers to education can be identified at the individual, school and systems levels (Table 2). We distinguish between six broad areas (physical, material, human resources, pedagogical, sociocultural and systemic/structural barriers), roughly corresponding to the WGSS categorization, which helps to structure the analysis of what is currently being done and the key areas and actors for change.

"Children with disabilities worldwide face cultural, economic and social barriers from within and outside the education system that directly or indirectly impact their ability to get a high-quality education."[14]

A few additional points are worthy of discussion. First, while some studies find the main reasons for dropping out of school to be the same for CYWDs and non-CYWDs, many other barriers specific to CYWDs contribute to education gaps (Bakhshi, Babulal & Trani, 2018). Indeed, the majority of children in Sub-Saharan Africa face certain common obstacles to gaining a high-quality education and relevant skills, such as cost, distance, and communication or language barriers. However, CYWDs face additional obstacles, ranging from physical access and mobility, to technological and pedagogical needs, and social attitudes and stigma. Due to the complexity and specificity of constraints, the needs of PWDs tend not to be met by general solutions aimed at improving average learning outcomes, nor by those targeting other marginalized groups (Howgego, Miles & Myers, 2014).

Second, although the extent of certain barriers has been significantly reduced in the last decade, there is a long way to go to achieving equality in learning opportunities. Strong advocacy work and increasingly inclusive approaches to development globally have increased efforts to support and protect PWDs. In 2017, 41% of countries surveyed by the UN provided appropriate materials in their schools for students with disabilities (an increase from 17% in 2013), and 33% had sufficient human resources and physical environments (an increase from just 18% and 22%, respectively, in 2013) (Figure 1). Nonetheless, this leaves 3 out of every 5 countries still lacking provision of appropriate materials, and 2 in 3 lacking sufficient human resources, highlighting the need for larger and faster reforms.

[14] https://www.worldbank.org/en/topic/disability/brief/disability-inclusive-education-in-africa-program

Table 2. Barriers to education faced by young people with disabilities.

Category	Examples
Physical barriers	▪ Poor school/institutional accessibility – e.g. ramps, lifts, wide doors and corridors ▪ Limited infrastructure, including transportation, particularly in rural areas ▪ Lack of appropriate facilities, e.g. WASH services adapted to disability needs
Material barriers	▪ Insufficient learning equipment and assistive technology – e.g. Braille or large font textbooks, audio devices, sign language videos, mobility devices ▪ Constrained financial resources and high out-of-pocket costs for equipment and support services
Human resource barriers	▪ Limited supply and capacity of teachers to support CYWDs – ICF knowledge and disability rights issues poorly integrated into teacher training programmes ▪ Absence of family/community engagement and support
Pedagogical barriers	▪ An over focus on average achievement, rather than a child-centred approach ▪ Inflexible curricula, not tailored to individual/sub-group needs ▪ Ineffective modes of learning and teaching, and unsuitable studying arrangements ▪ Assessments that make no allowance for CYWDs, e.g. PISA and TIMSS tests make no adjustments in time, content or testing methods
Socio-cultural barriers	▪ Discrimination in school admittance process ▪ Bullying or abuse in school, including gender-based violence towards girls with disabilities, leading to students with disabilities dropping out, while shame and (self-)stigma prevent CYWDs from applying, enrolling or seeking assistance ▪ Misconceptions about the ability and potential of CYWDs, leading to reluctance among teachers, schools and families to engage in training or support ▪ Community neglect or ignorance of CYWDs and their needs – increasing cultures of individualism can lead to denial of collective responsibility
Systemic/ structural barriers	▪ Absence of or (in most cases) inadequate legislation and enforcement ▪ A lack of focus on CYWDs in government policies/frameworks, and conflict between policies supporting CYWDs and other policy agendas ▪ Inadequate healthcare provision and social protection/support for PWDs ▪ Under-representation of CYWDs in leadership positions for effecting change – advocacy and service delivery activities are often the responsibility of NGOs and DPOs, which are largely under-resourced or have little influence ▪ Weak information systems (including data systems and public education) creating poor awareness/understanding of PWDs' rights, needs and experiences
Sources: Azalde & Hellum Braathen, 2018; Elbers, 2020; Kellaghan & Greaney, 2020; Kidd et al., 2019; ILO, 2018; 2013; Make 12.4% Work, 2019; UNICEF, 2018; UN Department of Economic and Social Affairs, 2018; Howgego et al., 2014; WHO & World Bank, 2011; World Bank, 2019	

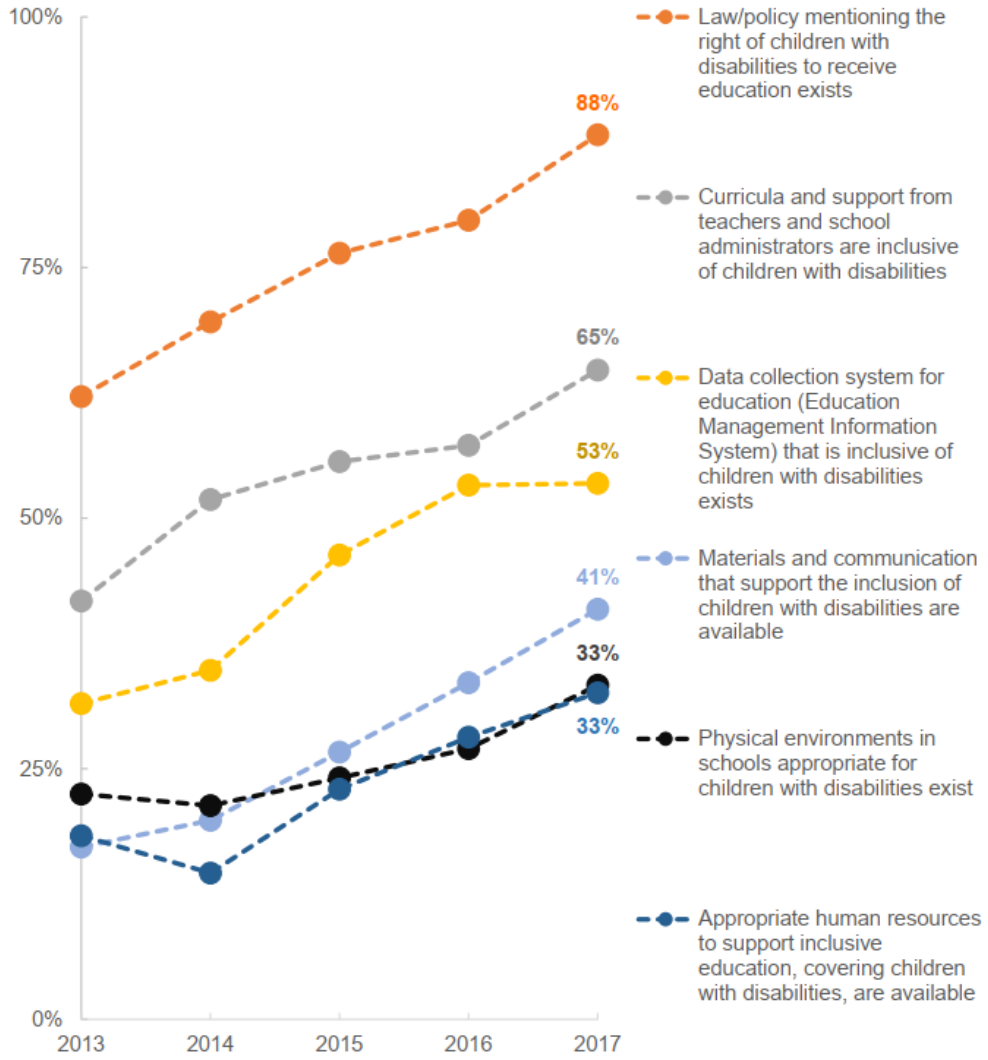

Figure 1. Percentage of countries that implemented selected measures to promote inclusive education, from a sample of 87–101 low- and middle-income countries, from 2013–2017 (Source: UN Department of Economic and Social Affairs, 2018, p.116).

