



INCLUSIVE EDUCATION  
INITIATIVE



WORLD BANK GROUP

# PIVOTING TO

Leveraging Lessons from the COVID-19  
Crisis for Learners with Disabilities



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## ABBREVIATIONS

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ASER	Annual Status of Education Report
CBR	community-based rehabilitation
DEC Nepal	Disable Empowerment and Communication Center Nepal
ECW	Education Cannot Wait
EMIS	education management information system
FER	first emergency response
GDP	gross domestic product
GEMR	Global Education Monitoring Report
GLAD	Global Action on Disability
GPE	Global Partnership for Education
HI	Humanity & Inclusion
IEI	Inclusive Education Initiative
IEP	individual education plan
LEGs	local education groups
LICs	low-income countries
LMICs	low- and middle-income countries
MINEDUC	Ministry of Education of Rwanda
MOEST	Ministry of Education, Science and Technology of Nepal
MOOCs	massive open online courses
NCED	National Center for Educational Development, Nepal
NGO	nongovernmental organization
OECD-DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
OPDs	organizations of persons with disabilities
REB	Rwanda Education Board
SDG	Sustainable Development Goal
SMS	short message service
UDL	Universal Design for Learning
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund
WASH	water, sanitation, and hygiene
WHO	World Health Organization



## EXECUTIVE SUMMARY

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Children with disabilities are among the most vulnerable, facing multiple forms of exclusion linked to education, health, gender equity, and social inclusion. Poverty is a critical dimension that further exacerbates exclusion. The schooling and learning deficit experienced by children with disabilities can become the most challenging impediment to earning an income as adults. This impacts individuals, households, and communities and contributes significantly to a country's *human capital gap*. Children with disabilities are less likely to attend school, more likely to be out of school, less likely to complete primary school, and, therefore, less likely to possess basic literacy skills. The COVID-19 pandemic magnified the systemic inequalities that exist in the inclusion and protection of children with disabilities.

The onset of the COVID-19 pandemic quickly turned into a global health crisis that evoked an education emergency of an unprecedented scale. At the peak of the lockdown, the pandemic caused 180 countries to close schools temporarily, forcing 85 percent of the world's learners out of school. In parallel, the subsequent pandemic-control measures also drove the global economy to a complete halt, precipitating the multi-dimensional inequalities for marginalized populations. The looming global economic recession is causing the re-direction of government financing to meet competing urgent demands in the health and finance sectors. Consequently, this will have short-, medium-, and long-term effects on education, social protection, and nutrition budgets.

## COVID-19 has compounded exclusion from social and educational activities

The COVID-19 pandemic has brought about an extraordinary and unprecedented challenge for governments, teachers, and parents in their attempt to ensure continuity of quality learning. As countries work toward managing learning continuity while protecting the safety and well-being of learners, there are some groups of learners—often learners with disabilities and particularly those living in poverty—who stand the risk of further marginalization.

During the COVID-19 pandemic, many countries have relied on technology to mitigate learning loss. In many low-income countries, the distance learning approach has been supported by the use of radio and broadcast media and online digital learning portals. However, the digital divide between learners related to access to equipment, electricity, the internet, and teacher ability is further exacerbating the learning divide in every country, especially for learners with disabilities who have the additional barrier of inaccessible learning content. It is estimated that exclusion from education has compounded during the COVID-19 pandemic, causing 40 percent of disadvantaged learners in low- and lower-middle-income countries to be left entirely unsupported in their education.

Learners with disabilities are at a higher risk of exclusion in these circumstances. For example, many remote learning options are not accessible to blind and deaf learners. Children with disabilities may need additional support, depending on their disability—for example, simplified messages and sign language support to understand health and safety measures. In some instances, parents and families are not able to support their children in using sign language or Braille texts.

Like many other children, those with disabilities may depend on school meals for nutrition, which have ceased to be accessible in many countries. Further, children may have behavioral support needs and may be particularly sensitive to changes in routines. As schools reopen, children with disabilities stand the risk of being discriminated against and isolated. The “new normal” will require children and teachers to accept, adjust, and apply new social and classroom norms, where personal safety will be pivotal and supports for learning may not be available.

This issues paper “Pivoting to Inclusion: Leveraging Lessons from the COVID-19 Crisis for Learners with Disabilities,” highlights the emerging social and educational needs, barriers, and issues experienced by children with disabilities. The paper presents recommended practices for educational and social inclusion and participation for children with disabilities. The paper uses the twin-track approach and the principles of Universal Design for Learning (UDL) to meet the immediate needs of children and for reopening and in the long term. This approach seeks to guarantee that education systems are sustainably benefitting all learners and children with disabilities. The issues paper aligns well with World Bank’s COVID-19 Pandemic: Shocks to Education and Policy Responses and the 2020 Global Education Monitoring Report section on COVID-19. It recognizes that the pandemic has amplified the learning crisis but that the learning crisis extends beyond the technical solutions to bridge the digital divide—accessibility, ability, and affordability. The issues paper, therefore, seeks to make stakeholders aware of the challenges and suggests possible strategies to rebuild systems that are better and accessible to all learners.

## Rethinking Remote Learning with an Inclusive Lens

Inclusive remote learning means that every child, whether they have a disability or not, can access and participate in learning that takes place away from the classroom, likely in a home setting. One of the biggest challenges of remote learning is reaching the farthest and the most marginalized. This is often due to systemic inequalities, poverty, socio-economic status, gender, or disability, which results in a lack of device access, internet access, ability to afford data packages, ability to use the devices, and ability to support learning.

Designing remote learning options using the principles of UDL can ensure multiple ways of engagement for learners to think, develop skills, and grow while at home.

## Preparing and Supporting Resilient and Inclusive Teachers

While this education emergency has affected millions of learners, it has also affected about 63 million primary and secondary teachers. Many are unsure of roles and responsibilities and are struggling with how to connect with their learners through these new and often unfamiliar methods of remote learning. Teachers have pointed to the limited capacity of parents and caregivers to facilitate teacher interaction to support learners with disabilities at home.

In shaping a country's response to the educational crisis, teachers must be supported in three core areas: resilience, instructionally, and technologically. As they continue to support their learners, they need to know that their salary will continue, they need to understand how to facilitate learning with technological interfaces that might be unfamiliar to them, especially those that learners with disabilities might require for remote learning, and they must be trained on how to respond to learning loss that occurs while learners are at home.

## Disability-Inclusive Social Protection and Family and Community Support

Children with disabilities tend to be part of poorer families. This may be exacerbated by parents who must reduce their workload or must stop working to provide care and support to their child. Many families with children with disabilities also incur additional disability-related costs. It is for these and other reasons that social protection is essential to bolster income security and access to healthcare, and contribute to disability-related expenses for children with disabilities and their families.

During the COVID-19 pandemic, 60 countries (as of May 2020) have adopted social protection measures for persons with disabilities, out of them 18 specifically target children with disabilities. For an inclusive recovery and greater resilience, investments in the development of cash transfer, in-kind relief and support services are required in most lower-middle-income countries to adequately cover all children with disabilities and their families who need support. Such efforts, combined with greater coordination between early childhood development, education, and health services, can mitigate the risk of further marginalization and pave the way for true inclusion and future economic empowerment.

While parent/caregiver involvement in the education of their child is important, this emergency has led to a sudden shift in the role of the parent/caregiver to act simultaneously as their teachers, a dual role that presents challenges, particularly to parents of children with disabilities that may have additional learning support needs. Providing parents with adequate support from teachers is critical during this time. In addition, parents of children with disabilities might require assistance with the rehabilitation and care of assistive devices, which can be provided by community based rehabilitation (CBR) workers.

## Inclusive Nutrition and Safety

The effects of school closures go far beyond the direct impact on the loss of learning and formal education opportunities for children. For many children, meals provided at school may be the only hot, nutritious meal they receive every day, and access to school feeding programs can be the difference between malnutrition and adequate nutrition for optimal growth and development. While schools are closed, it is critical to ensure accessible food distribution sites and food rations and supplies that are responsive to the specific needs of children with disabilities. As schools begin to reopen and reestablish school feeding programs, there is an opportunity to strengthen the inclusion of children with disabilities.

In addition to inclusive nutrition, health pandemics like COVID-19 point to the importance of access to water, sanitation, and hygiene (WASH). Conversely, they bring to bear how inaccessible these facilities are to children with disabilities. As schools reopen, it is of utmost importance to ensure all children have access to inclusive WASH facilities to reduce the spread of this virus.

## Additional Financing of Disability-Inclusive Education

Estimates suggest that the economic shocks as a result of COVID-19 will not only affect government budgets allocated toward education, but household-level budgets that will decrease the demand for education. This has implications for the education of learners with disabilities. Notwithstanding, the additional financing for disability-inclusive education from partners such as Education Cannot Wait and the Global Partnership for Education, children with disabilities are still not being covered adequately in country grant applications. It is, therefore, imperative that additional financing for education prioritize learners with disabilities and that financing be targeted to ensure they are, indeed, being included in the recovery response and will not be left behind in this emergency.

## The Education Recovery Process

Ensuring safety, protection, and inclusion should be a priority when reopening schools. In some countries, the phased reopening of schools may be adopted to reduce the risk of transmission. In these cases, children who are hardest to reach with remote learning—including those with disabilities—should be prioritized among the first to have opportunities to return to school. Once schools reopen, a set of measures aimed at reversing learning losses will be needed, including better classroom assessment, smaller class sizes, more focused pedagogy and curriculum, and better use of technology. This means making accelerated, inclusive curricula highlighting key subject-specific learning outcomes that teachers can prioritize.

Additionally, governments will need to adopt a multi-sectoral approach to offset new sources of disadvantages emerging from the aftermath of the pandemic, such as poverty, child labor, diminished value of education, as well as direct and indirect costs of schooling. The education crisis resulting from the COVID-19 pandemic presents an opportunity to build stronger, more inclusive systems.

## MATRIX OF RECOMMENDATIONS

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The matrix of recommendations guides stakeholders through the response phases to school closures due to COVID-19. The *Relief Phase* outlines the immediate actions needed to ensure inclusive response while learners are away from their classroom environments. The *Recovery Phase* highlights the medium-term strategy- steps which must be taken to ensure that when schools begin to reopen, and learners with disabilities are not left behind. The *Resilience Phase* includes long-term actions that should be implemented to increasingly make progress to a more inclusive, equitable environment. The response phases of the matrix align with the three phases of response outlined in World Bank’s COVID-19 Pandemic: Shocks to Education and Policy Responses; coping, managing continuity and improvement and acceleration to build back better.

The matrix provides recommendations across the three response phases for key thematic areas including, rethinking education with an inclusive lens for learning, preparing and supporting resilient, inclusive teachers, disability-inclusive social protections, family and community supports, inclusive WASH and safety, and disability-inclusive financing. Cross-cutting recommendations that span all response phases and all areas are highlighted at the top of the matrix, as those are important to consider in all phases of the response. The matrix should guide the reader through the issues paper and provide disability-inclusive responses to the school closures taking place across the globe as a result of the COVID-19 pandemic.

	Relief	Recovery	Resilience
<b>In All Areas</b>	<p><b>Apply a twin-track approach</b>  <b>Embed disability technical expertise in planning and implementation</b>  <b>Maintain meaningful consultations/collaboration with families of children with disabilities, persons with disabilities, and Organizations of Persons with Disabilities (OPDs)</b>  <b>Use the best available data on children with disabilities for planning, budgeting, and outreach and include disability specific indicators for monitoring and evaluation</b>  <b>Disaggregate all data by disability</b>  <b>Apply a multisectoral approach</b>  <b>Widely disseminate materials in multiple accessible formats</b></p>		
<b>Rethinking Education with an Inclusive Lens for Learning</b>	<p><b>Apply Universal Design for Learning (UDL) principles</b>  <b>Facilitate educational accessibility and UDL in programming</b>  <b>Encourage individualization when necessary and consider heterogeneity of disability</b></p>		
	<ul style="list-style-type: none"> <li>• Adopt an inclusive remote learning intervention</li> <li>• Determine community accessibility to resources</li> </ul>	<ul style="list-style-type: none"> <li>• Design an inclusive re-enrollment campaign</li> <li>• Design remedial courses, “catch-up” classes, tutoring, and accelerated curriculum delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Design inclusive curriculum using the twin-track approach</li> </ul>
<b>Preparing &amp; Supporting Resilient, Inclusive Teachers</b>	<p><b>Develop teacher capacity to understand/support learners with disabilities using principles of UDL</b>  <b>Develop communities of practice to share best practices among teachers</b>  <b>Utilize existing expertise of disability-inclusive education technical experts and teachers to develop knowledge/understanding of other teachers (Join the <a href="#">IEI Community of Practice</a>)</b></p>		
	<ul style="list-style-type: none"> <li>• Ensure government salaries continue</li> <li>• Provide psychosocial support</li> <li>• Provide technology to continue teaching remotely</li> <li>• Provide training on technological interfaces used during remote learning</li> <li>• Develop teacher appreciation messages via broadcast media</li> <li>• Provide training on inclusive hygiene (prevention and monitoring) and how to adapt for learners with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Provide training on psychosocial support for learners</li> <li>• Provide training on technological interfaces used at school</li> <li>• Provide guidance on identifying learning loss among students</li> <li>• Provide training on curriculum adjustments</li> </ul>	<ul style="list-style-type: none"> <li>• Develop robust online training programs to support both pre- and in-service certified teacher professional development activities. Radio and television programming can also be used to build the skills of teachers to deliver remote learning</li> <li>• Provide continued training on techno-pedagogical skills</li> <li>• Mentor teachers in supporting the inclusion of learners with disabilities into their classrooms</li> <li>• Curate high-quality teaching and learning materials, as well as training materials</li> </ul>
<b>Disability-Inclusive Social Protection</b>	<p><b>Establish and maintain a user friendly hotline to offer psychological support and assistance with information on available resources</b>  <b>Increase/ease access to scholarships, education allowances, and cash benefits for students with disabilities for aids, equipment, purchase of devices for accessing learning now and the long-term</b></p>		
	<ul style="list-style-type: none"> <li>• Engage community-driven support groups to provide assistance to help families of children with disabilities</li> <li>• Ensure child protection mechanisms are in place</li> <li>• Ensure that girls with disabilities continue to receive sanitary items</li> <li>• Increase the value of disability benefits or top-ups</li> <li>• Provide in-kind support</li> <li>• Extend paid leave for parents of children with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Work with community-driven support groups to provide assistance to help families of children with disabilities with health needs, care, and well-being</li> <li>• Ensure that girls with disabilities are receiving sanitary items</li> <li>• Increase the value of benefits or top-ups provided to children with disabilities and their families</li> <li>• Provide in-kind support</li> </ul>	<ul style="list-style-type: none"> <li>• Develop cash transfer and support services that adequately cover the needs of all children with disabilities and their families</li> </ul>

	Relief	Recovery	Resilience
<b>Family &amp; Community Support</b>	<b>Raise awareness on how to best support children with disabilities</b> <b>Support communication between children and their families</b>		
	<ul style="list-style-type: none"> <li>• Develop parental awareness on how to support home-based learning</li> <li>• Support families to maintain livelihood activities including targeted and regular social protection measures</li> <li>• Provide support and guidance on rehabilitation and assistive devices</li> <li>• Engage Community Based Rehabilitation workers, local education activists, and itinerant teachers to provide support via phone calls, SMS messages, and home visits</li> </ul>	<ul style="list-style-type: none"> <li>• Raise parental awareness of the importance of education for children with disabilities</li> <li>• Promote inclusive back-to-school campaigns</li> </ul>	<ul style="list-style-type: none"> <li>• Raise parental awareness of the importance of education for children with disabilities</li> <li>• Promote enrollment of children with disabilities</li> </ul>
<b>Inclusive Nutrition &amp; WASH</b>	<b>Expand programs to reach those previously left behind</b>		
	<ul style="list-style-type: none"> <li>• Establish multiple, accessible points for food distribution and WASH facilities</li> <li>• Ensure children with disabilities registered in school meal programs continue to receive nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Retrofit existing facilities (school buildings, WASH facilities, etc.) to enable access and implement construction standards to ensure new construction meets accessibility requirements</li> </ul>	<ul style="list-style-type: none"> <li>• Put accessibility standards in place for new construction</li> </ul>
<b>Inclusive Education Financing</b>	<b>Track financing by disability markers</b> <b>(e.g. OECD-DAC marker on the inclusion and empowerment of persons with disabilities)</b>		
	<ul style="list-style-type: none"> <li>• Ensure children with disabilities are focus population in emergency grant packages</li> <li>• Grant applications to ensure program activities target all children, including children with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure children with disabilities are focus population in grant packages</li> <li>• Grant applications to ensure program activities target all children, including children with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Utilize school-level data to ensure learners with disabilities are being captured effectively</li> </ul>

## SECTION 1: Introduction

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The global COVID-19 pandemic has caused a global education emergency of unprecedented scale. At its peak, the pandemic caused more than 180 countries to mandate temporary school closures, leaving 85 percent of the world's learners (approximately 1.6 billion children) out of school for close to 11 weeks as of June 30, 2020.<sup>i,ii,iii</sup>

School closures have multiple direct impacts on learners. Schools offer structure and routine, peer group contact, friendships, support, and safety. For many children, being away from school may increase their exposure to violence at home.<sup>iv</sup> Schools also provide feeding programs in many places, which are sometimes the only source of a nutritious meal, with closures therefore putting many children in jeopardy of malnutrition while at home.

This long and sudden interruption in learning has significant consequences on children's physical and mental well-being<sup>v</sup> and deprives them of essential opportunities for cognitive and social emotional learning and development—disadvantages that are even more disproportionate for learners with disabilities from lower-income countries and those whose attachment to education is tenuous.

The COVID-19 pandemic has laid bare and further deepened the stark inequalities in our world. There is a real threat that persons with disabilities, who have traditionally been among the most vulnerable and marginalized populations, are likely to be left even further behind. Although reliable figures on the status of children with disabilities during the pandemic are not yet available, recent evidence points to the exacerbation of exclusion, estimating that close to 40 percent of low- and low-middle income countries have not supported disadvantaged learners during the school shutdowns.<sup>vi</sup>

Children with disabilities and their families—especially those living in poverty—face significant multiple vulnerabilities during this pandemic. For many children with disabilities, schools may also serve as links to the provision of rehabilitative care, such as physiotherapy, speech and language therapy, or other services that have stopped due to school closures. In many countries, persons with disabilities are likely to face additional barriers in accessing public health information on prevention and inclusive health care systems. And the absence of robust primary health care systems, proper infection prevention, and control measures coupled with the fact that primary health care facilities are also significantly reducing the number of services offered, leaves those with underlying health conditions at a greater risk of being infected.

Prolonged closures in many areas will also increase the likelihood of some children not returning to school at all, and there is a concern that children with disabilities might be disproportionately represented in this group, as parents fear for their health and safety or, in many cases, when there is increased neglect of their well-being as households cope with shocks and loss of family livelihoods.

From an educational standpoint, there is growing apprehension that children with disabilities are least likely to benefit from remote learning solutions, which have been rolled out in many countries as governments and educators attempt to keep learning going and simulate the in-person classroom experience from afar. These children often do not have the necessary assistive

devices or internet connectivity and remote learning platforms (digital, television, or radio) often lack accessibility and reasonable accommodations to engage persons with disabilities.

Ongoing debates during the COVID-19 pandemic have strongly referenced the need to draw on lessons from education systems that have experienced a shutdown in the recent past. The Ebola crisis in Guinea, Liberia, and Sierra Leone led to similar school closures to prevent the disease from spreading, however, there seems to be no documented evidence of disability-inclusion in education during the Ebola outbreaks.<sup>vii</sup> These exclusions fail to support future learnings and reinforce the continued neglect of children with disabilities during times of crisis.

As education systems respond to COVID-19 pandemic, the global education community must ensure that children with disabilities are included. This is not only the right thing to do, it is the smart thing to do. Evidence from Nepal and other countries shows that the returns on investing in education for persons with disabilities are two to three times higher than that of persons without disabilities.<sup>viii</sup> Conversely, the exclusion of persons with disabilities in education may generate significant costs for states and limited national economic growth.<sup>ix</sup>

While governments across the globe are mitigating school closures as a result of COVID-19, the socio-economic impacts will predictably have long-lasting effects on education systems. This includes a loss of resources as schools continue to remain closed and additional costs incurred when schools reopen, including, for example, necessary adaptations needed to make them safe and hygienic places. Building education systems back better will require disability inclusion to be considered from the design and planning stages to ensure that delivery and recovery efforts are inclusive of all and are sufficiently differentiated to meet the specific needs of children with disabilities.

## 1.1 Statement of Purpose

The idea of this issues paper on inclusive education and COVID-19 was conceived out of growing demand for guidance on recommended practices for disability inclusion from World Bank country teams. Globally, as initial rapid response solutions to COVID-19 were being identified, it was observed that children with disabilities were often overlooked in discussions, and where they were mentioned, more in-depth attention was lacking. Hence, the development of this paper was recognized as a “just-in-time” global public good under the auspices of the Inclusive Education Initiative (IEI),<sup>1</sup> and was based on a multi-step consultative process with a variety of stakeholders.

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<sup>1</sup> The issues paper is published under the auspices of the Inclusive Education Initiative—a multi-donor trust fund at the World Bank supported by Norad, the Norwegian Agency for Development Cooperation, and DFID, the United Kingdom’s Department for International Development, and supported by multilateral and bilateral organizations, governments, civil society groups and others working to make education inclusive for all children. The Inclusive Education Initiative recognizes the intersectionality of disability with other disadvantages. The IEI adopts a social and educational inclusion lens to ensure that children with disabilities attend, participate and ultimately benefit from learning in school. The IEI also places children with disabilities at center of all its program and activities, hence the IEI uses the term “disability-inclusive education” and “children/learners with disabilities”—reiterating the focus on disability while supporting and promoting the true spirit of inclusive education as articulated in Article 24 of the Convention of the Rights of Persons with Disabilities.

Given the seemingly insurmountable challenges the world is faced with because of the COVID-19 crisis and knowing that “business as usual” may never return, this pandemic offers an opportunity to re-imagine current education systems through an equity lens. It gives the world the chance—and the challenge—to rethink the role, purpose, content, and delivery of formal education by understanding and responding to the experiences and needs of learners with disabilities. Not only do the hard gains made in ensuring education for children with disabilities need to be protected, but now is the time to accelerate them to bridge the opportunity gap and reach children who have never been to school.

Therefore, this issues paper will focus on the following objectives:

- Understand the emerging education and social needs, barriers, and issues for children with disabilities as they relate to the COVID-19 crisis.
- Highlight and discuss emerging recommendations on education and social inclusion and reasonable accommodations for children with disabilities during the COVID-19 pandemic and in planning for the recovery period.
- Influence education and social policy, planning, and response for children with disabilities in emergency situations.

### 1.2 Intended Audience

The issues paper is global in its scope and reach, with a menu of recommended practices offering country-specific examples and case studies. The paper offers a low-and low-middle income perspective to the challenges, issues, and solutions drawing on regional and country-level practices.

The paper is intended for emergency education project planners, education emergency working groups, officials of ministries of education, health and family welfare, social protection, education specialists, social development specialists, social protection specialist, health, nutrition and water, sanitation and hygiene (WASH) experts, organizations of persons with disabilities (OPD), international organizations, inclusive education thematic working groups within local education groups (LEG), nongovernment organizations (NGOs), and international non-government organizations (INGOs).

### 1.3 Methodology

This issues paper uses mixed methods to draw data and information from various sources between March 12, 2020 and May 24, 2020. Data sources were drawn from the IEI COVID-19 Survey on Children with Disabilities with 3,993 responses, five focus group discussions with World Bank country teams, and data from the Global Partnership for Education’s (GPE) and Education Cannot Wait’s (ECW) COVID-19 Accelerated Funding Windows. OPDs were also involved from the initiation stages all the way through to the finalization of the paper (see Annex 2 for a detailed description of the methodology used).

### 1.4 Approach Towards Disability Inclusion

One of the key strategies for inclusive education sector planning is to use the ***twin-track approach***<sup>x</sup> to overcome the immediate education gaps, as well as mid- to long-term recovery operations and activities, and to guarantee that education systems are sustainably benefitting

all learners.<sup>2</sup> It involves two basic principles: 1) ensuring that *mainstream education programs are designed for all learners* and 2) at the same time, developing *targeted support to address the specific needs of children with disabilities*.

The first track only takes us half-way to reaching those last in line and in mind. The support needs or reasonable accommodations required are different from person to person, depending on the type of disability, demographic factors, and familiarity with the available technology. Track two complements track one by providing more targeted support for learners with disabilities that enable students to equitably benefit from remote services and engage effectively in learning during school closures. Currently, more emphasis is placed on track two, which includes targeted activities that support the specific needs of learners with disabilities and supports targeting specific groups of persons with disabilities. Although separately there are limitations to each track, together they are powerful in ensuring equitable opportunities for otherwise historically marginalized groups like children with disabilities.

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<sup>2</sup> The World Bank's approach to disability-inclusive development outlined in the Disability Inclusion and Accountability Framework highlights the twin-track approach as one of the key steps towards promoting disability and inclusion at that World Bank- recognizing persons with disabilities among beneficiaries of all projects while also carrying out specific projects to address the main gaps to their inclusion.

## SECTION 2: COVID-19: An Opportunity to Rethink Remote Learning with an Inclusive Lens

The COVID-19 pandemic swept the world more quickly than many expected, leaving education systems unprepared for how to implement remote education. In many cases, creative ministry personnel, school leaders, teachers, and parents and caregivers filled gaps quickly with available resources. Examples of online education, radio education, remote education, and caregiver home-based instruction are abundant. However, they are often inaccessible to learners with disabilities. Development organizations and governments that are interested in promoting accessible remote education can start with a commitment to accessibility based on the twin-track approach and Sustainable Development Goal (SDG) 4, which ensures education for all and that no one is left behind. This commitment will require organizational resources and a framing of remote education as a strategy for *everyone*, because there is no single answer for every setting.

### 2.1 Maintaining Remote Learning Continuity: Using a Universal Design for Learning (UDL) Approach

Many countries have moved toward remote learning during the crisis to keep children engaged with their studies while away from school, with ministries of education and their partners often selecting the platforms that can efficiently reach the largest number of students. While many high-income countries are using online learning platforms, many low- and middle-income countries (LMICs) are utilizing television and radio programs to educate children because of the low bandwidth and slow internet connection speeds available as well as low internet penetration outside of urban centers.<sup>xi</sup> In Africa, 25 countries are using radio, 26 countries are using television, and 5 are using online recorded classes for remote learning.<sup>xii</sup> Some countries, such as Ghana, are using short message service (SMS) systems for teachers, parents and caregivers, and students to send and receive assignments.

Even the most basic of systems for providing distance learning have strengths and challenges for children with disabilities. Table 1 demonstrates that every remote education platform has tradeoffs and that all programs have the opportunity to both include and exclude certain segments of the population.

**Box 1: Universal Design for Learning (UDL)** is an approach that acknowledges that in a classroom of learners, all are different. They understand, process, and express things differently from one to the next. UDL asserts that teaching and learning should utilize a multitude of methods to support *all* learners, including, but not limited to, learners with disabilities.

UDL involves three key principles of teaching so that it provides multiple means of:

- 1) engagement, by helping students stay motivated to learn through a variety of methods,
- 2) representation, by having content presented in a variety of ways, and
- 3) action and expression, by having students show what they have learned in a variety of ways.

By employing various means of these 3 principles, learning achievement for all students is improved.

**Table 1: Strengths and Challenges of Common Remote Learning Responses**

Remote System	Description	Strengths	Challenges
<b>Online learning</b>	Provides an online interactive platform where students can receive self-directed learning.	<ul style="list-style-type: none"> <li>• Most online courses can be made accessible to learners with a variety of types of disabilities.</li> <li>• A variety of modalities can be deployed, such as video, music, pictures, and so on, which increases student engagement.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires internet and data service.</li> <li>• Requires tablets or computers with additional accessibility software if not already equipped with accessibility features.</li> <li>• Developing materials can be expensive and it is difficult to produce new content in a short time frame.</li> </ul>
<b>Digital learning systems with parent or caregiver instruction and support</b>	Information and materials are provided by the school system with caregivers providing instruction and recording and sharing student results.	<ul style="list-style-type: none"> <li>• Materials can be made accessible for a variety of disability types.</li> <li>• Can be developed in a short time period and modified relatively easily.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires internet and data service.</li> <li>• Requires tablets or computers with additional accessibility software if not already equipped with accessibility features.</li> <li>• Labor intensive for parents and caregivers, who may have limited skills or education.</li> <li>• Time intensive to assist children.</li> </ul>
<b>Television</b>	Education is provided in television programming.	<ul style="list-style-type: none"> <li>• Can be made accessible if instruction uses closed captioning and/ or sign language interpretation and audio descriptions of visual materials are provided.</li> <li>• Initial costs are high where these programs do not already exist, but costs taper off once initial scripting is complete.<sup>xiii</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Requires television access, which may not be feasible in many low-income households.</li> <li>• May be more labor-intensive and expensive to produce than other formats.</li> <li>• Can be challenging in settings where multiple languages are spoken.</li> </ul>
<b>Radio</b>	Radio programs are produced for different grade levels to introduce key elements of instruction.	<ul style="list-style-type: none"> <li>• Initial costs are high where these programs do not already exist, but costs taper off once initial scripting is complete.</li> <li>• Has the potential to reach many students due</li> </ul>	<ul style="list-style-type: none"> <li>• Difficult to be made accessible to students who are deaf, hard of hearing, or deaf-blind.</li> <li>• Provides limited interaction, which may not engage children with intellectual disabilities</li> </ul>

Remote System	Description	Strengths	Challenges
		<ul style="list-style-type: none"> <li>to easy access to radios in many LMICs.</li> <li>• Most do not require prior skills from the parent or caregiver.<sup>xiv,xv</sup></li> </ul>	<ul style="list-style-type: none"> <li>or attentional difficulties.</li> <li>• May not reach all areas of a country.</li> </ul>
<b>Mobile applications</b>	Instruction is shared through SMS, videos, and photos that can be accessed through smartphones.	<ul style="list-style-type: none"> <li>• Can be produced at low cost.</li> <li>• Has the potential to reach many students due to easy access to mobile phones in many LMICs.</li> <li>• Many smartphones are developed with accessibility features that can be used by learners with a variety of disabilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires smartphone access and high data usage.</li> <li>• Cellular service may not reach all areas of a country.</li> </ul>
<b>Printed Materials</b>	Textbooks, printed study guides, reading lists, and projects.	Can be useful in settings with limited technology.	<ul style="list-style-type: none"> <li>• Distribution of materials can be challenging because of distance.</li> <li>• Facilitating the use of printed materials without a teacher.</li> <li>• Printing in alternative formats.</li> </ul>

Governments and development partners often aim to be as inclusive as possible when designing their remote learning options. To provide guidance for ensuring inclusivity of all learners, a series of principles and recommendations are made in this section related to the concept of Universal Design for Learning (UDL). As is highlighted in case study 1, Rwanda is integrating UDL into their remote learning by ensuring that sign language interpretation is included in its educational television programming, that educational resources are printed in braille, and that digital readers are accessible.

## Case Study 1: Rwanda and Efforts to Diversify Learning by Integrating UDL

As a result of the global COVID-19 pandemic, the Government of Rwanda closed all schools on March 16, 2020 and instituted a series of strict measures nationwide on March 21, 2020 to minimize the risk of transmission. Schools will remain closed until the academic year re-starts in September 2020. The Ministry of Education (MINEDUC) and the Rwanda Education Board (REB) mobilized quickly to develop and deliver a remote learning program to more than 3 million students. The core aspect of this program consists of radio and television lessons on a variety of subjects from Primary One through Secondary Six. The first radio lessons aired on April 4, 2020 and built up to lessons airing 7 days a week on 10 radio stations (which together cover most of the country) and 8 television channels (which have national coverage, but fewer families have access to television).

MINEDUC and REB, supported by various partners, have prioritized support to students with disabilities, learning difficulties, and those from vulnerable families and are currently working on a number of inclusive interventions. For example, while radio is the best modality to reach the greatest number of households in Rwanda, there are still a significant number of vulnerable families who do not have access to a radio. REB, with the support of Save the Children, is distributing 950 solar powered radios to these families in 10 districts, with the hope of increasing the number of radios and districts reached.

To support students who are deaf, REB, with support from UNICEF and Humanity & Inclusion, is ensuring that sign language interpretation is included in all television lessons. Moreover, the three organizations are working to print and distribute braille learning resources. Specifically, scripts from radio lessons for Grades 2–6 in Mathematics, English, and Kinyarwanda, were translated into braille, printed, and distributed. To date, 168 recipients in all districts of Rwanda have received copies.

To further support all students, REB is creating accessible digital Kinyarwanda supplementary readers and a student textbook for early grade students with support from UNICEF and the US Agency for International Development (USAID). These materials will follow UDL principles and will include a Rwandan Sign Language component. All materials are shared with Rwandan families through multiple channels, including REB's eLearning platform, YouTube, WhatsApp, radio, and television.

Supplementing the various learning materials, REB is disseminating guidance for parents to support their children with disabilities. For example, head teachers and trained community volunteers are supported to reach out to families of children with disabilities over the phone or through home visits to ensure that children interact with learning materials and remain engaged during the school closure period. Youth with disabilities are also mobilizing in their communities to support families who have children with disabilities.

The Rwandan case study points to immediate action that governments have taken to ensure educational services are delivered during the COVID-19 crisis. However, it is often difficult for governments to know what programs are effective because there is a dearth of rigorous research that assesses the extent to which students are accessing the various types of remote learning services. The impact of the various learning platforms on outcomes has also not been fully explored for all children. Understanding whether and how the platforms work from children's own assessment and the remote learning experience is also needed. Accordingly, there may be even less awareness of how these learning platforms address the needs of students with disabilities.