Third, the intangibility of certain obstacles, particularly those linked to deeply-embedded norms and behaviours, makes them hard to measure and rectify. Socio-cultural factors are often the biggest drivers of exclusion (UNESCO, 2020), but discrimination is not always explicit or obvious; an institution may not refuse access to a disabled person, but may not make them feel welcome or sufficiently accommodate them, leading them to drop out or fail to apply. There remains a general lack of qualitative research explaining the mechanisms through which sociocultural barriers are formed, changed and reproduced in this context, which could help to bring about greater social change.

Fourth, multiple barriers can be self-perpetuating or interact to reinforce each other, which can impede reforms in a single area. A prominent example is that underlying beliefs (such as the assumption that PWDs lack the capacity to succeed in school or work) tend to shape the decisions and behaviours of families, communities, schools, employers and policymakers, and either delay reforms or focus on socializing CYWDs rather than their learning and development (Elbers, 2020). Denying CYWDs access to education perpetuates existing norms and attitudes, leading to further disadvantage and exclusion (World

Bank, 2019). This feedback means that strategies that focus on a single barrier will, for the most part, be ineffective. This helps to explain why changes to date (e.g. new legislation or building ramps for wheelchair access) have not resulted in largescale increases in participation by CYWDs, which has in some cases created the view that investing in education for CYWDs is a waste of money and does not improve learning outcomes or employment prospects. A deeper understanding of these interactions is required to find leverage points for structural and systemic change.

Box 3. The cost of exclusion

Inclusive learning is argued to be the basis of a just and prosperous society (Howgego et al., 2014), as it shapes the value system of future generations, including future change-makers. As children with disabilities represent some of the most marginalized people in the world (UNESCO, 2018), their exclusion undermines the achievement of various global development agendas. Failure to act also inhibits progress towards the UN CRPD (UN Department of Economic and Social Affairs, 2020; Male & Woden, 2017) and violates the theories of change of various departments for Dutch development cooperation, including departments for gender and humanitarian aid.[15]

Beyond being a moral or political obligation, research increasingly reveals how costly the exclusion of disabled persons can be at every level, from the individual to the wider economy (World Bank, 2019). For households, education helps to end cycles of poverty and deprivation. Returns to education and training for PWDs are strikingly high, contrary to the belief that it is costly and of low-value.[16] Inclusive education that starts in the early years has been shown to lead to better social, academic, health and economic outcomes for all learners, including those without disabilities (Mizunoya et al., 2016).

Education is also considered a vital component in building wider human capital, which is a key element of sustained growth (Mizunoya et al., 2016). ILO estimates that the situation of PWDs entails social and economic losses of between 3 and 7% of GDP annually (ILO, 2017). Significant opportunity costs are associated with foregoing the economic activity of both PWDs and their families or carers (IDDC & Light for the World, 2016). Saran, White and Kuper (2020) argue that exclusion generates additional long-term public support costs by increasing the demand for (and dependence on) social protection such as income transfers and healthcare.

"Disability is [commonly] mistaken for a deficit or for an inability – people see the disability in place of the skills and the potential contribution."[17]

Note on barriers to education for CYWDs in the context of COVID-19: *The relative importance of different barriers to learning has temporarily shifted due to global lockdowns and other measures dealing with the COVID-19 pandemic.[18] Providing sufficient and tailored technology, learning materials, curricula and support for remote learning is an extra challenge for students with special needs.[19] Numerous organizations are engaged in finding solutions for remote learning, but have not necessarily considered different groups of CYWDs in this mission, which risks enlarging inequalities during the recovery from this crisis. In addition, social protection and health care systems are even more strained than usual, and the restricted mobility of social workers limits their ability to meet the demands for additional child and parental support. In the mid to long term, it is crucial to make up for missed schooling and to ensure that all children, and particularly vulnerable children, return to school or are able to learn remotely.*

[15] https://www.rijksoverheid.nl/documenten/publicaties/2018/11/08/theory-of-change-ontwikkelingssamenwerking
[16] https://www.worldbank.org/en/news/feature/2015/12/03/making-quality-education-accessible-to-children-with-disabilities
[17] DRPI AWARE (2019)
[18] https://www.globalpartnership.org/blog/inclusive-response-covid-19-education-children-disabilities
[19] https://bangkok.unesco.org/content/empowering-students-disabilities-during-covid-19-crisis

Heterogeneity and intersectionality

Not only has 'disability' been frequently treated as a homogenous phenomenon, disabled persons are often further grouped under 'vulnerable populations'. In reality, disabled persons represent a diverse group in terms of the type and severity of impairment, their individual and household characteristics, and the broader environments in which they live. Consequently, the hurdles they face in acquiring a quality education are far from universal. Acknowledging this diversity is crucial for developing and refining strategies that support education and development for all CYWDs.

Examining average gaps in education disguises the heterogeneity between countries in the scale and nature of the problem. Disability-related gaps in adult literacy range from 5 percentage points in Mali to 56 percentage points in Oman (UN Department of Economic and Social Affairs, 2018).[20] In 12 developing countries studied in the UN Flagship Report on Disability, over 90% of PWDs had attended school at some point, suggesting that the focus in these countries should be on retention rather than enrolment.[21] In the Gambia, the completion rate for lower secondary school was actually higher for PWDs than non-PWDs. Such anomalies should be analysed in detail to identify best practices and solutions that can be adapted or replicated.

Barriers to education are not linked one-for-one with the type of impairment, urging a more holistic approach to access and participation. Youth with physical disabilities can struggle most with mobility and accessing learning facilities; youth with sensory impairments can predominantly require assistive technologies; and youth with psychosocial disabilities can be hindered most by ineffective modes of teaching and assessment. However, each of these groups can experience other barriers to differing degrees, and all CYWDs are exposed to social exclusion, discrimination and a shortage of trained teachers. This makes it crucial to identify the range of disabilities in a given context and tackle multiple barriers simultaneously using a child-centred approach in order to meet the needs of each individual.

Despite increasing awareness of mental health, people with psychosocial disabilities appear more disadvantaged than those with other types of disability, such as physical or motor difficulties. A study commissioned by GPE and World Bank (Male & Woden, 2017) found that children with cognitive, psychosocial or multiple disabilities consistently underperform compared to children with physical disabilities. Another study in 9 developing countries (including Botswana, Benin and Zimbabwe in Sub-Saharan Africa) found that just 18% of individuals with psychosocial disabilities were employed, compared to 52% of people with other disabilities and 54% of those without disabilities (UN Department of Economic and Social Affairs, 2018). The visibility of an impairment (or the ability to diagnose it based on medical criteria) should not determine the presence or extent of measures to overcome its impact on functioning. More effort is needed to progress from acknowledging people with mental disabilities to actively helping them access opportunities to learn.

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[20] Education gaps between PWDs and non-PWDs are much larger in most Middle East and North Africa (MENA) countries than most countries in Sub-Saharan Africa (UN Department of Economic and Social Affairs, 2018), reflecting the overall learning deficit in Sub-Saharan Africa, and the broad exclusion of PWDs in development policies in the MENA region.

[21] Including Colombia, Congo, Malawi, Palestine, Peru, Tanzania and Zambia (see UN Department of Economic and Social Affairs, 2018, p.101).

The relative severity of barriers depends heavily on the local context, specifically, on how the economic, political and welfare environments support PWDs. The provision and quality of infrastructure (e.g. transportation and WASH services); the strength of local education systems (e.g. the supply of skilled teachers and alternative/tailored resources); norms and behaviours (e.g. tolerance and support for PWDs); the clarity and enforcement of regulations; and access to and adequacy of social protection, make a huge difference to the experiences of CYWDs. Local economic structures also affect the opportunities for different groups of CYWDs, in terms of the demand for certain skills and the accessibility of jobs requiring those skills.[22] Analysing these contextual factors can help to assess the degree of readiness for interventions, the type of interventions needed and the scope for partnerships to overcome trade-offs between different development agendas.

Box 4. Disability and education in fragile settings

Over half of individuals with a disability live in countries affected by war, violence and natural disasters (DFID, 2018). Children with disabilities are already among the most vulnerable members of society. Their situation is often amplified in periods of and regions with armed conflict, where infrastructure is destroyed and services are compromised (UNICEF, 2018). There has been near invisibility, or at least a lack or prioritization, of PWDs in humanitarian responses (Howgego et al., 2014), but the persistent effects of violence on their wellbeing and opportunities makes this important to rectify.

In conflict settings, all children are at risk of being excluded from school and not learning when they are in school (Bakhshi et al., 2018). They face dehumanization through forced displacement, poverty and weakened leadership (Businge, 2015). Conflict can be especially damaging for children with disabilities. Fragmented service provision and the reallocation of resources (e.g. towards security and defence) reduce access to transportation, healthcare, and assistive technology, which they rely on disproportionately for learning and development (Bakhshi et al 2018).

According to a 2018 report by Syria Relief, four out of five children living with disabilities inside the Syria did not have access to education (UNICEF, 2018). These children were more likely to have never been enrolled in school, to have dropped out prematurely, and to be illiterate than children without disabilities. Similarly, a 2013 study in Iraq found that just 16% of displaced children with disabilities living in camps and 10% of those living in urban areas were attending schools, compared to 29% and 27%, respectively, prior to displacement.

One of the main channels driving the interface between disability and education in these settings is the increased degree of isolation. Conflict disrupts the support networks that allow children to cope with their impairments. In several recent conflicts, many PWDs have either been abandoned by their families or caregivers due to the stress and costs of war, or been separated due to displacement (Bakhshi et al., 2018; UNICEF, 2018). Running is not always an option for PWDs during attacks, and often they cannot relocate to protected villages where services, including schools, still operate (Businge, 2015).

Poor consideration has been given to PWDs in reconstruction and development programmes, even though guidelines do exist.[23] Aid models are in many cases based on outdated notions of disability. For example, people with psychosocial, intellectual, or moderate physical impairments may not be deemed high priority for humanitarian aid, as they do not require immediate medical attention or assistive technology. These assumptions must be revised in order to give all CYWDs greater consideration in humanitarian programmes. The constraints of the humanitarian sector make it crucial to link up with other departments in this mission.

[22] In general, those with physical impairments have fewer opportunities in countries where the majority of employment is in agriculture or labour-intensive activities, especially when they receive less education and are underqualified for high-skilled work. This implies that the push for labour-intensive industries in many developing countries may have an adverse effect on the inclusion of these individuals.

[23] Such as the NEE 2012 guidelines https://archive.ineesite.org/en/inclusive-education

The notion of intersectionality has been widely recognized in debates on inclusion, but not directly addressed in policy or practice (Elbers, 2020). The heightened prevalence of disability among minorities and vulnerable groups can create multiple layers of exclusion which make it harder for individuals to escape poverty and marginalization (World Bank, 2019). A prime example is that girls with disabilities are less likely to reap the benefits of a formal education than boys with disabilities. This is, to a large extent, due to additional sociocultural barriers for women (World Bank, 2019).[24] For example, in Ghana, girls with disabilities are not exempt from the burden of household responsibilities, and the extra time and effort needed to fulfill their gender roles crowds out time for education (Okyere, Aldersey & Lysaght, 2019). Intersectionality drives the need for closer collaboration between development sectors through exchanging knowledge and practices.

3. Policies and practices

This section provides a scan of current policies and programmes supporting education for CYWDs, looking at the types of intervention, the main actors involved, and the major lessons learnt. It makes use of examples and findings from multiple organizations working with disability and education, including partners of the Netherlands. Based on this, the report recommends a number of options for the MFA to increase its support in this area through its multilateral and bilateral programmes, highlighting certain trade-offs in these choices.

Policy context

Identifying feasible interventions requires first assessing the policy context to see how disability inclusion is currently being considered and addressed in the broader development arena. We distinguish between the context in the Netherlands and the wider international development arena.

The Netherlands' progress

A 'disability lens' is gradually gaining ground in policy debates in and outside the Netherlands, but has not been practically applied in foreign development programmes. Following the SDGs and the CRPD, which was ratified by the Netherlands in 2016, various policy documents of the MFA have mentioned the importance of including PWDs in development cooperation policies and practices. The implementation of the CRPD is outlined in the policy note *Onbeperkt Meedoen* by the Ministry of Health, Wellbeing and Sport (MHWS, 2018). It provides a national action plan for the inclusion of PWDs to be implemented by all Dutch ministries. This action plan covers inclusion at the domestic level (e.g. the accessibility of online information and government buildings), but does not mention disability inclusion in foreign policies. The Netherlands Institute for Human Rights concluded, in its annual assessment of the implementation of the CPRD, that Dutch development cooperation programmes "*do not structurally account for the rights of people with disabilities*" (NIHR, 2018).

[24] Moreover, some 335 million girls globally, many in Sub-Saharan Africa, still attend primary and secondary schools that lack basic facilities for menstrual hygiene, let alone facilities that are accessble for girls with disabilities (UNESCO, 2020).

The Dutch MFA currently does not target disabled persons in its policies on international trade and development cooperation, meaning that few goals or indicators have been formulated or adopted for disabled persons, and there is no specific budget allocated for disability inclusion. The Ministry acknowledges the importance of inclusive development, including a focus on vulnerable youth and women, albeit without an explicit focus on PWDs (MFA, 2015). Subsequently, there has been no monitoring of progress regarding disability inclusion in programmes of the MFA, and programmes aimed at disability inclusion represent only approximately 2% of the total Dutch official development assistance (ODA) budget (Altaf & Rempel, 2019). In recent years, the MFA has recognized the importance of a disability focus in its SRHR policy (MFA, 2017) and its VOICE programme (MFA, 2016). It also accounts for the needs of disabled persons in its humanitarian aid interventions (MFA, 2017). The commissioning of this report marks an intention or willingness to increase support for disability in Dutch foreign policy in the field of education.

Activities of other donors

In recent years, an increasing number of donors have joined disability networks to guide their international aid and promote the delivery of disability-inclusive strategies. The Global Action for Disability (GLAD) network, launched in December 2015 and comprising 38 international stakeholders (including the Dutch MFA), promotes the inclusion of persons with disabilities in international development and humanitarian action through financial aid and technical expertise.[25] In 2018, more than 300 governments and organizations signed the Charter for Change at the Global Disability Summit to encourage more focused implementation of the UN CRPD (DFID, 2019). Recognizing the importance of momentum, in 2019, the UN launched a Disability Inclusion Strategy (UNDIS) to improve monitoring and accountability and ensure action on the CRPD. One year on, work has commenced on 74% of the 968 summit commitments (of which 15% are directly linked to education), and 10% were reported as already complete (DFID, 2019).