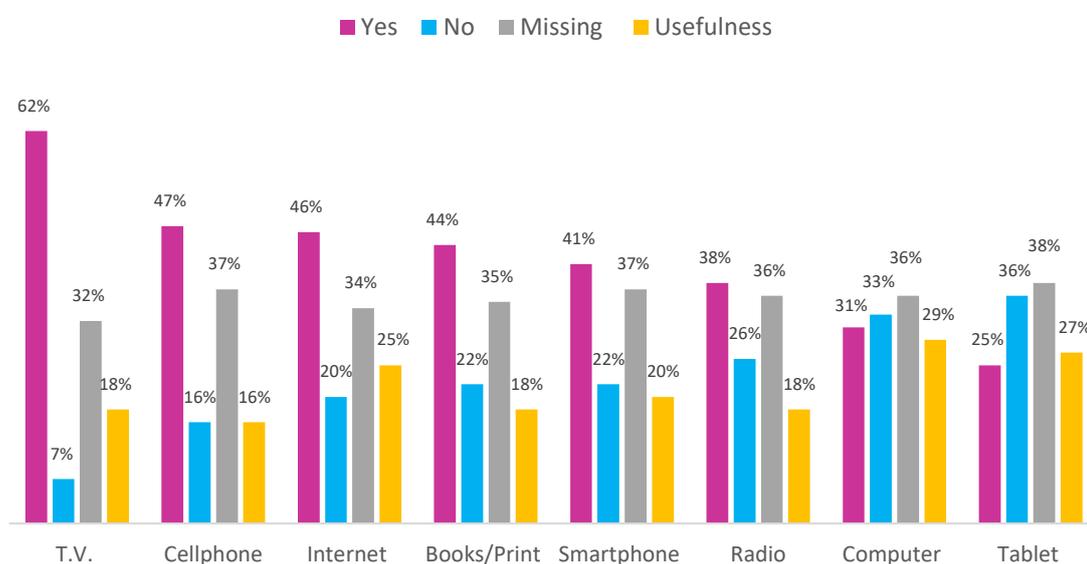
## 2.2 Challenges with Remote Learning

Focus group discussions with World Bank country teams suggest the following challenges with remote learning:

- Inequitable access to devices in low-income countries (LICs), LMICs, and even within countries depending on socio-economic status.** There is no consistent access to the same technologies between or within countries. For example, in India, even though the mobile penetration rate is high (64 percent), only 24 percent of the population owns a smartphone and only 40 percent possesses a basic mobile phone with no internet or smartphone features.<sup>xvi</sup> In Sub-Saharan Africa, 89 percent of learners do not have a household computer.<sup>xvii</sup>

**Figure 1- Access to Digital and Broadcast Devices and their Usefulness Reported by Parents**

*Respondents: Parents/caregivers (n=1628)*



Source: IEI COVID-19 Survey on Children with Disabilities

Results from the IEI COVID-19 Survey on Children with Disabilities on access to a variety of assets in the household by parents or caregivers (n = 1,628) indicate that 62 percent of parents had access to television, while only 25 percent had access to tablets and 31 percent had access to computers (Figure 1). However, even fewer parents said that these assets were accessible or useful to children with disabilities—18 percent in relation television programs and 18 percent in relation to radio programs. In terms of usability of a device, parents placed a higher value on computers (29 percent) and tablets (25 percent). Only 16 percent believe cell phones are accessible and useful for their child with disabilities. The survey also highlighted that internet access varies across regions from 20 percent (East Asia and Pacific) to 55 percent (North America). However, it is important to note that the survey was predominantly distributed online using social media channels and networks of organizations of persons with disabilities, which means many people that lack access to an online platform were unable to respond to the survey. This may lead to the data being skewed and over-representation of respondents who have internet or mobile phone access.

**Inequitable access to internet and data packages.** Data from the World Bank on individual access to internet suggests that in LICs, only 16 percent of the population has access the internet<sup>xviii</sup> and 80 percent of students in Sub-Saharan Africa do not have access to the internet at home.<sup>xix</sup> In addition, girls with disabilities are likely to be double disadvantaged to accessing these technologies because men are typically online more than women, 21 percent globally and 52 percent in the world's least developed countries.<sup>3</sup>

In line with the World Bank data, the IEI COVID-19 Survey on Children with Disabilities highlights that only 46 percent of the parent respondents had access to the internet with even fewer (25 percent) reporting that internet programs have been designed in a way that is useful and accessible to children with disabilities.

Although SMS messaging can be an effective way to share information, it requires larger data packages, which may not be feasible for lower-income families. Other challenges associated with remote learning include:

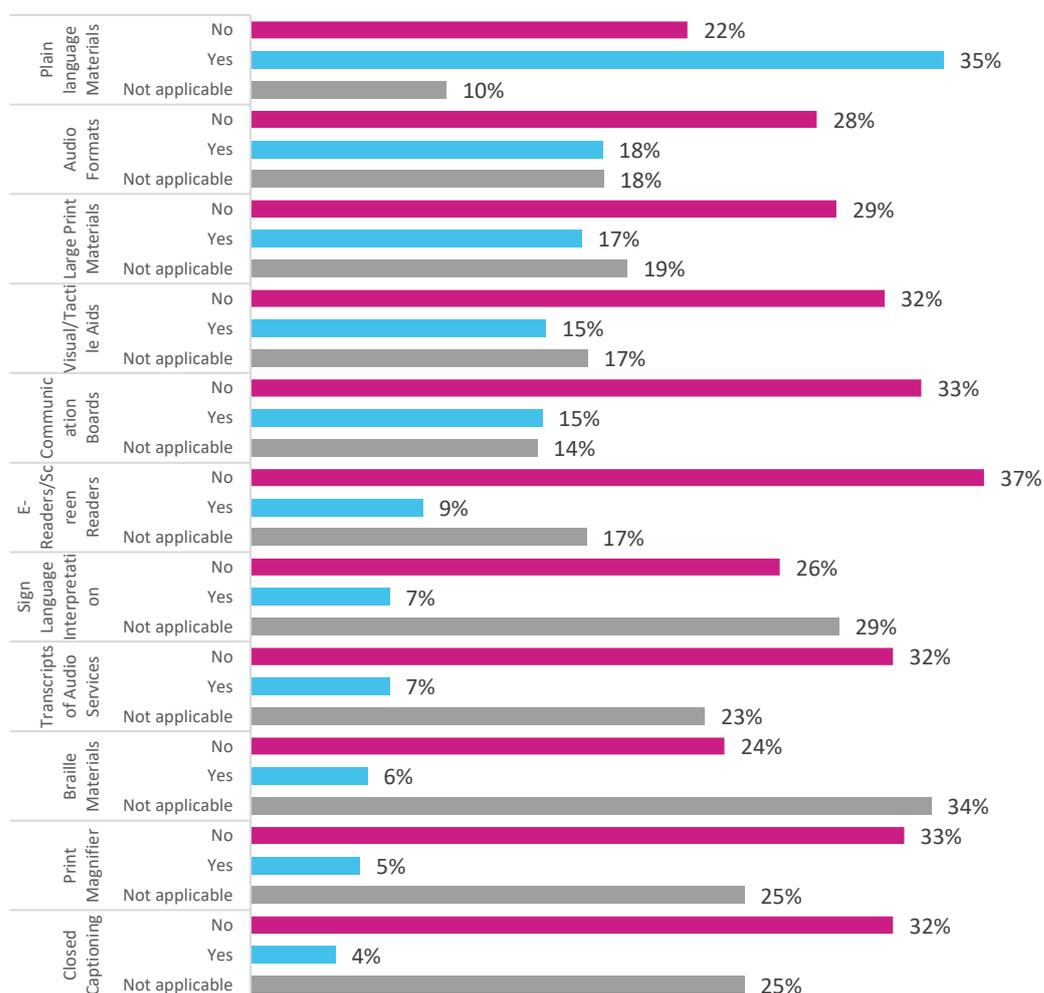
- **Differences in parents' or caregivers' ability to support student learning at home.** Many remote learning platforms require significant parent engagement and, in some cases, such as the United States, caregivers are expected to provide direct instruction for primary school students, which can pose significant problems. First, it requires caregivers to be literate in the language of instruction and second, it assumes that caregivers' job responsibilities are flexible enough to allow them to be available as education providers.
- **Challenges in providing broadcast education (radio, television, and so on) in various languages.** Broadcast lessons may be difficult in places where instruction is conducted in a variety of languages. For example, Ethiopia and Ghana have several languages of instruction recognized and supported by the government and in many instances sign language is not recognized as an official language, presenting further challenges.
- **Lack of individualized learning.** Providing instruction through online, broadcast, or mobile applications allows for wide distribution of lessons and can provide tailored approaches given the accessibility features that are built into many technologies or that can be added. However, current interventions are not embracing these tailored approaches to the extent possible from the outset. For example, students who are blind require instruction on braille literacy and students who are deaf require instruction in their local sign language and these necessities might not be addressed in current platforms.
- **Limited or no access to assistive devices or accessible learning materials.** Many communities within countries may lack assistive devices or other learning materials to support remote learning.

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<sup>3</sup> Stats by The Web Foundation based on EIU Data -Regional breakdown of data can be found here: [https://docs.google.com/spreadsheets/d/1meRC\\_w\\_agnbavZiPI0DAbg1D6iROt3EXzTGpX3oNHUc/edit#gid=0](https://docs.google.com/spreadsheets/d/1meRC_w_agnbavZiPI0DAbg1D6iROt3EXzTGpX3oNHUc/edit#gid=0)

**Figure 2- Access to Accessible Learning Resources and Services Reported by Parents**

*Respondents- Parents/Caregivers (n= 1628)*



Source: IEI COVID-19 Survey on Children with Disabilities

Figure 2 shows the access to accessible learning resources and services ordered by the answer “Yes” (n= 1,628). According to the bar chart, plain language materials are more likely to be available (35 percent), while accessible resources such as sign language interpretation and E-reader/screen readers are mostly unavailable, with 7 percent and 9 percent of respondents having access, respectively. Survey data disaggregated by disability type (reported by parents) further highlights that only 18 percent of deaf learners have access to sign language interpretation and 10 percent have access to transcripts of audio services. For persons with a visual disability, only 12 percent have access to braille materials.

The issue of availability of accessible assistive devices is further compounded by contextual challenges on the ground. During focus group discussions, country teams such as Rwanda and Sierra Leone stated that they had considered procuring tablets to support learning during school closures. However, even if purchasing tablets was a financial possibility, challenges with large-scale procurement due to the complications associated with the COVID-19 crisis on economies has made this approach improbable.

Case study 2 highlights how Nepal has attempted to address some remote learning challenges.

### Case Study 2: Nepal and Concerns for Inequity

The government of Nepal declared a total closure of the entire country on March 24, 2020, as soon as the second confirmed case of COVID-19 was reported. Education turned out to be one of the hardest hit sectors, with students being totally disconnected from school, with the exception of some private schools that continued providing limited online instruction to the 26 percent of students that attend them. Now all schools are closed until further notice.

Almost a million children ages 3 to 5 enrolled in early childhood development, more than 5.1 million enrolled in basic education (grades 1-8), and 1.5 million enrolled in secondary education (grades 9-12) are out of the school. Access to the internet is very limited and rudimentary. For secondary students, there are some daily classes on national television channels and YouTube channels like [NCED Virtual](#). The viewership is quite limited. The government also has an e-learning [site \(Leaning Portal\)](#) for grades 1-10, but without appropriate parent orientation and access to the internet, the site is unlikely to be widely used. For basic level education, digital literacy among parents is required, which is lacking in a country with a literacy rate below 70 percent.

The federal government has issued some notices regarding online classes, citing higher disparity in access and tuition fees for private schools. One municipality in Gandaki province officially discontinued online classes citing similar reasons.

In its COVID-19 Educational Cluster Contingency Plan 2020,<sup>xx</sup> the government of Nepal has identified children with disabilities as being at higher risk of discontinuing their education due to the lockdown. The government recognizes that tailored packages are needed with the support of available expertise and technical assistance. The document envisions institutional remote learning only under the worst-case scenario of school closure for the entire academic year. The plan recognizes the importance of ensuring that digital platforms and remote teaching materials are accessible for children with disabilities. The plan is more focused on prevention of COVID-19 rather than education during the COVID-19 pandemic.

### 2.3 More Accessibility Means Opportunities for Learning

In responding to education during the COVID-19 crisis, applying the UDL approach in all levels of education will allow for the largest diverse group of learners to draw the maximum benefit. Lessons that have in the past been delivered in an over-crowded classroom where children are sharing one textbook among several students have the capability to be delivered in audio via radio or devices such as MegaVoice<sup>4</sup>(a solar MP3 device) or via educational videos on online platforms, such as YouTube, or on television. In Ethiopia, [SENTIgray](#) is using solar powered MegaVoice devices to give blind students access to textbooks and additional learning and reading materials. UNICEF and the Ministry of Education in South Sudan will be using the same device to support all students as access to textbooks and literacy is generally

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<sup>4</sup> This device was first use to bring the bible to those who are blind and illiterate, but has wonderful capabilities see: <https://megavoice.com/>

low amongst students with disabilities. Governments are now ramping up their websites from only providing administrative information to include educational content in html and e-pub formats. A textbook in electronic publication (ePub) format can easily be read by a screen reader or converted into e-braille and Daisy audio formats for blind students and print-disabled students (e.g., dyslexia). Several EdTech innovators, such as [Kitabu](#), [Benetech](#), and others, have been supporting ministries of education in the production of ePub textbooks and local reading material for young children that adhere to UDL principles. As the reopening of schools begins, it's important to consider these interventions in creating more disability-inclusive classrooms and schools across the globe.

Making learning content available in various formats and on a variety of platforms—no-tech, low-tech, and high tech—improves accessibility for all in terms of availability and user-friendliness. This is very timely in this time of temporary remote learning but has huge potential for ensuring accessible learning in the long term for students with disabilities. The tools can be used by children who have never been to school or have dropped out and for those in school to catchup after missing lessons due to illness, conflict, or harsh weather conditions.

### **Accommodations for Language and Communication Style**

Some children have different communication modes at home and at school. For example, in Nepal, it is quite common for deaf children to be taught in resource classes, where they learn Nepali Sign Language.<sup>xxi</sup> Given the challenging terrain and sparse density of schools in Nepal, many of the resource classes are in boarding schools, which means families are often not exposed to children learning formal sign language. As a result, when children come home, parents are not able to communicate with their children using formal sign language and revert to systems that are not compatible with official Nepali sign language. Similarly, in Sri Lanka, many parents of deaf children don't know the sign language that their child have been taught. This can lead to children feeling isolated and can have long term psychosocial impacts. In addition, in many countries, there is wide variation in the sign languages used across the country, making it difficult to produce educational material in a sign language that all students will understand.<sup>xxii</sup>

Children who are blind and who learn braille in school often do not have parents who are braille literate and therefore are unable to support their learning. While this may not be a problem for older children who are independent in their use of braille, it is a much greater challenge during this home learning period for younger students who are not yet fluent.

Children with intellectual or communication disabilities, who may rely on a very specific way of teaching, will also be at a disadvantage if educated at home by their parents, who may not have the required pedagogy. For example, parents of deaf students in Light for the World programs, in Bahir Dar, Ethiopia, mentioned that communication (not knowing enough sign language) and unsettling behavior were their two greatest challenges, making it impossible to motivate their children to learn by themselves. The overall levels of literacy among parents pose an additional barrier. For this reason, in Ethiopia, organizations working in community-based rehabilitation have set up virtual communities of practice (using instant messaging and social media platforms) to share ideas and communicate with parents during the lockdown. The Ethiopian Centre for Disability and Development has set up a toll-free hotline and messenger service to provide information during the COVID-19 pandemic to persons with disabilities and their families.

Similarly, for first generation learners, whose parents are illiterate, it is very difficult to support their children in any text-based work. Some of the materials delivered over the radio, television, or via mobile phone app are much more applicable for parents who cannot read, since the information is not solely based on text. In a recent survey looking at COVID-19 in Ethiopia, nearly half of the primary caregivers, had never been to school and could not read, and one-third had not completed primary school.<sup>xxiii</sup> Home-based learning kits sent out during COVID-19 need to present information in multiple ways in accordance with UDL principals. For example, parents who are illiterate with no access to television, radio, phones, or tablets, and who rely on paper-based learning for their children, should be sent information in picture form, like a comic strip, with ideas to explain how to conduct early learning games and activities with their children, an idea proposed in several COVID-19 response plans, including one developed in Sierra Leone.<sup>xxiv</sup> Additionally, for developing reading skills, children are encouraged to read aloud to their parents/caregivers who, even if illiterate, can correct their child's pronunciation, guide them on the meaning of words, and check their understanding. This is widely encouraged as part of USAID's early grade reading program in Nepal.

### **How Can Governments and Development Organizations Adopt A UDL Approach?**

Governments, development, and humanitarian response organizations must address four considerations when planning for remote education during and in the aftermath of a crisis like the one caused by COVID-19: 1) remote learning intervention selection; 2) community accessibility considerations; 3) educational accessibility and UDL; and 4) accommodations and individualization.<sup>xxv</sup> The four considerations assist in decision-making for an inclusive design, planning, and implementation of a contextual emergency education response. (See table 2 for questions related to each consideration theme.)

#### **Consideration One: Choosing a Remote Learning Intervention with UDL in mind**

In this paper, a variety of remote learning interventions have been identified. The most common being telelearning, remote learning using paper-based lessons, radio learning, and home visits by teachers or other professionals. For a remote education platform to align with the UDL and twin-track approach, government and development practitioners should consider universal design features from the outset that allow for children to receive, respond to, and engage with learning in multiple ways and should focus the decision on what intervention to pursue on educational processes that allow for students to continue to think, develop skills, and grow while at home. It is imperative for remote learning to move beyond passive receipt of messaging to a system that allows students to engage with materials, even if they cannot receive immediate feedback on how they engage.

#### **Consideration Two: Determining Community Accessibility**

Community accessibility means that community resources are adequate and leveraged to support an intervention available to all or can be upgraded quickly through additional information, technology provisions, or other supports. Community accessibility also means accounting for the resources and resource gaps that exist in an equitable manner. The physical resources available to communities also will inform intervention approaches. Radio, SMS messaging apps, and tablet-based education can work, provided community members have these resources, regular access to power, and internet coverage. If these don't exist, either lower-tech approaches or new inputs may be needed.

**Consideration Three: Facilitating Educational Accessibility and UDL**

Disability accessibility means that every child, whether they have a disability or not, can participate in education programs. Children differ in the amount of time they need for activities, sensory inputs, response abilities, and the communication they use. For example, a program with rigid time dimensions (one that is only presented at specific times) may present a barrier for a child with a physical or learning disability. Likewise, programs that present material through particular modalities (for example, listening or print) may exclude children with sensory or learning disabilities. Further, programs that require certain forms of response (for example, written or verbal) may also exclude children from participation. Lastly, if programs require particular kinds of communication (for example, telephone check-ins), some children will not be able to participate. Rather than create a myriad of scenarios about why a program cannot work, program designers can consider a UDL approach.