> *"It's one thing to bring disability and education into the development spotlight, but it's quite another to make sure that (a) it stays there, and (b) that work done on disability and education is meaningful, and has a tangible positive impact on children (and adults) with disabilities*".[26]

The UK Department for International Development (DFID), the Australian Department of Foreign affairs and Trade (DFAT), the Norwegian Agency for Development Cooperation (NORAD) and the Finnish MFA are some of the most actively engaged bilateral donors in terms of funding, capacity building, strategizing and promoting disability-inclusive education (Figure 3). DFID allocates over 5% of its bilateral funding to target disability and is leading the way in disability-disaggregated reporting using the WGSS framework (IDDC & Light for the World, 2016). DFAT has supported over 54 pilot programmes in Indonesia, supporting schools, parents and communities through its INOVASI programme,[27] and was one of the first to adopt the OECD Development Assistance Committee (DAC) marker in its foreign policymaking (DFID, 2019). In 2015, 29% of Norway's basic education aid went to projects specifically

[25] Stakeholders include a range of bilateral and multilateral donors/agencies, private sector actors and other foundations.
[26] https://www.heart-resources.org/blog/forming-alliances-in-education-disability-and-development-baice-thematic-forum/
[27] https://www.devex.com/news/including-children-with-disability-in-education-strategies-from-dfat-s-inovasi-95879

referencing inclusive education (IDDC & Light for the World, 2016). The Finnish MFA has contributed EUR 330,000 to the International Disability Alliance's (IDA's) capacity-building BRIDGE CRPD-SDG initiative, which provides global training on understanding and implementing the CRPD.[28] Other developed countries, including France, Germany and Japan, have declared interest and commissioned research in this area, but are less active in term of programme implementation and funding allocation. While the USA is a leading donor in terms of aid volume to basic education, it gives relatively less donor support for disability and is the only high-ranking education donor, aside from the Netherlands, with no evidence of focusing explicitly on disability in education activities.[29]

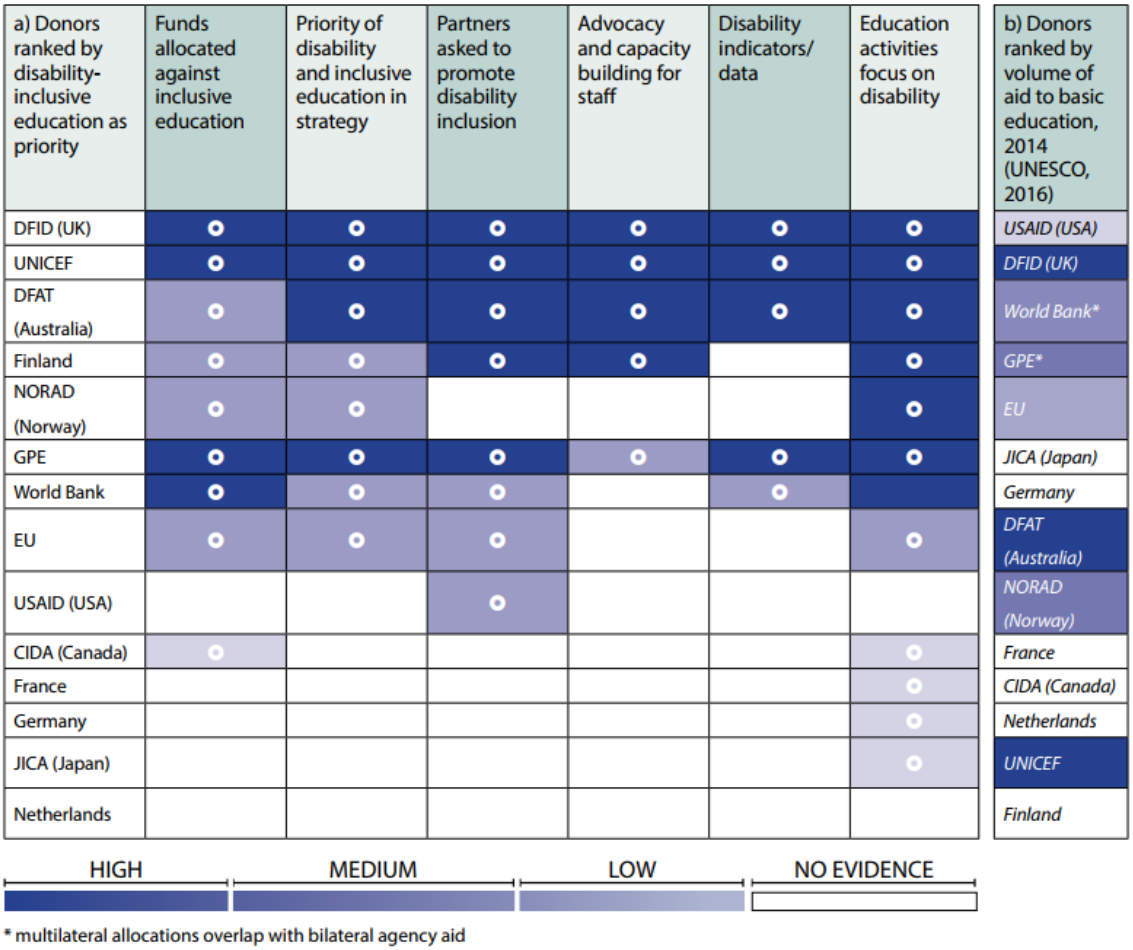

Figure 2. Major institutional donors ranked by efforts for the promotion of inclusive education and education aid volume, based on findings from a 2016 review (Source: IDDC & Light for the World, 2016)

[28] http://www.internationaldisabilityalliance.org/content/bridge-crpd-sdgs-training-initiative
[29] Countries were selected for review due to their high aid volume to basic education or strategic emphasis on disability inclusion.

Regarding multilateral institutions, the World Bank, UNICEF, GPE, UNESCO and the ILO all have numerous ongoing activities in the field of disability and education, and demonstrate strong commitment through priorities, data leadership and partnerships. Education is a key area for engagement in the World Bank Disability Inclusion and Accountability Framework (McClain-Nhlapo et al., 2018). The World Bank made 10 commitments at the Global Disability Summit (including '*ensuring that all World Bank-financed education programs and projects are disability-inclusive by 2025*' and '*scaling up disability data collection and use, guided by global standards and best practices*') and has already made measurable progress on 7 of them, showing the value of explicit target-setting.[30] It also spearheads the Disability-Inclusive Education in Africa Program, which invests in regional diagnostics[31] and practitioner capacity building in Ethiopia, Ghana, Lesotho, Liberia, Senegal, the Gambia and Zambia. UNICEF supports PWDs through multiple activities related to financing, data and capacity development, with their strategy driven by the UN CRPD framework and the SDGs. UNICEF found making decisions at the country level to be extremely important for reaching CYWDs in different contexts. Their series of technical guidance notes on different aspects of inclusive education could be adapted to fit different contexts, taking into account local resources and stakeholder responsibilities.[32] ILO works on the inclusion of PWDs in higher education and skill development programmes.[33] A notably successful programme has been ILO and GIZ's Bangladesh Skills for Employment and Productivity (B-SEP) initiative, due to its dual focus on demand side (industry) and supply side (skills and TVET) interventions. Combining an inclusive job centre, a skills programme for young people with disabilities, and employer engagement and support has helped to achieve better data on employment and disability, linkages between DPOs and technical institutions for support and training, more disability-inclusive policies and practices in local industry, and a higher rate of applications by PWDs for skilled jobs. There is scope to replicate such a programme in other developing regions and link up to established youth employment initiatives.

Donor impact has been significantly increased through partnership-building. In 2019, DFID, NORAD and the World Bank launched the Inclusive Education Initiative (IEI)[34], a multi-donor trust fund that aims to strengthen disability-inclusive education planning, implementation, and monitoring by encouraging partnerships, promoting data collection, investing in teachers, and aggregating evidence of good practices and solutions.[35] There is scope for smaller countries to link up to initiatives like these to increase impact and provide funding or expertise in specific areas. The GPE has formulated an action plan for building effective partnerships for inclusive education. It emphasizes the allocation of clear roles and

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[30] The World Bank has produced a guidance note on conducting surveys using disability disaggregation and launched a Safe and Inclusive Schools Platform with a strategy for ensuring equity and inclusion in World Bank education projects (see McClain-Nhlapo et al., 2019; World Bank, 2018)

[31] *The challenges of inclusive education in Sub-Saharan Africa* (Woden et al., 2018) & *Every learner matters* (World Bank, 2019).

[32] Topics include collecting data and mapping out-of-school children with disabilities; partnerships and advocacy for education and disability; training and supporting teachers to manage diversity; improving the learning environment for disabled children; pre-school interventions; parental, family and community engagement; planning, financing, and managing inclusive education systems (see https://www.ded4inclusion.com/ie-resources-free/unicef-inclusive-education-booklets-and-webinars-english-version).

[33] See *Making apprenticeships and workplace learning inclusive of persons with disabilities* (ILO, 2018) and *Making TVET and skills systems inclusive of persons with disabilities* (ILO, 2017).

[34] https://www.worldbank.org/en/topic/socialdevelopment/brief/inclusive-education-initiative

[35] The IEI helps three pilot countries – Nepal (USD 1.93 million), Rwanda (USD 1.90 million) and Ethiopia (USD 2.0 million) – to expand their disability-inclusive education portfolio and provides grants for education management information systems (EMIS) to improve screening, identification and adoption of WGSS methodology.

responsibilities, mutual accountability and risk sharing, and strengthening national government ownership. More and stronger partnerships are also needed with local NGOs and DPOs, which often hold a lot of local knowledge and community trust.

Best practices and lessons learnt in low- and middle-income countries

The literature cites a range of interventions that aim to build more inclusive education systems and reduce barriers to learning for PWDs (see Kuper, Saran & White, 2018; UN Department of Economic and Social Affairs, 2018). Attempts to increase equality in education have been made by passing anti-discrimination laws, making schools physically accessible, adapting teaching methods, providing financial support, enhancing staff capacity, and raising awareness on inclusive education (see examples in Box 5). Positive outcomes have been seen, but most interventions are yet to tackle multiple barriers at the same time and are not at the scale needed for wider systemic change or to reach all CYWDs in LMICs. The biggest debates surround which approach to take, who is responsible, and how to finance and implement inclusive strategies.

Box 5. Examples of successful inclusive education policies in Sub-Saharan Africa

Uganda, Ghana and Kenya are considered leading examples of inclusive education systems in Sub-Saharan Africa. Uganda follows a diverse approach, with 17 special schools, 84 mainstream units, and 27 all-inclusive schools at primary level, and 5 special schools, 10 mainstream units and 26 all-inclusive schools at secondary level. The government also passed the Persons with Disability Act in 2006, requiring all higher learning institutions to eliminate barriers to accessibility and prohibit discrimination. Uganda's strategy has resulted in considerable gains in access, especially to primary education, but it is still working on improving learning outcomes and retention.

Ghana has targets for multiple aspects of education for learners with disabilities since 2013, from adjusting educational infrastructure, to training teachers in diversity and non-discrimination, and tailoring curricula to different educational needs. A key element in Ghana's success has been its integrated and planned approach. The government's strategy, which involves a multi-sector and multi-stakeholder engagement plan and a costed action plan to translate aspirations into practice, has already brought about significant attitudinal change in terms of tolerance and support.

Kenya has a national action plan for disability inclusion with a special committee dedicated to implementation and monitoring. It has prioritized awareness of human rights and disability inclusion among government and non-state actors, and encouraged close collaboration between the ministries for education and social protection. On a more local scale, the Cheshire Disability Service in Kenya (CDSK), supported by the Liliane Foundation in the Netherlands, helps to realize inclusive education for CYWDs.[36] In 2016 alone, the organization enabled over 1,000 CYWDs to access, stay in, or transition through school and, in the past 3 years, 820 CYWDs have been supported in accessing vocational training opportunities in colleges, universities and TVET centres. Impact has been maximized by making interventions relevant to specific groups of young people and their challenges (such as school completion for girls and soft skills for youth with intellectual disabilities) and through cooperation between local, national and international stakeholders.[37]

[36] https://cheshiredisabilityservices.org/supporting-inclusive-education/

[37] With funding from DFID, CDSK implemented a Girls Education Challenge Project from 2014–2016 in Kenya's Lake Region, enabling 2,500 girls with disabilities to complete their education and prepare for work; it also helped 450 children and youth with intellectual disabilities to develop their communication, social and self-care skills for greater social inclusion.

Disability-inclusive versus disability-specific education

One of the main ongoing debates among donors is whether to support disability-specific or disability-inclusive programmes and approaches (Altaf & Rempel, 2019). Disability-specific (or child centred) interventions involve providing education for students with disabilities in separate environments, with learning content, materials, staff, facilities and equipment designed to respond to particular impairments. Disability-inclusive (or system-focused) interventions involve reforming and supplementing existing mainstream institutions and teaching methods to provide all students with an equitable and participatory learning experience that meets their individual requirements (Price, 2018).

Despite a clear shift in attention towards inclusive education in recent years,[38] there remains a lack of valid and comparable evidence to judge which approach is most effective at driving inclusive outcomes, especially in developing countries (Kuper et al., 2018). A review of studies on students with cognitive and learning disabilities found slightly better academic outcomes in special education settings, but better social outcomes for those taught in general education classes (WHO & World Bank, 2011), reflecting a potential trade-off between integration and performance. Other analyses show more conclusively that more time spent in a general education classroom leads to increased test scores in math and reading, less disruptive behaviour, and better future employment opportunities for CYWDs, irrespective of the type or severity of impairment, while segregated learning perpetuates othering and stigma (Hayes & Bulat, 2017). However, most studies concluding that inclusive education approaches are superior come from high-income countries like the USA or Scandinavia. Robust, empirical evidence for LMICs is relatively scarce, especially regarding long-term learning outcomes and stigma reduction (Price, 2018). For example, a study in Ethiopia found the academic achievement and self-perception of primary school students with hearing impairments decreased after transitioning into mainstream schools, compared with peers who stayed in special schools (UNESCO, 2020).