**Consideration Four: Encouraging Individualization**

Despite the best efforts to make programs accessible, there is inherent inaccessibility in every educational endeavor. To address persistent inaccessibility (which focus on problems of the program, rather than the child), governments and development agencies should consult with inclusive education teacher training institutions, local special education and resource teachers, OPDs, and others on ways to individualize remote education for those who still face access barriers, even after UDL considerations have been applied. In these circumstances, implementing organizations can rely on experts (including professionals, persons with disabilities themselves, and caretakers) to help them determine how best to individualize a specific intervention.

**Table 2: Questions for Inclusive Crisis Response, Informed by Universal Design for Learning**

Action Steps and UDL Principles	Is this happening? Yes/No (if no, provide information on inputs or changes needed)
<b>Choosing a Remote Education Program</b>	
Can the intervention deliver information to students on a mass scale in an environment other than a typical school setup?	
Can students meaningfully respond to the information they have been provided?	
Is there any way for children to engage with material in an out-of-school setting (with caregivers, siblings, or safely with nearby children)?	
<b>Community Accessibility</b>	
Do caregivers have capacity to act as educational providers?	
Do communities have technological capacity for suggested intervention?	
If materials are needed, are procurement timelines feasible for rapid startup?	
<b>Educational Accessibility and UDL</b>	
Can ALL children receive material the way it is delivered?	
Can ALL children meaningfully respond to material?	
Are children’s communication needs considered so ALL children can engage with lessons/material?	
Is there flexibility in timing in how students can engage with material?	
<b>Individualization</b>	
Can the program as it is currently constructed be modified for an individual’s specific access needs and reasonable accommodations?	
Can the program be modified in difficulty level to allow for access of a greater number of children with disabilities?	

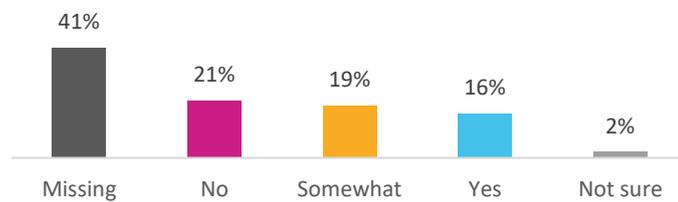
### 2.4 Preparing and Supporting Resilient and Inclusive Teachers

The unexpected school closures necessitated by the COVID-19 pandemic has also impacted the teaching workforce. About 63 million primary and secondary teachers have been affected.<sup>xxvi</sup> Many are left unsure about their roles and responsibilities and how to connect with their learners, and others are trying to deliver lessons through varied remote learning approaches without any preparation, adaptation of lessons, content, and with a lack of requisite pedagogical skills.<sup>xxvii</sup> To ensure teachers’ effectiveness while coping with and managing the continuity of learning for all their learners, it is critical to support their resilience, equip them with professional development strategies to support their students, and provide them with the technology and training needed to continue teaching their students from afar.<sup>xxviii</sup>

Results from a survey undertaken by the IEI COVID-19 Survey on Children with Disabilities, identified that of the 1,845 teachers respondents, 21 percent claimed they do not have the supports they needed to continue helping students with disabilities learn compared to students without disabilities during this time, compared to 16 percent saying they have the supports (Figure 3). Two percent were not sure if they have the support and 19 percent feel they somewhat getting the support. Disaggregating teacher’s response by school type and excluding the missing values, teachers teaching in special schools felt slightly more unequipped to support learners with disabilities; with teachers in special schools catering to children with multiple disabilities feeling most underequipped.

**Figure 3: Do teachers feel supported to teach learners with disabilities?**

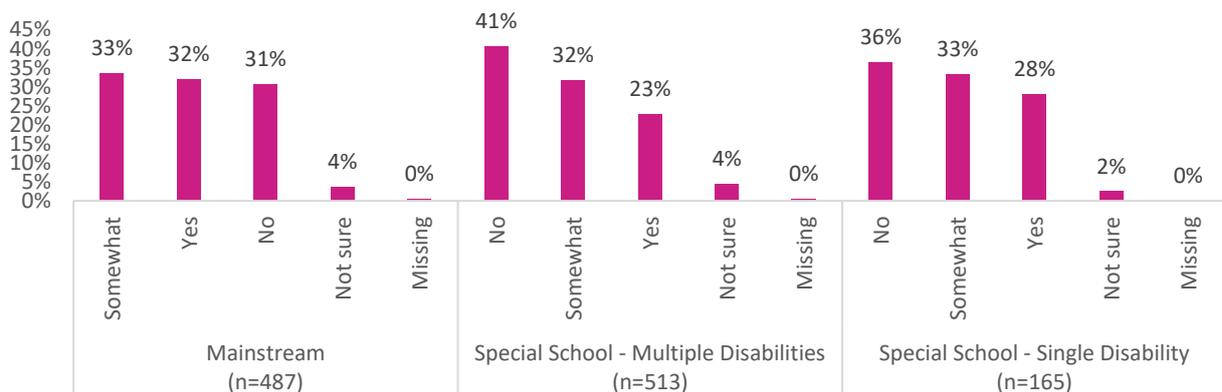
Respondents: Teachers (n= 1,845)



Source: IEI COVID-19 Survey on Children with Disabilities

**Figure 4: Do teachers feel supported? (By school type)**

Respondents: Teachers

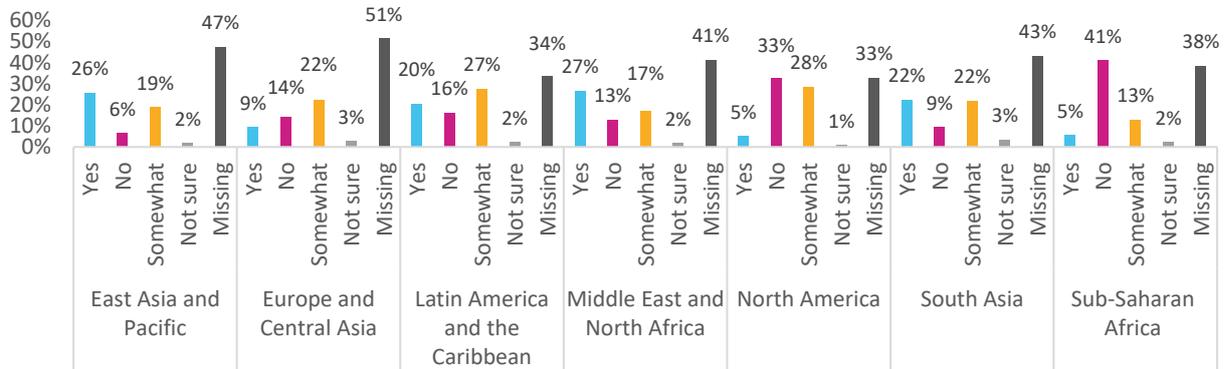


Source: IEI COVID-19 Survey on Children with Disabilities

According to Figure 4, the percentages of teachers from different regions who responded affirmatively to the question of feeling supported varied from as low as 5 percent (North America and Sub-Saharan Africa) to as high as 27 percent (the Middle East and North Africa). In Sub-Saharan Africa, almost half of the teachers (41 percent) think they do not have the support they need.

**Figure 5: Do teachers feel supported?  
(By Region)**

Respondents: Teachers (n= 1845)

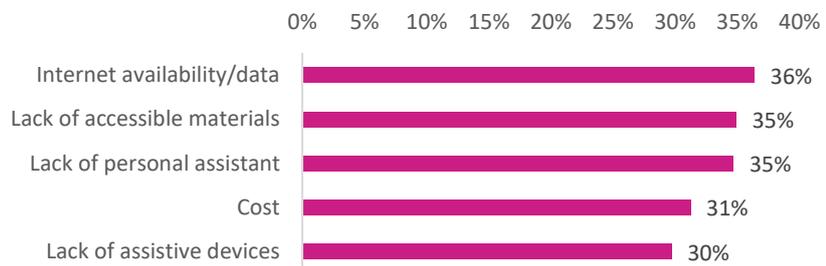


Source: IEI COVID-19 Survey on Children with Disabilities

Some of the key challenges noted by teachers in rank order were lack of internet/data availability (36 percent) lack of personal assistants for the child with disabilities (35 percent); lack of accessible materials (35 percent); costs (31 percent); lack of assistive devices (30 percent). Barriers articulated in the “other” category included, difficulty in contacting students, availability of electricity, confusion regarding how best to support learners, and limited avenues to monitor and follow up on learning due to limited parental ability and support. In terms of different regions, Sub-Saharan Africa and Latin America consider cost as a barrier (43 percent and 39 percent, respectively)

**Figure 6: Key Barriers to Providing Learning Support**

Respondents: Teachers (n=1845)



Source: IEI COVID-19 Survey on Children with Disabilities

than other regions as East Asia and Pacific (19 percent) and Europe and Central Asia (18 percent). The teachers in Sub-Saharan Africa and Latin America and the Caribbean also mostly claim the internet as a barrier. As one teacher respondent reflects:

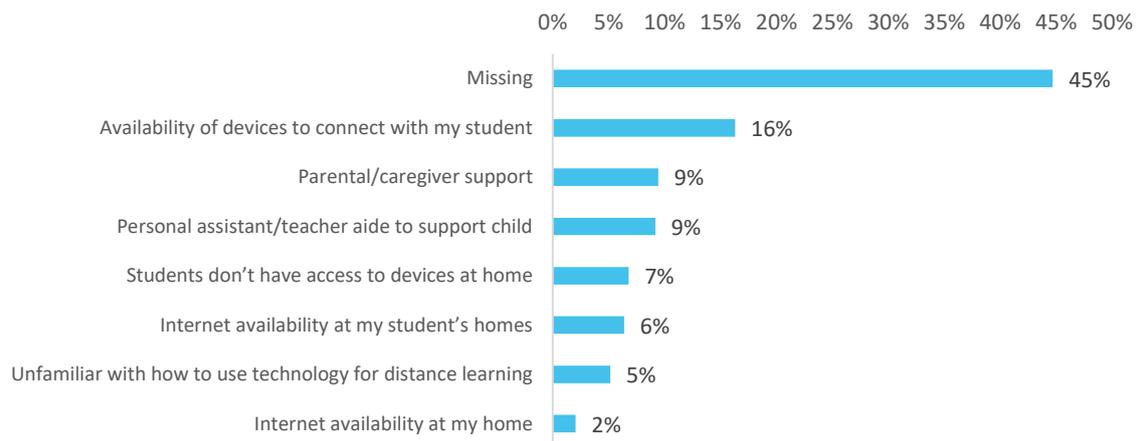
*“...lack of remote learning materials that are truly adapted to meet students’ needs regardless of what those needs are; sometimes providing access just isn’t enough, as access doesn’t allow for students to be successful, as many students with disabilities rely on various types of prompting for learning such as hand-over-hand, for example, and when you don’t have remote learning materials that truly prompt students correctly, then all progress monitoring is skewed and therefore unreliable and invalid ...”*

When reflecting on the types of support they need to continue education for children with disabilities, teacher respondents identified the following: the availability of electronic devices

that can help them engage with their students (16 percent); teacher aide or support for the child with disabilities (9 percent); and parental and caregiver support (9 percent). Notably, 6 percent raised the lack of availability of connection at their students' home as an issue. In contrast, only 2 percent raised the lack of internet connection in their own house as a problem. It is important to note that this question was only answered by respondents to the English version of the survey due to a technical error in translated online versions. Data must be interpreted accordingly.

**Figure 7: Additional Supports Needed**

*Respondents: Teachers (n=1472)*



Source: IEI COVID-19 Survey on Children with Disabilities

In shaping a country's educational response to this crisis and in looking forward, it is essential to recognize that teachers need support. Given the central role teachers play in student learning, the World Bank notes that supporting teacher effectiveness during COVID-19 requires education systems to support them in three core areas: resilience, instruction, and technology.<sup>xxix</sup> The consequences of COVID-19 are innumerable and yet, to be fully realized, educators like many others, need to be provided for at various levels. Two broad and interrelated themes emerge: psychosocial and pedagogical.

### **Psychosocial support and nurturing well-being**

The abrupt closure of schools has raised significant challenges in relation to teacher identity and changes in their roles and responsibilities. Teachers, like others, are also likely to be dealing with personal losses, and hence, need support. Furthermore, prolonged closure is also likely to impact their motivation, while facing risks of loss of income. For example, in Liberia, teachers are still owed back wages on top of their regular wages. In the Central Africa Republic, teachers are not receiving their salaries due to bank closures. Similarly, in Chad, wages have stalled for more than 60 percent of community teachers. In Niger, extending the 2020 school year due to closures will require additional financial support to pay the salaries of teachers.<sup>xxx</sup> Several countries may find themselves in a similar situation if the school year is extended.<sup>xxxi</sup> These explicit risks to the teaching force have been noted in other crises, such as in Liberia and Sierra Leone after the Ebola crisis.

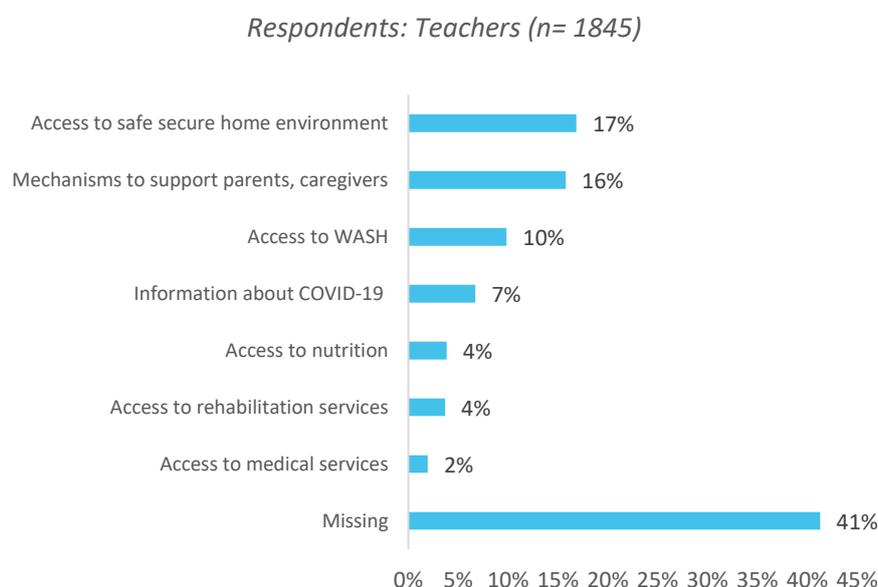
As schools reopen, teachers will also be supporting children who are likely to be dealing with heightened anxieties and stress caused by COVID-19, which can be even more apparent in

children with disabilities. After the 2013 Ebola crisis in Mano River Basin, at least two teachers in each school were trained to provide psychosocial support in some African countries.

Emerging themes from the qualitative responses from teachers in the IEI COVID-19 Survey on Children with Disabilities highlighted adequate WASH measures and being equipped in providing social and emotional support to their students as critical solutions for transitioning back to school. A teacher respondent emphasizes this further:

*“Getting back into routines and habits. Begin a process of orientation at the educational center for the benefit of all students. Much will depend on teachers and the extent to which they are able to motivate the children as they try to readjust to the best of their ability.”*

**Figure 8: Teacher’s opinion on what learners with disabilities need the most during COVID-19 school closures other than education?**



Source: IEI COVID-19 Survey on Children with Disabilities

Thus, teachers will need training so that they can support students to deal with post-traumatic stress conditions. Teachers are central in making sure that students learn best practices for keeping safe and practice good hygiene. Teachers need to be trained in monitoring and prevention measures. They also need the resources to implement good hygiene practices. During the Ebola outbreak, an estimated 7,000 teachers in Sierra Leone and 5,884 teachers in Liberia (about 18 percent of all teachers) were involved in health awareness and social mobilization workshops<sup>xxxii</sup>. In Sierra Leone, a well-communicated focus on improving in-school hygiene practices—including training teachers—effectively encouraged parents to return their children to school as soon as they reopened.<sup>xxxiii</sup>

### **Pedagogical support and preparedness**

Teachers are the crucial link between home, school, and learning. Much of the learning currently available is driven through technology—ranging from educational programming on television and radio to online learning platforms. However, it is naïve to assume that face-to-face, classroom-based pedagogical approaches can simply be transferred to these other modalities. Teachers need to be trained to use all available technological interfaces to support the learning of all children.

As schools reopen, teachers will need to identify and respond to learning loss,<sup>xxxiv</sup> especially in relation to children with disabilities who are most likely to have been excluded from education during the COVID-19 lockdowns. Improving teaching practices—particularly by adopting continuous formative assessment skills—and providing remedial classes will benefit all learners, including children with disabilities. This could result in learning gains of 1.3 years, compared to the counterfactual of no shock occurring.<sup>xxxv</sup> The IEI survey points to similar concerns. Learning loss, in addition to the practice and comprehension of social distancing rules, is a recurring theme among teachers’ qualitative responses. Teachers emphasize the need for catch-up/remedial programs as well as having learning support and materials to recover from the learning and skill loss.

This also entails teachers being required to readjust curriculum and diversify learning objectives to meet the additional needs of all learners, particularly learners with disabilities. For some learners this might include remedial courses, “catch-up” classes, tutoring, or accelerated curriculum delivery based on particular competencies, among other things, and raises the issue of how to prepare and support teachers.<sup>xxxvi</sup>

**Protecting the teaching force.** First and foremost, governments need to ensure that remuneration for teachers is in place. This will guarantee that when schools reopen, education systems do not face shortages in the workforce. Secondly, as schools start reopening, clear guidance should be given on handwashing and health education, and urgent upgrades to improve sanitation facilities in schools must be addressed.