> "*We have come to vague conclusions that inclusive education is effective and cost-effective for all learners, particularly those with disabilities, but there is very little research about how to do inclusive educatio*n".[39]

Many low- and middle-income countries are trying to follow the global trend by transitioning from segregated to mainstream learning, but are struggling with planning and implementation. The UNESCO 2020 Global Education Monitoring report emphasizes that solutions are not one-size-fits-all. Special education may include residential or day schools, separate classrooms in mainstream schools, specialist support in-class, and home-based education supported by community workers. In many cases, attending the local school remains the only option. The optimal approach, that is, the approach that will best fulfil the rights of CYWDs and achieve the greatest improvement in learning and development, will vary according to the magnitude of local education gaps, the severity of different barriers, and the resources available. For instance, in contexts where stigma and social exclusion are particularly strong, isolation may perpetuate these barriers. Where mainstream schools lack capacity (e.g. trained teachers or materials) and modifications are costly or impractical, learners with disabilities may not receive the support

[38] Reports to countries by the Committee on the Rights of Persons with Disabilities confirm a clear position that embraces a "transition from special and segregated education towards the inclusive model" (UNESCO, 2020).
[39] https://www.heart-resources.org/blog/forming-alliances-in-education-disability-and-development-baice-thematic-forum/

they need to meet their potential in this environment. Each country needs to find its optimal approach and establish local mechanisms for implementation. The choice may differ not just by country, time, or type of impairment, but also by level of education. Research suggests that inclusive strategies may work better for young learners (Price, 2018) and in contexts where learning gaps are small, while special education may be better for higher education or where learners with disabilities are further behind.

Inclusive education is more a process than an outcome, and requires flexibility as well as clear aims and responsibilities (UNESCO, 2020). All approaches embody certain risks, which require careful management. With inclusive approaches, the biggest risk is that inclusion stops at placement and that it falls to the disabled child and their family to adjust to the demands of mainstream schooling (Hayes & Bulat, 2017). A further distinction, therefore, needs to be made between mere integration and fully inclusive reforms, the latter involving structural changes to facilities, the curriculum, teaching and learning strategies (UNESCO, 2020). With segregated schools, the risk is that children may fall away from the national curricula, which may exaggerate gaps in their development and leave them ill equipped to reintegrate into wider society. With any approach, it is important to translate equal access into more equal use, benefit and outcomes.

Many countries are turning to hybrid or 'twin-track' approaches to balance the positive and negative aspects of special and mainstream education and to aid the smooth transition from segregation to inclusion. Hybrid approaches involve adopting disability-sensitivity measures in the design, implementation, monitoring and evaluation of all development policies and programmes (i.e. a universal approach), while simultaneously pursuing targeted initiatives that ensure the inclusion and full enjoyment of human rights by PWDs. This helps to balance a dual set of goals – overall development and helping the most marginalized – and is advocated for by many international donors (e.g. World Bank, DFID, German Development Cooperation, European Union, Finnish Cooperation, and INGO/NGOs). A good example of this is Ethiopia, where interaction and fluidity are maintained between the two streams of education, with special units serving as transitional programmes and back-up support.

The other key consideration is the relative cost of different approaches. Given rising public debt, decreasing foreign aid and moderate regional growth, local feasibility analyses must compare the cost of establishing (or expanding) and running special schools, upgrading existing mainstream schools, or making all new schools accessible and equipped. A pilot programme in Vietnam that provided training to teachers, administrators and parents, and had an overwhelming positive impact on enrolment, attendance, teacher attitudes and the integration of CYWDs in mainstream school, cost USD 58 per child per year, compared to USD 20 per year for non-CYWDs and USD 400 per year for a disabled child to attend special school (UN Department of Economic and Social Affairs, 2018), however, this does not reflect the cost of scaling up, and is not necessarily the same in other countries. While cost continues to be a major limiting factor, small steps towards inclusion can be taken in the short-term that need not be so costly, for example, integrating ICF thinking into teaching and health personnel training (Bakhshi, Kett & Oliver, 2013) and imposing disability standards on all new building plans.

The importance of multi-dimensional and multi-stakeholder approaches

Forming inclusive education systems must be a shared effort and a shared responsibility. To date, the majority of interventions have been piecemeal, small scale and non-collaborative in that they tackle a single barrier, school or community, or are led by a single actor devoted to inclusion, rather than applying inclusion as an overriding principle.[40] The complexity of barriers, spanning different sectors and different levels of society, requires solutions that transcend these boundaries and involve a variety of actors, most notably CYWDs themselves.

The failure to apply approaches that address intersectionality hinders overall progress in inclusive education (Elbers, 2020). It is increasingly being realized that meeting overall development goals is impossible without meeting the development goals of PWDs (Hayes & Bulat, 2017). All learners, including those with disabilities, must have access to quality education in order to realize SDG 4 (UNESCO, 2020). Interventions have traditionally focused on girls *or* the extreme poor *or* children with disabilities, but not on all combined (GPE, 2019. The overlap between disability and other forms of deprivation and marginalization demands greater knowledge sharing and learning between different fields of development.

A multi-sectoral approach is crucial for strengthening impact, particularly in administration, reporting and funding allocation around inclusion (GPE, 2019). In Ghana, the Ministry of Education and the Ministry of Health have begun coordinating practically to promote annual health screenings to enable early identification and provide appropriate assistance. But in many development frameworks, including CYWDs in education remains the responsibility of a single department, and there is limited cross-cutting research linking outside interventions to education outcomes (e.g. healthcare or social protection) to reinforce the need for more collaborative relationships (Bakhshi et al., 2013).

The active involvement and participation of communities, non-state leaders and PWDs themselves is repeatedly emphasized as a key lesson for effective change processes (World Bank, 2019). A survey in 9 Ghanaian districts focused on parents, teachers and children to analyse awareness, attitudes and solutions to education barriers for children with special needs, and was successfully used to inform local responses. The 2018 South African higher education policy framework for students with disabilities, on the other hand, makes no mention of involving students and staff with disabilities in programme implementation processes.[41] Community engagement not only enables a greater understanding of contextual issues to help find appropriate solutions, it can also generate greater support and accountability for reforms.[42] Non-state leaders (e.g. religious groups, businesses, DPOs and other NGOs) have a role to play in removing stigma and shifting the narratives around disability to allow change to be taken up.

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[40] https://www.globalpartnership.org/who-we-are/building-effective-partnerships
[41] https://theconversation.com/south-africas-new-higher-education-disability-policy-is-important-but-flawed-99703
[42] Community-based rehabilitation (CBR) interventions have gained attention for their local and holistic nature and their capacity to target sociocultural beliefs around disability. The CBR Africa Network (CAN) sponsors several country-specific and local initiatives and has positively impacted on the wellbeing of PWDs, especially in remote areas where state interventions tend to be weak (World Bank, 2019).

A lot of the work has been done in advocacy, service delivery and information building by DPOs and other NGOs, but change requires stronger leadership at the institutional level in addition to advocating from below (Elbers, 2020). DPOs can offer technical support, knowledge and experience to governments in formulating disability-inclusive strategies (DFID, 2019) and have a continuous role to play in terms of advocacy, awareness building and monitoring. However, many of the interventions by DPOs are limited by resource capacity and they struggle to reach all disabled children. Scaling up successful pilot interventions and ensuring widespread improvements in data require greater involvement of the state and private sector in order to create the space and conditions (e.g. transparency, regulations, funding) necessary for DPOs to continue their work.

Box 6. Technological solutions

Only 5–15% of disabled children in low-income countries have access to assistive technologies and devices that can dramatically improve their functioning and inclusion in society (Hayes & Bulat, 2017), including their ability to participate in mainstream learning programmes and facilities. Organizations like the ATscale Global Partnership for Assistive Technology[43] and WHO's Global Cooperation on Assistive Technology (GATE) are striving towards affordable digital solutions, and seek to provide 500 million disabled persons with assistive technology by 2030. With large donors beginning to invest and cooperate, these schemes have the potential to revolutionize access to assistive technology and empower CYWDs.[44]

At the systemic level, the Education Commission recognises the power of technology and ICT for achieving better learning outcomes for all learners, including CYWDs, and recommends a cross-sector investment to get every school online and put in place the broader digital infrastructure necessary for learning (IDDC & Light for the World, 2016). The need for this has been reinforced by the current global situation, and a key opportunity exists for decision makers and education planners to channel existing technological developments, as well as new capacities built during the COVID pandemic. Many innovative solutions have emerged/been adapted to enable and scale up remote learning during COVID-19 lockdowns,[45] and are starting to reimagine the education system (UNESCO, 2020). Although it may not be a substitute for classroom learning, these tools can enable greater flexibility in where and how individuals learn and could be used to help learners with disabilities in the long term.

Technology can be used for both the delivery and monitoring of education for CYWDs. In April 2020, Turkey's Ministry of National Education launched a mobile application to ensure continued learning for children with hearing or visual impairments, intellectual disabilities and autism spectrum disorders. By early June, the app had been downloaded by 175,000 users, and 370,000 people were accessing its training videos, activities, special education lessons and supplementary resource books. EduTrac in Uganda uses phone-based monitoring in 3,800 schools across the country to track pupil and teacher attendance, government grant disbursement, school violence and abuse, curricula changes, literacy rates, school meals and facilities. Disability markers could be added to such surveys for more rapid and effective responses.[46] The private sector is a key actor to involve in producing, financing and delivering technological solutions for inclusive education.

[43] See ATscale's 2019 strategic overview: https://atscale2030.org/s/ATscale_Strategy-Overview_February-2019.pdf
[44] See IDDC & Light for the World, 2016, p.43 for a list of examples of assistive technology for different types of impairment.
[45] Read about the World Bank's EdTech programme at: https://www.worldbank.org/en/topic/edutech/brief/edtech-covid-19
[46] https://www.unicef.org/uganda/what-we-do/edutrac.

The use of relevant criteria and indicators in programmes and evaluations

Numerous interventions have focused on improving access to education for CYWDs, rather than on outcomes linked to participation, achievement or equity (UNESCO UIS, 2019). This reflects a wider learning crisis across developing countries, where time in school does not always translate into relevant skills or work and income prospects (GPE, 2019). Evaluations based on enrolment ignore measures of attendance, progression and completion, as well as more qualitative indicators of teaching methods, social inclusion and safety, which better reflect a (disabled) child's progress and experience in school (Price, 2018). Limited long-term data and evidence on learning quality for learners with disabilities makes it difficult to enact changes to the education system that would improve their learning outcomes.

Evaluations of programmes on disability and education have rarely alluded to the cost-effectiveness and impact components of the OECD DAC criteria, and have focused mostly on relevance, meeting objectives and alignment with broader development agenda (Mundy & Proulx, 2019; Price, 2018). This is slowly beginning to change, with programmes incorporating more specific impact assessments. For example, baseline evaluations for INOVASI projects in Indonesia examine impact through basic student literacy and numeracy tests; teaching assessments; interviews with students, teachers and parents; and observations of classrooms and facilities. Programmes in disability and education require more clear and transparent theories of change and the more rigorous integration of OECD evaluation criteria to gauge effectiveness, efficiency and sustainability.

Education planning often ignores unintended consequences, such as the impacts of overcrowding or bullying in mainstream schools or the lack of consistency between special school and mainstream curricula. Highlighting areas in which programmes are underperforming can help to set new targets for inclusion in subsequent programme phases and education sector plans. In Nepal, following an evaluation of the 2009–2015 school sector reform plan by a German consulting group, the Nepalese government adopted multiple new targets in their 2016–2022 school sector development plan, including providing 365 integrated basic education schools with resource classes for children with disabilities, giving scholarships to 13,000 students, and providing 50 schools with interactive pedagogical materials for children with disabilities.

Common challenges for inclusive education

Information deficiencies

Information issues continue to be a major factor hindering the response to disability inclusion. One side of this is the practical side of collecting and analysing data on CYWDs (particularly those who are more isolated and excluded) in a structured, systematic way in order to generate enough data for sound decision making. A second side involves access to information, regarding how local knowledge gets passed up the aid chain to governments and donors, and how it is spread more widely in society to increase awareness of disability rights and shift the narratives around their potential for participation. A final side involves information usage, specifically, how data is used to inform and shape policy interventions and practices around disability inclusion. It cannot be stressed enough that until we understand the problem, efforts to improve the situation and remove barriers will continue to be ad hoc, inefficient and mistargeted.

Knowledge gaps

Despite the increase in research and interventions in disability inclusion in recent years, many gaps remain in what we know about what works and what does not work to remove all barriers to education for CYWDs. First, there is a need to unpack sociocultural barriers and grasp the underlying mechanisms for change, as well as better understand the interactions between different barriers and the intersection between different forms of exclusion. Second, there is a need to increase the availability and validity of research (particularly impact evaluations) in the developing world, especially in Sub-Saharan Africa, and to balance out research in different areas. Existing evidence stems from a limited number of countries, and often uses small sample sizes or incomparable definitions and indicators of disability (UNESCO, 2020). Relatively few studies exist on interventions at the school and system level (including WASH, pedagogy, ICT and training) compared to those at the individual level (Saran et al., 2020), despite evidence that the former can be more effective at generating change at the necessary scale (IDDC & Light for the World, 2016).[47] The volume of evidence also varies significantly between different levels of education. At the primary level, there is consistent evidence that certain interventions (e.g. computer-based learning, visual aids and modified teaching approaches) can improve the attention capacity, communication and learning proficiency of CYWDs (Price, 2018; Kuper et al., 2018). Comparatively little is known about what works in early childhood interventions, secondary education and non-formal education (Kuper et al., 2018), as well as how to link these interventions to support lifelong learning and strengthen pathways into work.

Implementation capacity

Multiple resource constraints and technical issues with planning and coordination have hampered the implementation of inclusive education policies. Scaling up successful pilot programmes to reach more children and increase programme efficiency continues to be a critical obstacle to achieving wider impact (Kuper et al., 2018). There are also mixed results from studies observing the transition from special to mainstream education; it seems that improvement is not automatic, and that certain conditions, such as trained teachers, must be in place in order to realize potential gains for learning. Another major challenge is the limited integration and coordination of responses. Despite evidence that interventions work best when combined, initiatives have often focused on a single area (e.g. modifying school buildings or providing learning materials), rather than tackling the learning environment as a whole. In addition, DPOs often struggle with visibility, funding and capacity, especially those on the ground, which have the greatest knowledge of and access to marginalized children. Growing disability networks are a step in the right direction, but greater cross-disability cooperation, stronger linkages between DPOs and other NGOs (both local and international), and stronger buy-in from the private sector (which has a role to play in delivering solutions around technology, training and data), are key for increasing this capacity and momentum.

Financing

Funding is a crucial area for translating policy aspirations into reality. There is a general lack of funding mechanisms and incentives to support inclusive education in the developing world, both domestically and in the international donor arena. Overall aid receipts from bilateral donors fell significantly following the global financial crisis in 2008, and a shift was seen away from basic education, with a 12% (or US $255

[47] Some evidence also exists for interventions at the household and community levels (e.g. cash transfers and school feeding) (UNESCO UIS, 2019), but these are deemed most effective when combined with other interventions.

million) drop in aid to basic education in a single year between 2013 and 2014 (IDDC & Light for the World, 2016). Moreover, many investments became one-off as opposed to periodic, and most funds allocated to basic education programmes in developing countries have not specified the amount to be spent on inclusive approaches. Foreign aid budgets have been further squeezed by the current global crisis, posing a major threat to interventions supporting quality basic education for marginalized learners like CYWDs.