**Delivering professional development to teachers.** In collaboration with teacher training institutions, “bite-sized” guidance needs to be provided to teachers to make lessons inclusive and account for UDL principles. In the long term, more elaborate engagement is needed for developing robust online training programs to support both pre- and in-service certified teacher professional development activities. This could be done by providing a remote learning curriculum with differentiated targets and suggestions for ways of engaging students that are contextually relevant. Radio and television programming can also be used to build the skills of teachers to deliver remote learning. For example, remote teacher professional development can be provided using both low- and no-tech solutions.<sup>xxxvii</sup> In Rwanda, 15,000 English and math teachers are benefiting from e-learning platforms. Programs supported by Education Development Trust in Kenya and Rwanda are already using smartphones and secure digital SD cards loaded with videos of teaching practices to support training, sharing, and reflections. These training programs also offer significant opportunities to make sure that teachers are conversant with a range of inclusive practices to support all learners.

**Promoting peer learning and collaboration.** Teachers benefit most from peer-to-peer engagement, as it enables them to see what is possible. The development of communities of practice has long been encouraged for the benefits they offer, and they become even more vital during times of crisis. Teachers skilled in specific areas such as deaf education, braille, behavioural management, and supporting language and communication or teaching children with special educational needs can be an asset to teach and share strategies with peers. For example, in India, SAMARTH-2<sup>xxxviii</sup> is an app-based platform of more than 140,000 teachers that is based on principles of peer learning, reflective questions, and problem solving for co-creation of curricula and other support materials. It uses a case study design, where good practices are identified through triangulation from other teachers, unions, student feedback, and direct observations. Live classroom recordings follow, which become a part of the learning material for other teachers. There are numerous other examples where teachers are utilizing WhatsApp groups to share resources and skills and motivate one another, for example, through the DFID-funded programs in Zambia (through Leonard Cheshire), Senegal, and Cameroon (through SightSavers).

**Developing increased awareness and expertise of different techno-pedagogical skills** to help teachers understand the practical and appropriate uses of technologies in teaching and learning. This is not only of immediate concern but must also be part of a long-term strategy so that teachers are familiar with and able to use low-cost technological interfaces to support diverse learners in inclusive ways. This will be important not only as schools are closed but also as they slowly reopen and rely on a blended approach to learning. This entails working with teachers to capture the potential of information and communication technology to meet the needs of children with disabilities, not only those returning to schools, but making efforts to include those who have never been to school. For example, UNICEF<sup>xxxix</sup> estimated that more than 1 million children were reached through radio education during the Ebola epidemic in the manor River Basin in 2014–15.

**Utilizing current teacher potential.** During the pandemic, teachers skilled in supporting language and communication and teaching children with special educational needs could be an asset, not only to provide guidance and support, but to ensure that educational videos and television programs accommodate the needs of all learners. Deaf teachers or teachers that are fluent in the local sign language could provide remote support to students via video calling. Special education experts can do telephonic follow-up to support students. In Mozambique, teacher trainers from the Ajuda de Desenvolvimento de Povo para Povo teacher training college, who have expertise in disability-inclusive education, are providing advice on the radio for parents on how to structure the day, develop a growth-mindset, and help their children learn through play.<sup>xl</sup>

**Curating high-quality material, so that the wheel is not reinvented each time.** Teachers (and parents) in many countries are being inundated with various Massive Open Online Courses, also known as MOOCs, and open educational resources. There is a need to identify and curate those resources that are of high quality and have been shown to work, thus making them more easily available. Investing in distance learning for children of all ages is now a necessity in a post-COVID-19 world and this does not necessarily entail an overreliance on high-tech solutions. Rather, the need is to effectively harness what is available. In many LICs and middle-

income countries, this might mean scaling up the production of inclusive educational radio and television programming.

Moving forward, investments in education must be guided by the principle “build back better,”<sup>xli</sup> wherein education systems and their workforces are more resilient to future shocks and re-building is based on the principles of equity and inclusion.

## SECTION 3: Disability Inclusion, Social Protection, and Community and Family Support

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The need for establishing strong linkages between school, family and community has been accentuated during COVID-19. The crisis has seen a sudden role reversal for parents, who have to play the dual role of teachers as well as caregivers. Families are stretched due to constraints arising out of loss of income and childcare responsibilities. It is critical to ensure parents have the proper supports to mitigate the effects of the COVID-19 lockdown on children's learning and well-being. These supports range from robust government led social protection schemes targeting learners with disabilities to strong multi-sectoral teams working together to provide support, to community-based networks of support as well as organizations of persons with disabilities which can be leveraged for their expertise in supporting learners with disabilities and their families.

### 3.1 Social Protection Mechanisms for Learners with Disabilities

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) clearly reaffirms the rights of children with disabilities and their families to social protection.<sup>xlii</sup> However, few countries, especially those in low- and middle-income settings, provide disability-related social protection, which may include disability allowances, paid leave for parents and caregivers, education stipends, free or subsidized medications, assistive devices and technology, and rehabilitation services. Persons, including children, with disabilities are less likely to have access to education, more likely to be poor, and are more likely to live in areas vulnerable to shocks.<sup>xliii</sup> They tend to belong to families that earn less, sometimes because parents must reduce their workload or stop working to provide care and support to their child. Many families with children with disabilities also incur additional disability-related costs. It is for these and other reasons social protection is critical to provide income security, access to healthcare, and contribute to disability-related costs for children with disabilities and their families.

Mainstream social protection schemes targeting children or families with children are often tied to school attendance (transportation, health insurance, school feeding programs, and so on), thereby excluding many. For example, if a social protection scheme requires a certain attendance rate but does not take into consideration that a child with a disability might get sick more often or face barriers getting to school, inclusion has not been built in and denies a child access to the system. Those that are not officially registered or enrolled in school, often cannot access the social protection schemes. However, poverty sometimes keeps them from registering or enrolling in school in the first place, due to school fees, transportation costs, and the perceived value of education for children with disabilities by parents and families among other factors.

Few of the unconditional cash transfer programs that target children consider the disability-related costs (see table for details). When social protection schemes are not reaching or are not responsive to children with disabilities, families face further hardships and children with disabilities are more likely to be left behind, abandoned, or neglected. The literature shows that many children with disabilities that do not receive the adequate support, are 17 times more likely to enter institutional care.<sup>xliiv</sup> The current crisis further exacerbates the barriers and inequalities that children with disabilities and their families face. For those who were in

school, many were sent home due to school closures without supports in place for their families. Many of their families are facing loss of income due to the lockdown and are experiencing even further vulnerability.

An initial overview of the response to the crisis shows that countries that have a national disability registry, disability allowances with wide coverage, and publicly funded support services (often delivered by NGOs) are in a better position to provide relief.<sup>xiv</sup> For an inclusive recovery and greater resilience, investments in the development of cash transfer and support services are required in most LMICs to adequately cover all children with disabilities and their families who require support. Such efforts, combined with greater coordination between early childhood development, education, and health services can mitigate the risk of further marginalization and pave the way for true inclusion and future economic empowerment.

### **Box 2: Protection of Children with Disabilities Against Violence**

During an emergency like COVID-19, people are being encouraged and, in many cases, are required to stay at home to prevent the spread of the disease. Unfortunately for many children with disabilities, especially girls, this might lead to an increase in the violence, including physical, social, emotional, and psychological. Even before the pandemic swept the globe, children with disabilities were four times as likely to experience violence as those without disabilities (1). Reflecting on the fact that the lack of support to parents of children with disabilities can contribute to burnout, which may lead to abandonment, neglect, or abuse, the CRPD (2) clearly stipulates the obligation of states to provide support to families. However, the low coverage and adequacy of social protection schemes; the dearth of publicly funded community support services; and the lack of inclusiveness in child protection services leave most children with disabilities unprotected and unsupported. Increased levels of stress, uncertainty, and fear result in increased levels of violence.

In the COVID-19 response, further efforts are needed in addition to the extension of cash transfers and in-kind support to ensure that child protection services and related campaigns are inclusive and accessible so that children with disabilities know their rights and how to access those services. It is also important to support child protection and other social workers in their response to violence against children with disabilities and gender-based violence, and to increase the number of mental health and psychosocial support services, which are currently insufficient. In South Sudan, DFID is delivering cash transfers directly to girls and marginalized children to ensure their basic needs are met during the pandemic. In addition, accessible messaging has been produced to strengthen messaging around safeguarding and protection in the time of COVID-19, particularly around the increased vulnerability of girls and children with disabilities.

(1) ILO-IDA. 2019. Joint Statement: Towards inclusive social protection systems supporting the full and effective participation of persons with disabilities.

(2) Article 16 and 23 of the UNCRPD

In providing guidance, it is critical to acknowledge that each country's response to the provision of social protection mechanisms is contextual. A variety of situations exist on the ground in terms of availability of reliable data on persons with disabilities, the severity of implications in communities overall, the modalities of remote learning, and the pace of progress (or regression) each country is making. Additionally, it is important to understand

what social protection mechanisms already exist in each country and the sensitivity toward disability that is already there. It is imperative to ensure that social protection schemes are already disability-inclusive and then push for schemes that respond to the additional needs and costs that a person or child with a disability has. Since social protection mechanisms are provided by many actors in each country, including NGOs, civil society organizations, and development partners, it is important to understand who is doing what already and how to best employ each actor and consider how they can be connected in a more holistic approach.

Building on existing plans and data registries, several countries have taken steps to provide relief to children with disabilities and their families during COVID-19 crisis, including increasing the value of benefits or top-ups; extending paid leave for parents of children with disabilities; providing in-kind support; and opening a helpline.<sup>xlvi, xlvi</sup> For more details regarding specific social protection measures for learners with disabilities during the COVID-19 pandemic, please see Annex 4.

### **3.2 Changing Role of Parents and Families of Learners with Disabilities**

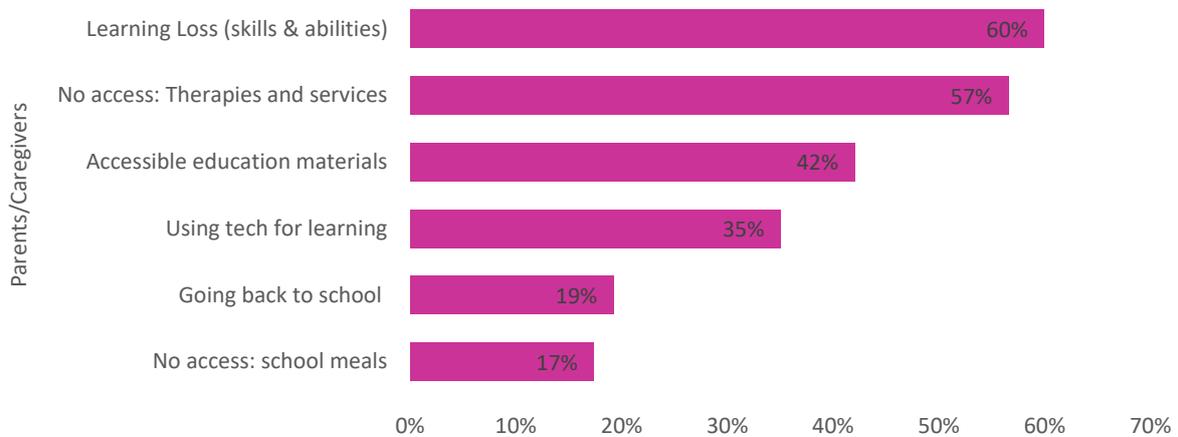
In response to COVID-19, the focus of learning has automatically shifted to parents and families to support home-based learning for their children. Notwithstanding the role of the teachers in guiding the content of the learning, it is still predominantly parents and caregivers who need to support younger children to complete tasks, whatever the mode of transmission: radio, television, digital learning platforms, or printed materials. In response to calls for anecdotes for this paper, the director of an NGO in Nigeria reported that “parents who have been very involved in their children’s learning have found it easier to adapt to online teaching and learning.”<sup>xlviii</sup> But the transition for some parents to become an educational partner has been a struggle as parents try to balance day-to-day job responsibilities with new educational responsibilities.

Although it is always good practice to involve parents and caregivers in the education of their children through support in homework and encouraging attendance, they are usually not responsible for teaching their children. The role of parents has shifted suddenly. They are now taking on the task of simultaneously acting as their child’s caregiver and their child’s teacher, a dual role that can present challenges, particularly to parents of children with disabilities that may have additional learning support needs. It is critical to ensure parents have the proper supports to mitigate the effects of the COVID-19 lockdown on children’s learning and well-being.<sup>xlix</sup>

Alternately, it is also well documented that in many parts of the world, including low- and lower-middle-income countries, children with disabilities face stigma and discrimination deeply rooted in cultural beliefs and practices which invariably puts them at a disadvantage. Although education is a collective shared responsibility of the community, it is likely that children with disabilities will not be given the opportunities to learn due to cultural norms and attitudes that limit the opportunities for many children with disabilities. The issue becomes more pronounced during emergencies and crisis like COVID-19, where resources to accommodate the needs of family members are scarce, limited, or stretched.

Responses from parents and caregivers (n=1,628) in the IEI Learners with Disabilities and COVID-19 School Closure Survey highlight critical parental challenges and concerns. Three top concerns in rank order were: learning loss due to inaccessible remote learning modalities (58 percent), no access to important therapies, services, or accommodations that they typically receive at school (56 percent), and unavailability of accessible educational materials (48 percent).

**Figure 9: Key Concerns during School Closure**  
 Respondent- Parents/caregivers (n=1,628)



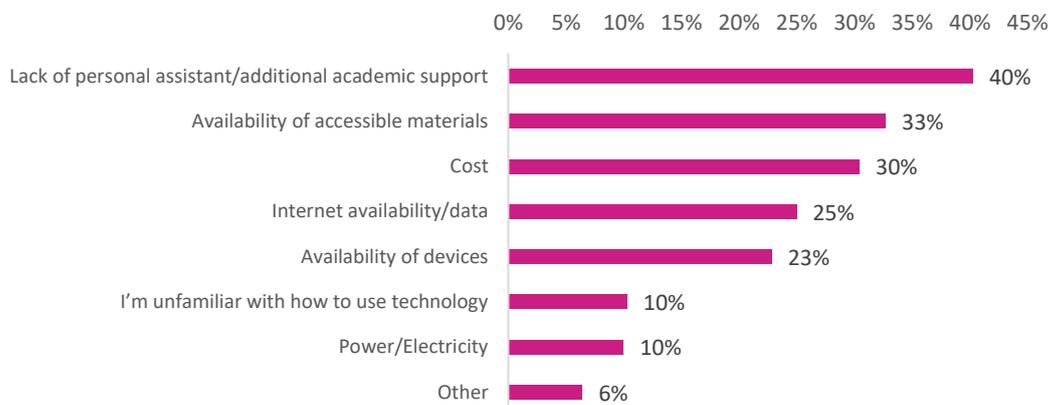
Source: IEI COVID-19 Survey on Children with Disabilities

Other barriers included, lack of parent support to learners, encouragement, and knowledge on how to assist home learning. As one teacher respondent noted, *“caregivers have other demands and limited experience with teaching.”*

For the question on barriers concerned with continuing learning, the response shows that most parents/caregivers think the barriers of continuing the learning are lack of personal assistant/additional academic support (40 percent), availability of accessible materials (33 percent), and cost (30 percent). When disaggregated by disability type, the result shows that parents/caregivers of deaf learners mostly think that the barrier of learning is the availability of devices (57 percent). The ones with disabilities such as mobility (53 percent), visual (58 percent), and learning (45 percent) highlighted cost as a barrier.

Again, it must be noted that results from the survey should be interpreted with caution due to the respondent characteristics, such as access to an internet-enabled device since the survey was administered online via social media channels.

**Figure 10: Barriers to Accessing Learning Supports**  
 Respondents: Parents (n= 1,628)



Source: IEI COVID-19 Survey on Children with Disabilities

A similar survey conducted of parents of children with a range of different disabilities in the United Kingdom sought to find out what type of support they felt they needed during this period.<sup>i</sup> The most popular response was that parents wanted guidance, ideas, and advice from professional education specialists and teachers. Although responses from parents will vary from one country context to another, the importance of linking parents and teachers cannot be understated. However, the modes to do it can vary. For example, social media provides a virtual place for teachers to be in contact with students and parents in Sierra Leone.<sup>ii</sup>

Many parents and families will continue to need support for rehabilitation and guidance around the use and upkeep of assistive devices. This is particularly so during this period when the support systems are minimally functional. Children who need physiotherapy, occupational therapy, and speech and language therapy (in contexts where these services exist) will continue to rely on that support and would benefit even more while out of school.

Strong multi-sectoral teams, working hand-in-hand, provide the best results. For example, Lebanon hosts many refugees and recently conducted a learning readiness assessment study in April 2020, identifying 25,000 children as needing learning support.<sup>iii</sup> Almost all these households have at least one smartphone device and 92 percent have access to the internet. Many parents identify WhatsApp as the preferred method of communication—for sending videos and audio messages—to provide content and guidance to support their children’s learning needs. The government’s pilot inclusive schools’ program is currently ensuring that head teachers are coordinating with all school staff; other professionals, such as therapists; and parents, so that online lessons are inclusive for all.<sup>iiii</sup>

A multi-sectoral approach that includes Ministries of Health, Social Protection, and Education working together is paramount for family and parental support. It is crucial that the education cluster contingency response plans include a pillar on support to parents and families of children with disabilities. In Nepal, the education cluster contingency response plan for COVID-19 has an inclusive lens throughout and a specific focus on supporting the continuity of education for all children. For example, one key activity is to develop parental awareness on how to support home-based learning through a consortium of partners to guide parents on how to provide enabling learning environments and to balance studying with other household chores and responsibilities.<sup>lv</sup> (See annex 3 for a list of learning activities parents and caregivers can do while children learn at home.)

### **3.3 Leveraging Community-Based Networks for Support**

Community-based rehabilitation (CBR) workers are well placed to work with individual families on learning support. There are many examples of CBR workers supporting families remotely during the COVID-19 crisis. This varies from regular phone and “SMS” messaging support, to linking them to other volunteers who can carry out home visits and report back.

For example, in a project supported by Humanity & Inclusion (HI) in Nepal, community mobilizers, trained in supporting children with disabilities and their learning needs, provide remote support by holding weekly virtual meetings or phone conversations with local volunteers based in the communities, who can carry out regular home visits at a safe distance and then report back to get further advice and support.<sup>lv</sup> As restrictions ease, more of these meetings can be face-to-face, and teams are looking at how to support parents to take part in educational games, such as picture and word matching games, developing visual timetables, or tactile alphabet, and so on. The Nepal labor force survey (2017/18) states that

78 percent of the rural population in Nepal has access to a mobile phone, with 87 percent of the urban population having mobile access. Carrying out remote support by phone, backed up with SMS messaging, is entirely plausible even if internet access is still limited (10.7 percent for urban and 2.7 percent for rural ).<sup>lvi</sup>

Rwanda is one of the countries where HI and partners are trying to focus on the follow-up of children with individualized education plans (IEPs) during this crisis.<sup>lvii</sup> In Rwanda, this includes establishing clearer mechanisms of how to work with existing local education activists—community volunteers with an interest in education. Support material—such as simple video clips showing parents how to support children with disabilities at home and audio messages to share information about keeping a positive mind to support their children’s learning—are also helping them to provide remote support. These workers are also well placed to counsel parents about current difficulties and talk to them, hear any problems they might be facing, and briefly support them emotionally over the phone at first.

In Sierra Leone and Togo, itinerant teachers supported by HI have also been contacting parents directly by phone to discuss individual concerns. They are training CBR workers who have better access to community settings to help support families on children’s IEPs at home. Itinerant teachers are therefore carrying out remote support through the CBR workers and allowing their vital work to continue.<sup>lviii</sup>

### Box 3: Heterogeneity of Disabled Population

All too often, when education systems begin to transition to inclusive education systems that take children with disabilities into account, the process begins with classic measures to accommodate some groups of children only, such as ramps, or including a sign language dictionary. However, there are other needs for groups of children with varied disabilities which are often overlooked, and this has been clear during the COVID-19 response.

Although high-tech options can accommodate children who use screen readers and require voice output, and there are a number of options with sign language interpretation alongside the material presented on TV or by video clip, this is typically only available for children with access to such technology. The Ethiopia response plan is heavily weighted toward high tech options such as online platforms, radio, and television, which will be successful provided it goes hand-in-hand with support to parents and communities, particularly for the hardest-to-reach learners, including those with multiple disabilities.

To support children with complex intellectual disabilities, or multiple disabilities such as children who are deaf and blind, or children with physical and communication disabilities, it is even more important to maintain individual support to families during this period. The use of existing community and OPD networks is fundamental to maintaining some support.

## 3.4 The Role of OPDs in Advocating for Inclusive Education During the Global Pandemic

States that are parties to the UNCRPD<sup>lix</sup> are obliged to “closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.”<sup>lx</sup> Similarly, the Global Action on Disability (GLAD)<sup>lxi</sup> network identifies “engag(ing) with the disability movement in planning, implementing, and evaluating inclusive education”<sup>lxii</sup> as a key ingredient required to achieve inclusive education.

OPDs have been active during the pandemic both in providing support to their members and building their capacity to contribute to inclusive education policies in the emergency period and for the future. The International Disability Alliance—the alliance of 14 global and regional organizations of persons with disabilities that is the representative of OPDs internationally—has provided guidance to help their members advocate for a Disability-Inclusive COVID-19 Response<sup>lxiii</sup>. They are also holding regular webinars to build the capacity of their members to lobby for inclusion both during and after the pandemic. Similarly, their members provide support on disability-specific issues. The International Federation of Hard of Hearing People has identified specific challenges in remote education for students with hearing loss. Inclusion International’s “Turn It Around–II” is supporting a webinar series that is assisting its members to advocate for inclusive education during and after the pandemic.

#### **Box 4: Country-Level OPDs Advocating for Disability-Inclusive Education during COVID-19**

**Disable Empowerment and Communication Center (DEC Nepal)** has supported Baijanath Rural Municipality in Banke district to broadcast radio lessons for home-based lessons for grade 1-10. DEC’s role is to ensure that its community volunteers encourage learners to listen to the lessons, ensure that they are accessible for children with disabilities ( particularly children with visual impairment), and that they support teachers to deliver the lessons following inclusive principles, such as using a slow and steady pace and using plenty of repetition, considering the diverse needs of learners. They are providing technical support.

**APHMOTO** (The Organisation of Committed People with Disabilities of Togo) is a local OPD acting in North Togo in West Africa. Its main activities are to support children with more complex and profound disabilities at home and facilitate the inclusion of children with disabilities in schools. During COVID-19, the organization developed a door-to-door approach to reach all children in need and their families, raise awareness and assess children’s specific needs, distribute hygiene kits, and continue the home support to promote learning and general development.

**Kosovo Disability Forum:** To better inform children with disabilities about COVID-19 s, as well as the protective measures against it, the **Kosovo Disability Forum**, through online platforms, is organizing information sessions for children with disabilities, including children with intellectual disabilities and children with visual and hearing difficulties.

**Handikos (Kosovo)** has developed an animated video which focuses on the adaptation of children with disabilities during the post-lockdown phase. In addition, it is crucial to start preparing and informing children with disabilities about the change that will occur when parents return to work, while children remain at home. Hence, Handikos has assessed developed a poster with some recommendations for parents/caregivers on supporting their children’s adaptation to new situations.

**Sudan: Sudanese National Society for Deaf** has created sign language awareness videos during the coronavirus outbreak. The video features performances by deaf artists and is photographed and edited by deaf boys and girls themselves, highlighting the key message of having inclusive access to information, mental health, and not being left behind. The video has been widely shared on national and international media outlets.

## SECTION 4: Inclusive Nutrition and Safety during COVID-19

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The COVID-19 pandemic also risks becoming a nutrition crisis, as overburdened healthcare systems, disrupted food systems and income loss prevent children from accessing nutritious diets and essential WASH services<sup>lxiv</sup>. Persons with disabilities face barriers to accessing essential health services and WASH facilities due to environmental barriers; limited capacity of health workers to communicate and work with persons with disabilities.

### 4.1 Inclusive nutritional programs

The effects of school closures go far beyond the direct impact on the loss of learning and formal education opportunities for children. For many—especially those who may already be vulnerable or at risk—meals provided at school may be the only hot, nutritious meal they receive every day and access to school feeding programs can be the difference between malnutrition and adequate nutrition for optimal growth and development.<sup>lxv</sup>

The World Food Programme estimates 370 million<sup>lxvi</sup> children are missing out on school meals globally, of which nearly 50 percent are girls.<sup>lxvii</sup> Despite this, 41 percent of the 129 UNICEF program countries surveyed in May 2020 did not report interventions in nutrition and school feeding as part of their national response to COVID-19.<sup>lxviii</sup>

Evidence has shown that children with disabilities are more likely to be excluded from school-based feeding and nutrition interventions because they are more likely to be excluded from school.<sup>lxix</sup> Therefore, even where school feeding programs are ongoing, children with disabilities may continue to remain excluded. Inaccessible food distribution sites and food rations and supplies that are not responsive to their specific needs exacerbate their exclusion.<sup>lxx</sup>

With the added economic impacts on families and disruptions to local food systems due to the global pandemic, the suspension of school feeding programs can have dire consequences for children worldwide and can disproportionately impact children with disabilities due to suspension of other vital health and social services, allocation of scarce resources, and increased stigma, to name a few. This places them at greater risk of malnutrition and other consequences of inadequate nutrition.

School feeding programs have important impacts on education, gender equality, health and nutrition, social protection, and local economies and agriculture.<sup>lxxi</sup> Evidence has shown that school feeding programs are an important lever to boost school enrolment, attendance and completion, and learning outcomes.<sup>lxxii</sup> Based on positive impacts on girls' education, there is reason to believe that school feeding programs may similarly incentivize families and communities to include children with disabilities in education.

As governments plan school re-openings and re-establish services such as school feeding programs, the global pandemic provides a unique opportunity to build back better by strengthening the inclusion of children with disabilities in education<sup>lxxiii</sup> even before schools are back in session.

Several considerations must be made to ensure children with disabilities are not left out of school feeding programs. Some key recommendations include:

**Ensure disability technical expertise is embedded in the national coordination mechanism for education and school feeding.** This will ensure disability inclusion is included in the needs assessment and considered from the planning phase and the necessary budgetary and resource allocations are appropriately made. This includes planning for the response as well as school reopening.

- **Maintain ongoing consultations and collaboration with families of children with disabilities, persons with disabilities (including adolescents and youth), and their representative organizations** so that programming is reflective of the priorities and requirements of the target group. This will facilitate accessibility and accommodation considerations as well as support with the identification of and outreach to families of children with disabilities who are not enrolled at school.
- **Adopt a cross-sectoral approach** to ensure programming is holistic. For example, food distribution sites can also serve as distribution sites for other important resources and nonfood items, such as educational materials, assistive technology, menstrual products, and so on.
- **Adopt a twin-track approach.** Mainstream school feeding programs should be inclusive of children with disabilities while disability-targeted interventions are also developed. For example, school feeding programs should welcome and accommodate children with disabilities. In parallel, targeted interventions, such as supermarket vouchers or food delivery can be offered to families where children with disabilities may have specific food requirements or those who are unable to travel to food distribution sites.
- **Use the best available data on children with disabilities** to aid in the planning and budgeting processes and to support outreach.
- **Expand school feeding programs to reach those previously left behind** by engaging in outreach beyond school catchment areas to reach children with disabilities who are not enrolled at the school.
- **Establish multiple, accessible food distribution points** that can be easily reached by many families, including by persons with disabilities, are comfortable (e.g. with shaded areas and seating), and adhere to local protocols for physical distancing and infection control.
- **Ensure information is wide-reaching and available in multiple, accessible formats.** To reach families of children who have previously been excluded, it is important that messaging is made available through multiple languages and accessible formats, and that various channels are utilized to ensure a wider reach. In addition to communicating about the availability of food programs, messaging can also be utilized to address stigma and attitudinal barriers that may have prevented children with disabilities from attending school.

- **Provide school building standards that account for accessibility and apply universal design *principals*** so new construction is accessible to children with disabilities. Where retrofitting is possible, school buildings, cafeterias, and dining halls and other spaces within education facilities should adhere to the same standards.
- **Build capacity for education and feeding program staff on communicating and supporting children with disabilities.** Some children might require feeding support and school personnel may not know how to respectfully learn about specific student needs and provide support.
- **Include disability-inclusion-specific indicators in monitoring and evaluation mechanisms** as a means of ensuring disability inclusion is considered by all.

## 4.2 WASH Facilities at Schools and in the Community

An estimated 11 percent of the 1 billion persons with disabilities worldwide do not have access to improved water, sanitation, and hygiene.<sup>lxxiv</sup> Prior to the COVID-19 pandemic, children and adults with disabilities already faced challenges accessing toilets and handwashing that were clean, hygienic, gender-responsive, and accessible to persons with different types of disabilities. These barriers to accessible WASH exist at all levels: within households, communities, healthcare facilities, and schools. It is these barriers to accessing handwashing that contribute to persons with disabilities being at greater risk of contracting COVID-19. This is compounded by public health and hygiene messages on the prevention of COVID-19 transmission not being produced in formats that can be understood by persons with disabilities at different ages and with different means of communication.

Handwashing with soap, when done correctly, is critical in the fight to reduce the transmission of COVID-19. Access to handwashing stations is needed wherever people meet and touch surfaces. This includes homes, but also public places such as schools, health care facilities, workplaces, markets, places of worship, and public transportation hubs.

On April 1, 2020, the World Health Organization (WHO) released interim guidance recommending to all member states that handwashing facilities be obligatory in front of public and private commercial buildings as well as all transport hubs.<sup>lxxv</sup> As countries respond to the COVID-19 crisis through increasing access to handwashing in private and public spaces and plan the post-COVID-19 recovery response with longer-term solutions to ensure a safe return to school and work, it is critical that the needs and rights of persons with disabilities are considered. Handwashing stations need to be intuitive and easy to use for all, including persons with disabilities and children.

The necessary investments in WASH infrastructure that the COVID-19 response requires in communities, including schools, provides an opportunity to build WASH infrastructure which is accessible for persons with disabilities. In schools and other learning institutions, accessible toilets and handwashing stations are critical for the transition back to school for students and teachers with disabilities. For caregivers to feel comfortable and confident for their child to return to school, soap and handwashing stations need to be accessible to all. Where new

WASH infrastructure is being constructed in schools and communities, accessibility standards should be followed.<sup>6</sup>

Accessible WASH infrastructure is critical for the transition back to school for children and adolescents with disabilities. However, many children with disabilities were already out of school prior to the pandemic, with inaccessible toilets and handwashing stations being one of the barriers that prevented them from enrolling in and attending school. The COVID-19 crisis and the necessary focus on improving WASH infrastructure in schools to reduce transmission of the coronavirus, presents an opportunity to overcome this barrier.

Some children and adolescents with disabilities may require assistance to perform daily activities. Children and adolescents with disabilities who are unable to manage their personal hygiene and rely on support for handwashing, toileting, and menstruation may face further isolation with barriers to attending school becoming further entrenched with social distancing practices. As restrictions are lifted and schools re-open, attention needs to be paid to ensure that stigma is not heightened for children with disabilities that need this level of support and that they are able to receive assistance in a safe and dignified manner in schools and their communities.

In an environment where the COVID-19 pandemic has led to fear and the spread of misinformation on the cause and transmission of COVID-19, schools and teachers are important sources for children to receive accurate information on COVID-19 prevention through remote learning platforms and as schools re-open. Children and adolescents with disabilities are less likely to receive this critical hygiene and COVID-19 prevention information provided in learning environments as they often are not in school or may not be included in remote learning, particularly where learning platforms are not accessible.

Messaging on the prevention of COVID-19 (including through proper handwashing) may not reach people with visual, hearing, or intellectual impairments if it is not provided in multiple and accessible formats. Concretely, this means all messages must be available in:

- Braille and large print for people who are blind or have low vision;
- Easy-to-read version for people who have intellectual disabilities;
- Written formats or video with text captioning and/ or sign language for people with hearing impairments; and
- Accessible web content for those using assistive technologies such as a screen reader.

Consider information channels that are most likely to be accessed by children and adults with disabilities. For example, since many children with disabilities are out of school, any information campaigns delivered through schools may not reach children with disabilities. Persons with disabilities may also have lower levels of access to social media and other technology-based platforms. OPDs should be consulted on the most appropriate information channels in each context.

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<sup>6</sup> See UNICEF Factsheet: Handwashing Stations and Supplies for the COVID-19 Response. Link: <https://www.unicef.org/documents/handwashing-stations-and-supplies-covid-19-response>

The COVID-19 pandemic is impacting girls' and women's ability to manage their menstruation,<sup>lxxvi</sup> none more so than girls and women with disabilities.<sup>7</sup> Restrictions in movement, panic buying, and disrupted supply chains can limit access to menstrual supplies.<sup>8</sup> Girls and women with disabilities are often from some of the poorest households, which may be further economically impacted by the COVID-19 crisis. Where menstrual supplies are still available, households may no longer be able to afford them, or these supplies may not be prioritized in household spending decisions (particularly where these decisions are made by male heads of households). To mitigate the impact of reduced access to menstrual materials, menstrual supplies should be considered essential and distributed with other nonfood items, such as in WASH or dignity kits.<sup>lxxvii</sup> The procurement and distribution of menstrual supplies should consider the needs and preferences of women and girls with different types of disabilities. The distribution of menstrual materials is particularly critical in humanitarian contexts and institutional settings, such as refugee camps, prisons, and residential care institutions.

The onset of menstruation can cause girls with disabilities to leave school early if they face barriers to dignified menstrual hygiene management.<sup>lxxviii</sup> WASH infrastructure improvements in schools as part of the COVID-19 response and recovery have the opportunity to make toilets and handwashing stations gender-responsive and disability accessible by providing private, safe spaces for girls with and without disabilities to change and safely dispose of menstrual materials. The combination of improved gender responsive and disability accessible WASH facilities can act as an incentive for girls with disabilities to return to or enroll in school as schools re-open.

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<sup>7</sup> While the term 'women and girls' is used, it is recognized that menstruators may also be non-binary and transgender; menstrual health and hygiene programmes should be inclusive of all regardless of their gender identity.

<sup>8</sup> Supplies refers to menstrual materials (such as pads) and supportive supplies such as underwear and laundry soap.

## SECTION 5: Mainstreaming Inclusion of Children with Disabilities within Additional Financing towards COVID-19 Response

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The inclusion of learners with disabilities is becoming more visible in many plans related to COVID-19 education responses. As a marginalized group, however, the degree to which these plans are being implemented is limited due to the lack of understanding of the learning supports needed by children with disabilities.

COVID-19 will affect education financing and economies on the whole. The three primary sources of education financing include (in order of amount invested) governments, households, and development partners. Domestic governments, the primary source of funding for education, are also heading toward a global economic slowdown due to the ongoing pandemic. The World Bank expects the economic shock to have severe consequences for governments, affecting the education supply, and households, which will impact the demand for education.<sup>lxxxix</sup> Initial projections indicate that the share of education from the overall domestic budget might decrease to make space for essential spending on health and social protection.<sup>lxxx</sup> In other words, spending on health, social protection, and food security is likely to get prioritized over education.

The situation will probably exacerbate already existing inequalities by exposing marginalized children, including children with disabilities, to additional risks. Supporting domestic governments to mitigate COVID-19 disruption is undoubtedly critical as they come up with a pandemic response to education to minimize disruptions and facilitate recovery.

To that effect, development partners have been supporting governments with additional financing. Fast-track emergency responses include the World Bank's commitment of \$160 billion over the next 15 months to help countries to tackle the health, economic, social, and poverty shocks that they are facing; GPE's \$500 million COVID-19 Accelerated Funding Window for its 67 eligible development partner countries; and ECW's \$15 million First Emergency Response Window for 16 countries responding to COVID-19 in an emergency context.