Domestic funding is equally far below what is necessary to achieve inclusive education. In Uganda and Ghana, considered two of the most actively engaged in inclusive education, public spending on special needs education accounts for just 0.1% and 0.6% of the total education sector budget of these countries, respectively, and many countries do not report this share at all (let alone by level of education or type of activity), highlighting its low priority (IDDC & Light for the World, 2016). Evaluations of the Basic Education Access Module (BEAM) in Zimbabwe suggested that the failure to address the direct and indirect costs of schooling for CYWDs means that they are the least likely marginalized group to benefit, highlighting the need for more targeted spending (IDDC & Light for the World, 2016). In addition to expanding the tax base and tackling tax evasion, education plans require a more strategic use of existing resources, a re-consideration of budgets to balance competing priorities, more spending on quality measures such as improving teacher education, and strong political and community leadership around inclusion.

Different strategies have been taken to direct funding to where it needs to go, including school improvement grants and cash transfers. Ethiopia's General Education Quality Improvement Programme (GEQIP) in 2015/16 proved successful due to its flexibility, reporting and incentive mechanisms. School-grants were given to support expenditure on activities that improve learning outcomes for pupils with special needs in mainstream settings. Each region received an additional 1% of their total education budget; some distributed the money across all mainstream schools, while others selected certain schools to become resource centres for inclusive education. Positive evaluations of effective and innovative spending led to the grant being augmented to 2% the following year to enable greater support for inclusive education in mainstream settings. In Brazil, the old age grant was extended to people of all ages with a disability to increase the affordability of education, healthcare and assistive devices. However, comparative analyses suggest that in low-income contexts, mainstream resource and support centres, community-based rehabilitation programmes, teacher training and spending on parental engagement may be more cost-effective and efficient than per-capita spending models. Moreover, reliance on household support for funding inclusive education could exacerbating exclusion for CYWDs by relieving the pressure on governments and communities to be accountable.

Monitoring and accountability

Broad, vague and non-binding agreements, such as those made by ratifying the CRPD, have reduced accountability for change. Policies enacted against discrimination have not always resulted in equal and decent opportunities, as enforcement and compliance of these laws is often weak or absent. Without consensus over definitions and indicators, specificity in the demands of policymakers, and more detailed reporting frameworks, monitoring and comparing progress is extremely challenging, which limits the availability of evidence for informing policies and refining practices (Kuper et al., 2018). This has begun to change in the last few years, with stronger commitments by network members and guidelines for reporting and data collection. However, much more is needed to make this the norm, including creating space for holding governments accountable and forming clear responsibilities around service delivery and monitoring

4. Recommendations

If disability-inclusive education is to be achieved, certain fundamental changes must take place within development programming and practices. These changes are laid out below. The next step is to discuss what each of these mean for Dutch development cooperation, which are most feasible given the wider agenda and resource constraints, and which actors should participate in discussions.

Recommendation 1. Broaden the understanding of inclusive education

Many of the barriers to education for CYWDs are driven by a common underlying factor, namely, low awareness of the issues at hand. Policymakers, service providers, educators, employers and communities all lack knowledge on the diverse needs, rights and experiences of CYWDs with regard to learning, and there remains a level of discomfort within political and societal discussions about approaching the subject, which perpetuates cycles of misinformation and underinvestment. The Global Education Monitoring report (UNESCO, 2020) cites wider understanding as the single most important step towards disability inclusion and stigma reduction. By sharing and disseminating what is already known, and filling remaining knowledge gaps, we can reduce stigma and spark greater action in this area.

Recommendation 2. Adopt a disability lens in development programming across all departments

Since the barriers to education span multiple sectors, it is necessary to address disability in all programming, rather than as a stand-alone issue. Practically, this means embedding disability protocols within all ministry activities as a benchmark process. It is not about setting up new disability inclusion task teams or programmes, but about adopting an inclusive perspective in planning, implementation and monitoring of all programmes. This involves setting more measurable targets, rebalancing budget allocations, and considering the (unintended) consequences of interventions on different vulnerable groups.

Recommendation 3. Strengthening disability data collection and usage

Increasing understanding and implementing effective changes starts with having the right data. The cost of adopting the WGSS framework for disability screening, targeting and evaluation has significantly decreased, as a lot of work has already been done in the field of indicator development and application. Following the guidelines of the World Bank, UNICEF, the GPE and DFID, and facilitating training in collecting and analysing disaggregated disability data, are important steps in understanding barriers to education at a country level and evaluating inclusive education programmes.

Recommendation 4. Target funding towards those left behind

It is clear that by not targeting CYWDs, we are targeting everyone apart from CYWDs. Lessons from many countries show that this group have not benefited from general improvements in education, and that earmarked funding is required for specific resource provisions. A minimum requirement should be to measure cash flows to inclusive education to set a benchmark for progress.

Recommendation 5. Participate more actively in networks around disability inclusion

International organizations like the GPE, GLAD, and the IEI have proven most effective at generating momentum for widespread change through partnerships, capacity building and pooled funding. The Netherlands is already a member of some of these networks. Taking a more active role by upholding commitments and offering technical expertise or funding is an efficient way to promote inclusion without the need for new programmes or departments.

Recommendation 6. Support local design and ownership of inclusive education plans

The relative weight of different barriers and the nature of disability is unique to each country. It is, therefore, essential to support interventions that are tailored in type and scope to the local context.[48] There is value to be added by facilitating interactions between local stakeholders, including governments, NGOs, the private sector, schools, communities, parents and CYWDs themselves; making governments aware of the potential tension between social and economic outcomes; and helping them to establish clear aims and responsibilities and create conditions that enable civic action and monitoring for accountability.

Recommendation 7. Invest in technological solutions

Technology has never been more critical to the learning and development of CYWDs. In addition to the existing shortage of assistive technologies for learning, CYWDs have not been well supported in education responses during the coronavirus pandemic.[49] Remote learning technologies have the potential to ensure that CYWDs return to school and catch up with learning, but must be tailored to their specific circumstances and accessible on a much wider scale. It is, therefore, essential to support the research, development and delivery of assistive and learning technologies through expertise and funding.

Recommendation 8. Lead by example

Supporting inclusive education in other countries starts by setting a standard within our own policies. It is crucial that the Netherlands begins to take more action in this area, starting with using the CRPD articles and indicators as a framework for policies, and investing in partnerships and advocacy.[50]

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[48] Choices include: inclusive vs. specific education; early years vs. basic education vs. higher education and training; and balancing changes in infrastructure, curriculum, teacher training, technology, social protection and community engagement.
[49] Forty per cent of LMICs have not supported learners at risk of exclusion (the poor, linguistic minorities and learners with disabilities) through continued learning during the coronavirus pandemic (UNESCO, 2020).
[50] Recommendations on how to further in this field and set these standards can be found in Altaf and Rempel (2019).

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United Nations Convention on the Rights of Persons with Disabilities:
https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4&clang=_en

Article 24 of Convention on the Rights of Persons with Disabilities:
https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-24-education.html

Disability Data Portal:
https://www.disabilitydataportal.com/explore-by-country/education/

GPE COVID-19 blog on disability-inclusive responses:
https://www.globalpartnership.org/blog/inclusive-response-covid-19-education-children-disabilities

UNESCO article on empowering disabled students during COVID-19:
https://bangkok.unesco.org/content/empowering-students-disabilities-during-covid-19-crisis