Since May 2020, several countries received emergency education financing from GPE and ECW. The grants identify overlapping thematic priorities for funding, which include operationalizing distance learning modalities through television and radio, support to teachers, the safe reopening of schools—including COVID-19 awareness-raising and WASH services—and remedial and accelerated learning to make up for learning lost during the pandemic. Children with disabilities are a target population in both funding windows.

The funding windows emphasize the following requirements:

- Focus on the most vulnerable<sup>9</sup>. Almost all documents acknowledge persons with disabilities as a vulnerable group in addition to girls, refugees, and children from low-income families and remote locations.

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<sup>9</sup> ECW's target populations include refugees, internally displaced and otherwise crisis affected with a focus on girls and marginalized groups, such as children with disabilities. For more information read: [The Fierce Urgency of Now: Education in Emergency Response to COVID-19](#).

GPE's target population includes poor, vulnerable, or otherwise disadvantaged children, including girls, affected by the COVID-19 pandemic. Application to include targets to ensure equity. For more information read: [Guidelines for COVID-19 \(Coronavirus\) accelerated funding window](#)

- An emergency education plan which outlines immediate education measures, with a focus on recovery.

The section below captures information and data on how effectively children with disabilities are included in the first wave of emergency grants for education. It also identifies some examples of active inclusion of children with disabilities in program planning as some practical solutions further to support disability-inclusive education financing and programming during emergencies. For the purpose of this paper, emergency education funding windows for GPE and ECW were reviewed.

### 5.1 Inclusion of Learners with Disabilities in Additional Financing for Education

ECW focuses on supporting education in countries affected by fragility, armed conflict, forced displacement, natural disasters, and protracted crises. The countries covered by ECW already have fragile education, health, and social protection systems. The effects of the pandemic, in addition to the already strained systems, have the potential to cause massive disruptions.

In its first phase, ECW allocated \$15 million to 16 countries under the First Emergency Response (FER) grants package. The grants have a strong focus on emergency education measures, information and awareness campaigns, upgrading of community WASH facilities, and providing psychological support to parents, families, and children. Evidence gathered from discussions with ECW suggest that while children with disabilities are a target group for the overall funding window, programming for disability was not covered actively in the applications in general, suggesting that children with disabilities are left behind.

To ensure that future funding covers programming for children with disabilities, the phase 2 of the FER grants will have more specific application requirements targeting children and youth with disabilities as well as girls at the secondary school level.

A quick review of GPE’s emergency financing portfolio of approved grants (as on May 28, 2020) was also conducted for this paper. Seven countries, namely Ghana, Malawi, Mozambique, Pakistan, Rwanda, Somalia, and Zambia, have been allocated emergency grants worth \$85.4 million to plan immediate mitigation activities with a focus on education recovery.<sup>lxxxix</sup> All five grants outline a focus on promoting learning opportunities for children from low-income families and gender equity.

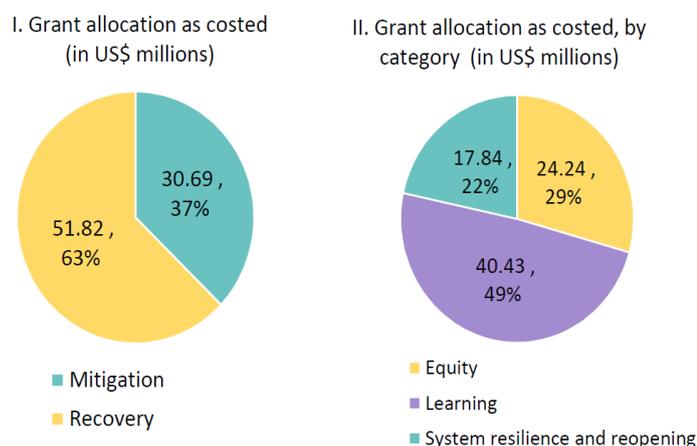


Figure 11: GPE Grant allocation for COVID-19 accelerated funding window. Grant allocation in millions for 7 grants. Source: GPE

Children with disabilities are included under both mitigation as well as recovery response. However, it is interesting to note that gender, income, and remote location surpass disability in terms of interventions and budget allocations. Figure 11 illustrates the share of allocations toward fulfilling urgent education needs as compared to building resilient education systems for the future.

In terms of the share for children with disabilities, the figures are small compared to allocations for other categories under equity. The priority target groups are children living in poverty and girls. Nonetheless, disability gets an allocation of \$1.77 million (out of \$85 million) toward the emergency education response. Further, all six countries outline activities towards mitigation (urgent education response). Total grant allocation for all six countries is \$1.2 million—ensuring learning continuity for learners with disabilities during the pandemic. However, two out of seven grants focus on providing inclusive recovery once schools open. Allocations for activities focusing on the reintegration of children with disabilities back into school are approximately \$500,000.

**Table 3: Disability Allocation within GPE’s Emergency Financing Portfolio**

Source: Global Partnership for Education

	Allocation: Mitigation (US\$)	Allocation: Recovery (US\$)
<b>Ghana</b>	600,000	66,667
<b>Malawi</b>	77843	0
<b>Mozambique</b>	7,770	0
<b>Rwanda</b>	50,000	504,000
<b>Zambia</b>	240,000	0
<b>Somalia</b>	225,000	0
<b>Pakistan (20 million)</b>	0 (portion of the tablets bought under this grant will be assigned to children with disabilities)	0
<b>Total (US\$)</b>	1,200,613	570,667
<b>Grand Total (US\$) toward disability-inclusive education</b>	<b>1,771,280</b>	

**Table 4: Examples of activities on disability inclusion in GPE COVID-19 Funding Window**

Source- Global Partnership for Education

Theme	Activities
Mitigation	Adapt learning tablets and TV lessons for accessibility by children with special needs
Mitigation	Promotional and awareness campaigns conducted on various media channels (Radio/TV/Print media) Materials tailored to children with disabilities will be developed focusing on their integration, communication, mobility, and self-care
Mitigation	Relevant content about specific care for children with special needs Promotion of supplementary support programs for students with disabilities
Mitigation	Continuity of learning via distance learning platforms by developing speech to text options for deaf learners Development and delivery of print materials in braille Assistive device support to 150 learners with disabilities
Recovery	Guarantee recovery classes in different modalities for students including children with special needs

### **Multisectoral approach in education financing**

The COVID-19 pandemic is a health crisis with severe economic and social effects, which necessitates the collaboration of multiple ministries. Access to learning is further compounded by socio-economic circumstances. Students with disabilities generally come from the poorest households, where devices such as televisions, smartphones, and radios are either shared by several family members or are not available.

Girls with disabilities may face additional challenges, as families may task them with additional household chores/duties during the lockdown, preventing them from learning or returning to school.

Additional social protection mechanisms and incentives must be built-in along with provisions and plans for education. To avoid the burden of responsibility falling mainly on the education budget to the detriment of funds allocated to improve the quality of education, ministries such as health, family welfare, social justice and empowerment, and telecom must collaborate to increase support to all children to have affordable and sustained access to care, well-being, and education during emergencies.

### **Targeting children with disabilities in grants**

Identifying children with disabilities as a target population eligible for additional financing is a step in the right direction. However, effective inclusion would require donor agencies to prioritize children with disabilities and, if possible, allocate targeted financing for marginalized groups, including children with disabilities. Prioritizing and targeting financing will ensure that governments are planning effective emergency programs that genuinely reach the most marginalized and most at risk of being left behind.

### **Promoting the collection and use of data disaggregated by disability**

Additional as well as mainstream financing must promote disability data collection. Many countries are strengthening education management information system (EMIS) data collection, which can be an excellent entry point for collecting data on learners with disabilities using the Washington Group's Child Functioning Module. At the household level, the Washington Group Short Set should be included to capture data on children with disabilities who may be out of school. Data on children with disabilities is critical for designing and planning education programs and emergency activities as education systems build back better.

### **Exploring the role and value of local education groups/emergency working groups/education clusters:**

At the country level, governments and coordination agencies must coordinate with local/emergency education working groups to ensure that the technical working groups on inclusive education are well informed regarding grant application processes. The Inclusive Education Working Groups (part of LEGs) must be consulted to review and provide feedback to ensure that a disability-inclusive perspective is captured in the proposed program and activities in the grant application. To ensure that the views of the disability-inclusive education sector are adequately represented, the national education coalition should undertake consultations with stakeholders, such as OPDs, community-based rehabilitation networks, and disability and development organizations working in inclusive education for students with disabilities. Alternatively, the thematic working groups should have representation from a range of OPDs, national academia as well as organizations with experience in working with persons with disabilities, to ensure representation across the spectrum of disabilities.

**Front-loading and fast-tracking existing education financed projects** to respond to and support the pandemic response can be a useful strategy to ensure that financing for education is uninterrupted. The budget allocation for promoting disability-inclusive education should be marked and reported with disability tags such as the OECD-DAC Marker. The tracking should be able to provide the proportion of grants for children with disabilities as compared to the overall grant portfolio, along with gender and other marginalized groups. Bilateral and multilateral donors reporting to the OECD-DAC database should use the disability marker. The creation of time-bound and costed national COVID-19 Action Plans inclusive of disability would make tracking easier. Transparency, alliance building, and open communication/consultations would help build accountability.

### **Monitoring disability inclusion activities within project components**

It is critical to monitor program activities to understand the approach toward the education of children with disabilities. GPE's disability stock-take highlights the importance of such tracking. Evidence from the report suggests that often interventions are planned for specific types of disabilities—such as support for vision impairment and hearing screening over other disabilities, such as learning accommodation for children with intellectual disabilities— or certain kinds of procurement-dependent activities are planned more than others—such as teaching aids, purchase of hearing aids, orthotics, or setting up of special schools— and have a high frequency in the funding budget.<sup>lxxxii</sup> Monitoring ensures that education financing is supporting mainstream inclusion, not segregation, and that inclusive quality learning is made available to all students.

### Prioritizing in procurement

The distribution of radios, tablets, and internet connectivity—that were previously deemed too expensive—are now regarded as an essential way of ensuring learning in students. Complying to social distancing guidelines may be harder for students with specific disabilities, so they should be prioritized in the provisioning of these devices in case school closures persist. Accessibility would be a requirement in any procurement and the procurement lists for humanitarian crisis need to better attend to the learning needs of students. In the procurement of technology, be it devices or applications, the accessibility capabilities, durability, and technical support capabilities should be key considerations. OPDs, in particular youth with disabilities, and independent or unbiased technical expert organizations should be consulted during procurement processes to ensure sound decision-making.

### Financing for the future

Financing is needed to ensure that education strategies to reach learners will include learners with disabilities and adhere to the UDL approach. Additional financing should also be allocated to specific activities that would specifically reach out to students with a wide range of disabilities. Disaggregated EMIS data on students with disabilities per grade can provide some guidance on which material and devices to prioritize. For example, in Somalia, the Ministry of Education will distribute radio sets to children from marginalized families so that students can access online radio and television lessons. Data from disability and development organizations could be used to supplement the data of the Ministry of Education. Developing a timebound, and costed action plan for students with disabilities, in consultation with national and international organizations would be useful to foster ownership and accountability.

**Table 5: Financing Disability-Inclusive Learning**

Barriers for learners with disabilities* (*Themes identified for IEI Survey on children with disabilities and COVID-19)	Considerations for Education Financing
<b>Safe home environment</b>	<ul style="list-style-type: none"> <li>● Establishing/strengthen GBV helplines / child-helplines</li> <li>● Awareness raising through media</li> <li>● Inclusive back to school campaigns</li> </ul>
<b>Access to devices / internet</b>	<ul style="list-style-type: none"> <li>● Radio sets, tablets, e-brailers, laptops, smartphones for learners</li> <li>● Financing free Data / internet access/internet bundles</li> </ul>
<b>Access to accessible learning resources and services</b>	<ul style="list-style-type: none"> <li>● Technical expertise for accessible web and content design</li> <li>● Sign-language interpretation, captioning, audio descriptions</li> <li>● Toll free call-centers and tutorial services</li> </ul>

<b>Access to books and print materials</b>	<ul style="list-style-type: none"> <li>• Safe contact free delivery of printed textbooks and learning material</li> </ul>
<b>Access to guidance from teachers</b>	<ul style="list-style-type: none"> <li>• Training for teachers in remote learning strategies based on UDL principles</li> <li>• Deploying teachers with specialized skills to support regular teachers</li> <li>• Laptops/smartphones for teachers</li> <li>• Curriculum focused on safety, well-being over academic outcomes</li> </ul>
<b>Access to financial support for health, care and learning</b>	<ul style="list-style-type: none"> <li>• Establishing scholarships, student grants to cover a range of education and social protection needs</li> <li>• Increasing disability allowances</li> </ul>
<b>Access to community care and physical support</b>	<ul style="list-style-type: none"> <li>• Establishing Community support groups</li> <li>• Strengthening the capacity of CBR networks- phone based check-in and psychosocial support.</li> </ul>
<b>Access to WASH, nutrition, sanitary equipment</b>	<ul style="list-style-type: none"> <li>• Financing inclusive school and community WASH facilities</li> <li>• Inclusive school meal delivery</li> <li>• Distribution of soap and dignity kits for all girls including girls with disabilities</li> </ul>
<b>Accessible information on COVID-19 and its prevention</b>	<ul style="list-style-type: none"> <li>• Easy-to-read visual posters on</li> <li>• Closed Captions Public Service Announcements (PSA)</li> </ul>
<b>Support for parents and families</b>	<ul style="list-style-type: none"> <li>• Community volunteers' networks for supporting families with shopping, phone based psychological support.</li> <li>• Teaching assistants with specialized knowledge and skills to support parents and learners with specific learning support needs</li> <li>• Conducting needs and formative assessments to inform school reopening and systems for future outbreaks</li> </ul>

## 5.2 Keeping the Twin-Track Approach Front and Center

One of the key strategies for inclusive emergency education planning is the twin-track approach to overcome immediate education gaps as well as for recovery operations and activities. Country governments can plan for inclusive mainstream solutions to benefit all, including children with disabilities. These include, for example, inclusive awareness campaigns, remote learning, inclusive community WASH, a simplified emergency curriculum for all students, and so on. At the same time, that can plan for activities that specifically target children with disabilities to promote equitable access to quality learning—for example, braille

materials, sign language instructions on television for deaf learners, support for parents, social protection schemes, scholarships, and stipends for learners with disabilities.

**Table 6: Illustrative Example of Actual Planned Activities in Twin-Track Approach**

	Inclusive Mainstreamed Activities (Track 1)	Specific Activities for Disability Groups (Track 2)
<b>Ghana</b>	<ul style="list-style-type: none"> <li>• Teacher training on inclusion, accessibility, and safeguarding</li> <li>• Text-to-speech functionality for all education content uploaded on the Digital Library</li> <li>• Development and deployment of accessible and inclusive tutorials through television and radio (including subtitles, sign language, and captions)</li> <li>• An enrolment drive or back to school campaign with emphasis on children with disabilities</li> <li>• Disability-friendly WASH facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Targeting students with disabilities as a key target group under the back-to-school and gender sensitization campaign</li> <li>• Deployment of pre-loaded content devices (targeted at approximately 10,000 students with special needs)</li> </ul>
<b>Rwanda</b>	<ul style="list-style-type: none"> <li>• Mobilizing community support</li> <li>• Back-to-school campaigns focusing on all students including girls' learners with disabilities</li> <li>• Non-academic audio for all</li> <li>• Enhanced provision of soap and inclusive WASH facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Disability inclusion in remote learning content will specifically include captioning, interpretation, use of images and examples that are inclusive and do not stigmatize</li> </ul>

Table 6 illustrates some examples of track one and track two activities from GPE's COVID-19 accelerated funding window. Although they were not written into the grants as such, these are examples of visually representing activities that are good examples of what track one (mainstream) activities and track two (disability-specific) activities look like in education planning.

## SECTION 6: The Education Recovery Process

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While many countries are fully focused on the current school closure situation, planning for stronger and more inclusive future education systems needs to begin immediately <sup>lxxxiii, lxxxiv</sup>, <sup>lxxxv</sup>This section considers how countries can move from dealing with a crisis toward the longer-term education recovery process.

### 6.1 Post-pandemic scenarios

As described in section 1.1, school closures pose major risks for the learning of children with disabilities. Unfortunately, school closure is not the only route through which children with disabilities will be affected by the pandemic. To understand how countries can recover from COVID-19 and build better, more inclusive education systems, it is important to consider the range of possible health, economic, and social consequences of the pandemic. First, much remains unknown about the nature of the coronavirus and how it can be controlled, and the possibility remains more waves of infection in some countries. Combined with other infectious disease epidemics and natural disasters, building education systems that are more resilient to such events will need to take greater priority.

Secondly, there is a prospect that countries will face severe economic consequences from the pandemic, initially as a result of the shutdown of businesses to control the spread of infection, and over the coming months, as a result of a global economic slowdown. Poverty is likely to increase in many countries, along with poverty-related barriers to inclusion of children with disabilities, such as the inability to afford assistive technologies. At the same time, pressure may be put on both national and donor education budgets, limiting their ability to finance the measures that are needed to ensure inclusion.

Third, it is possible that innovations around remote learning and education technology will be maintained for the longer term, beyond the pandemic. The COVID-19 crisis is spurring some investments—including from domestic and donor financing—which, if shown to be successful, could lead to innovations being maintained by governments and mainstreamed into the education system. The possibility of further disease outbreaks, and the need to give extra support to children who have lost time in school, provides additional reasons for governments to maintain and scale up remote learning technologies. The principles for remote learning described in sections 2.2 and 2.3 will then be important not just during the pandemic, but in the recovery phase. It will be particularly important to prioritize remote learning approaches that can include those who were excluded from the education system pre-COVID-19, to avoid locking in the current disparities where substantial proportions of children, especially those with disabilities, never enter school. In Zambia, for example, the government intends to develop a full range of remote learning content, particularly through radio, leading to a strengthened remote and alternative learning system in the medium to long term, not just during the crisis. <sup>lxxxvi</sup> Remote learning measures need to complement each other—for example linking radio shows to online worksheets and textbooks—and build in longevity—for example recording shows and making them available through various channels to support education for marginalized groups in the longer term.

With these scenarios in mind, the following sections will consider first, how best to reopen schools, and then, how countries can tackle the potential new barriers that will arise, reinforcing existing mechanisms that exclude children with disabilities from education.

## 6.2 Ensuring Safety, Protection, and Inclusion when Reopening Schools

Children, and especially younger children, appear to be at lower risk of infection with COVID-19, are less likely to transmit the virus to others become seriously ill, or die.<sup>lxxxvii,lxxxviii</sup> Spread within schools has been reported but appears to be rare compared with other respiratory illnesses.<sup>lxxxix</sup> There remains disagreement about the strength of this evidence,<sup>xc</sup> but some governments have argued that the benefits of reopening schools, with social distancing measures in place, outweighs the risks.<sup>xc</sup> Some evidence suggests that children under 10 are at particularly low risk, while adolescents face similar risk to adults.<sup>xcii, xciii</sup> This suggests that it may be appropriate for early childhood care and education centers and primary schools to start reopening first and for secondary schools to exercise more caution. It is worth noting, however, that much of this research tends to focus on more developed countries and the country context needs to be carefully considered. In many of the LMICs, there is a high prevalence of intergenerational households. This could lead to an increase in the risk for elderly relatives with whom younger children returning to school live with.

In many contexts, remote learning will not realistically allow the majority of children to learn while schools are closed in the immediate future. Because access to devices, internet, and electricity is limited, children who cannot read yet need significant support to benefit from remote learning and parents do not have the capacity to offer that support. This is particularly the case when the technologies that are available are not accessible to all children with disabilities. Reopening schools as soon as it is safe is therefore crucial for reducing the learning loss due to the pandemic. UNESCO, UNICEF, the World Bank, and the World Food Programme have developed a framework on how and when to reopen schools, which includes adaptation of school opening policies and practices to expand access to marginalized groups including children with disabilities.<sup>xciv</sup>

In some countries, phased reopening of schools may be adopted to reduce the risk of transmission. In these cases, children who are hardest to reach with remote learning, including those with disabilities, should be prioritized among the first to have opportunities to return to school. Where children with disabilities learn in special schools, those schools should be prioritized for reopening. Governments need to plan protective measures in ways that take account of disability, for example using transparent face masks to aid communication with hearing-impaired learners and social distancing that still allows children with movement impairments to be assisted. It is also important to put appropriate protective measures in place for children with medical conditions that make them more vulnerable to COVID-19. Persons with disabilities may be at greater risk of contracting COVID-19 due to attitudinal, environmental, and institutional barriers within the response to the pandemic.<sup>xcv</sup> Most children with disabilities are *not* medically at higher risk of infection but face higher risk due to policy factors, such as lack of inclusive WASH facilities (see section 4.2). It is important for these factors to be addressed so that they can return to school as soon as possible.

Several countries are planning back-to-school campaigns. In Ghana and Rwanda, these are planned with a particular focus on enrolling or re-enrolling children with disabilities. It is essential that children with disabilities are not ignored in re-enrollment campaigns. To ensure all children are included, however, governments will need to go beyond such campaigns and assess and address the new and existing barriers that explain why children with disabilities may not have been re-enrolled in school, many of which have been outlined in this issues paper.

Once schools reopen, a set of measures aimed at reversing learning losses will be needed, including better classroom assessment, smaller class sizes, more focused pedagogy and

curriculum, and better use of technology.<sup>xcvi</sup> Governments may need to offer accelerated learning for children who have missed out and especially those who have not been able to access remote learning during school closure. This means making accelerated, inclusive curricula highlighting key subject-specific learning outcomes that teachers can prioritize. Several countries have experience with accelerated learning programs following crises. After Ebola, Sierra Leone implemented a shorter curriculum to be covered in two shorter academic years, more appropriate to the learning levels of students and capacities of teachers, although there is limited evidence on impact of these changes.<sup>xcvii</sup>

In the present crisis, in parts of China, individualized learning plans are being used to help learning recovery among students from disadvantaged backgrounds.<sup>xcviii</sup> Governments in Malawi and Ghana plan expansion of existing remedial learning programs to help children catch up. In Rwanda, school grants have been proposed to support similar remedial and catch-up programs.<sup>xcix,c,ci</sup> However, more consideration will need to be given to the appropriate form and inclusiveness of these programs. Segregated remedial classes for learners who fall behind can be stigmatizing and are inappropriate in cases where the whole school has fallen behind, for example because they are in a remote rural area with little access to remote learning. Despite the challenges of including all children in remote learning, this time also poses a unique opportunity to expand access to learning opportunities for children with disabilities who have not previously been enrolled in formal education.<sup>cii, ciii</sup>

The COVID-19 crisis may have serious impacts on the psychosocial and physical wellbeing of children. Isolation, fears of getting sick, trauma of losing family members, and other concerns can have serious implications for children's social-emotional wellness. As education systems recover from COVID-19, they should integrate psychosocial support, using multiple modalities to ensure that the most vulnerable are reached.<sup>civ</sup> Civil society actors and community workers may need to play larger roles in offering psychosocial support, protecting children, preventing drop-outs, and encouraging parent engagement.<sup>cv</sup>

Both formative and summative assessment may play an important role in helping teachers to understand how much children have fallen behind during school closure<sup>cvi</sup> and it will be critical for such assessment to accommodate children with disabilities<sup>cvi</sup> and for teachers to be trained to assess special educational needs that may make it harder for children to catch up. Investments in teacher training to enhance their capacity to implement continuous formative assessment will be critical and will benefit all children, including those with disabilities. Inclusive community assessment efforts such as ASER in Pakistan have an important role in helping parents and the community understand gaps in learning, as well as in supporting teachers to teach at the right level for each child. The potentially smaller class sizes as a result of a blended approach in the return to school present a possible opportunity to support teachers to implement new learnings around teaching at the right level with more manageable class sizes.

Support of parents and caregivers is increasingly recognized as important for children's learning, but poverty, time, and other factors can create inequalities in parents' ability to provide this support.<sup>cvi</sup> Child-to-child approaches, peer and collaborative learning, and parental engagement programs can enhance learning.<sup>cix</sup> Establishing better communications between teachers and parents may make it easier for teachers to support remote learning in future crises.<sup>cx</sup> In one NGO program in Sierra Leone during Ebola, community-based rehabilitation volunteers provided learning support and radios to children with disabilities

and their families in their homes.<sup>cxii</sup> Building digital literacy among both teachers and families will be important preparation for future technology-based interventions.

### 6.3 Tackling New Sources of Disadvantage That Will Reinforce Exclusion of Children with Disabilities

Contractions in the economy due to COVID-19 could cause massive reversals of progress in poverty reduction.<sup>cxii,cxiii,cxiv</sup> Early survey results in Bangladesh found many families reducing food expenditure in response to a sudden, sometimes total, drop in income.<sup>cxv</sup> The tendency for education outcomes to be worse among children from poor households is well established (e.g., UNESCO 2015); barriers include direct and indirect costs of schooling, the need for child labor, poor childhood nutrition, and disparities in school quality between richer and poorer areas. A worsening of early childhood nutrition during the crisis could have long-term effects on cognitive development and schooling outcomes. Poverty declines in health and nutrition among both adults and children, and increased reliance on children's work, are likely to compound the disadvantage already faced by children with disabilities in accessing education and learning. As a result, the multisectoral approach mentioned before is critical.

Governments will come under financial pressure due to recession and the need to direct spending to health and protection measures. Despite pressure to cut education budgets, governments will need to take steps to offset these new sources of disadvantage and protect expenditures aimed at improving learning, with support from international partners. The education crisis resulting from COVID-19 presents an opportunity to build stronger, more inclusive systems and reflect on the role and purpose of education in the 21st century. Among other things, this is likely to involve a greater emphasis on socio-emotional skills. Acquired through interactions, stories, sports, and the arts, skills such as the ability to think about unspoken social rules, expected behaviors, emotional self-awareness, and understanding the bigger picture, are all particularly important for students with disabilities negotiating the real world.

In Sierra Leone after Ebola, the government aimed to increase enrollment to above pre-Ebola levels through waiving school and exam fees, and providing school feeding, community mobilization, and targeted support to vulnerable groups.<sup>cxvi</sup> Particular attention was focused on ensuring that groups stigmatized or made vulnerable by the crisis—Ebola orphans, survivors, pregnant girls, and new mothers—had access to some form of education and did not drop out of school. A gender-focused program provided one-hour daily skills, sexual and reproductive health, and vocational learning classes for adolescent girls and demonstrated successful impact in mitigating secondary risks from the Ebola outbreak, especially around pregnancy and transactional sex, helping to reduce declines in school enrollment.<sup>cxvii</sup>

More broadly, a renewed focus will be needed on policies that can help children with disabilities in the poorest contexts access school and learning. This is likely to include measures such as removing or waiving school fees, school grants, cash transfers to households, provision of assistive technologies, and increased support to teachers. Nutrition programs will need to be maintained or built up to offset the effects of economic recession (see section 4.1). EMIS will need to be improved to present disaggregated data on children with disabilities.<sup>cxviii</sup> Program evaluation, often neglected in crisis situations, is essential for learning about the effectiveness of the responses on different groups of children. Evaluations of accelerated learning, distance learning, and other COVID-19 responses need to be able to distinguish impact on children with disabilities and other marginalized groups.

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## ANNEX 1: Glossary

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**Inclusive Education Initiative:** The Inclusive Education Initiative (IEI) is a multi-donor trust fund overseen by the World Bank. Launched in 2019 with support from the Norwegian Agency for Development Cooperation (Norad) and the U.K. government’s Department for International Development (DFID), the initiative invests in catalytic technical expertise and knowledge resources that support countries in making education progressively inclusive for children across the spectrum of disabilities.

**Children with disabilities:** The United Nations Convention on the Rights of Persons with Disabilities (CRPD) defines persons with disabilities as including “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.”

**Twin Track approach:** an approach to disability-inclusive education that ensures children with disabilities are meaningfully and fully included within education through two basic principles: 1) ensuring mainstream education is universally designed for learners and 2) developing targeted support to address the specific needs of children with disabilities.

**Community-based Rehabilitation (CBR):** According to the WHO, CBR “an effort to enhance the quality of life for persons with disabilities and their families; meet their basic needs; and ensure their inclusion and participation. While initially a strategy to increase access to rehabilitation services in resource-constrained settings, CBR is now a multisectoral approach working to improve the equalization of opportunities and social inclusion of persons with disabilities while combating the perpetual cycle of poverty and disability. CBR is implemented through the combined efforts of persons with disabilities, their families and communities, and relevant government and non-government health, education, vocational, social and other services.

**Inclusive Education:** Inclusive Education is a process of strengthening the capacity of the education system to ensure equity and inclusion of all learners in the forms of educational access, participation, and achievement for all learners. Learning programs and educational opportunities that support learning for all students, especially those who are typically excluded from education, like girls and children with disabilities, in the same classrooms and schools.

**eLearning:** Teaching delivered through distance learning via the internet.

**Low-tech approaches:** Approaches that do not require the internet or expensive technology, but rather use more commonly available technologies or none at all. Examples include mailing print materials, radio, SMS and texting services, telephone calls, and oral descriptions of visually presented materials.

**Conditional Cash Transfer:** A program where money is transferred to families with stipulations for specific behavioral goals to be met, such as increased school attendance for children with disabilities or regular health checkups.

**Unconditional Cash Transfer:** A cash-transfer program where families receive funding under a specific goal/premise, but do not have to meet conditions to receive the payment.

**Universal Design for Learning:** An approach that acknowledges that in a classroom of learners, all are different. They understand, process, and express things differently from one to the next. UDL asserts that teaching and learning should utilize a multitude of methods to support all learners, including, but not limited to learners with disabilities. UDL involves three key principles: teaching should provide multiple means of 1) engagement, by being motivated to learn through a variety of methods; 2) representation, by having content presented in a variety of ways; and 3) action and expression, by showing what they have learned in a variety of ways.

**Accessibility:** The degree to which the physical environment, transportation, information and communications, and other facilities and services open or provided to the public are accessible to all persons, including those with disability.

## ANNEX 2: Methodology

The issues paper uses a mixed-methods approach to draw data and information from various sources between March 12, 2020 and May 24, 2020:

### 1) Primary Sources

- a. *IEI COVID-19 Survey on Children with Disabilities*—data from seven regions in five languages (English, Spanish, Arabic, French, Portuguese, and Russian) were captured, providing information on current access to educational opportunities and types of support available to children with disabilities.

The three-pronged survey consists of 38 questions a mix of multiple-choice questions (31) and open-ended response questions (7) for each subset of stakeholders,<sup>10</sup> capturing the voices of parents of children with disabilities, teachers, and persons with disabilities. A total of 3,993 survey responses are included in the analysis. The survey was disseminated via snowball technique primarily through the IEI Community of Practice(s) LinkedIn page. The survey was further disseminated online through networks of organizations of persons with disabilities (ODPs), email list-serves, social-media as well as self-advocates and individuals. The survey was live from April 30th to May 31<sup>st</sup>, 2020. Since the questions asked in the survey were broader in scope than the issues paper, only the questions with corresponding themes in the issues paper were analyzed. A comprehensive report on the IEI COVID-19 Survey on Children with Disabilities will be available shortly.

Limitations—The survey was designed as a quick dip-stick survey to understand barriers and access to the supports needed by families or children with disabilities and teachers. It is not designed to probe and unpack specific issues related to access, participation and supports.

It also must be noted that the survey was primarily disseminated online. It is fair to assume that most of the respondents had access to an internet enabled device. Hence, the results from the survey are not representational and capture specific type of demographic which does not represent stakeholders across all socio-economic sections.

- b. *Focus group discussions with World Bank country teams*—Remote, deep-dive information-gathering meetings held with country teams from Ethiopia, Liberia, Nepal, Rwanda, and Sierra Leone.
- c. *Data from the Global Partnership for Education (GPE) and Education Cannot Wait (ECW) COVID-19 accelerated funding windows*—Information and coded data from final approved applications from several countries were used to inform this issues paper.

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<sup>10</sup> Parents of children with disabilities were asked 15 questions, teachers who work with children with disabilities were asked 19 questions, and persons with disabilities were asked 14 questions.

## 2) Secondary Sources

- a. *Expert Roundtable on Inclusive Education and COVID-19*—this virtual event invited information sharing, discussion and dialogue from education, social development, social protection, WASH, and disability experts to understand the challenges, issues, and key emerging solutions at a regional and country – level, while ensuring the well-being and education of children with disabilities. Information and resources from the roundtable have been critical in establishing the purpose, scope, and outline of this issues paper.
- b. In addition to the above, the authors of this issues paper have drawn on the following sources of literature:
  - i. Peer-reviewed journal articles on education in emergencies and emergency response during the Ebola Crisis;
  - ii. Policy briefs on education and COVID-19;
  - iii. Technical guidance briefs from multilateral organizations;
  - iv. Government policy documents, remote education plans, and directives;
  - v. Documents and guidance from NGOs and OPDs;
  - vi. Evaluation reports and data portals from international donors and bilateral organizations; and
  - vii. Blogs posts related to COVID-19, education, and disability inclusion.

All documents were required to relate to disability inclusion and primary education, with an emphasis on inclusive education and COVID-19. Documents that referred to education in special education settings were also included in the review because of the extraordinary nature of the pandemic and to ensure that any vital country-level information on children with disabilities was not being excluded due to semantics.

## ANNEX 3: Essential Curriculum for Remote Learning

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Everyone learns differently<sup>cxix</sup>. All children have preferences in how they like to learn, but some students have specific needs that require careful thinking about how remote education is delivered. Providing instruction that only supports the most common types of learning needs obstructs the learning of children who are already overlooked and prevents the system from benefitting all members of society. During this period of global school closures, as educational systems move from traditional learning to alternative remote learning options, the need to ensure accessible curriculum to diversify learning formats is even more important. One way to improve learning for a wide range of student desires and needs is to deliver curriculum using UDL.

UDL is based on the premise that there is significant variability in how all students learn thus, curriculum needs to be aligned with those learning differences. When presented in a variety of ways for all students, learning outcomes can improve for all students—both with and without disabilities<sup>cxx</sup>. There are three principles of UDL:

- Multiple means of Representation (present information to students in a variety of ways)
- Multiple means of Engagement (foster students' motivation in a variety of ways)
- Multiple means of Action and Expression (enable students to express what they learn in a variety of ways).<sup>11</sup>

Using these principles, UDL can be used within the curriculum to help diversify learning within a variety of learning platforms. Regardless of the type of alternative learning a country adopts to enable continued learning, all programming can be developed to incorporate the UDL principles, which provide a way of structuring remote education delivery that can be adapted to different development contexts. It is a process for thinking about *how* to do education and support learning that can be contextualized to different settings. A few items to consider when having students do assignments at home include:

- Every lesson should have explicit objectives, goals, and expectations. All students benefit from having clear learning objectives and understanding the expectations of the lesson. This principle also applies to remote learning. Therefore, regardless of the type of learning platform used, this should be clearly stated at the beginning of the session with a summary of what was learned to conclude the session.
- Lesson delivery should allow for student choice of accessibility. Provide multiple options for exposure to the same concept and let the students select which option they want to do. For example, using sign language for lesson delivery along with verbal speech. Alternatively, students can be provided with supplement written materials to accompany radio lessons or parent lessons. In all cases, students need to receive information in various ways to ensure no student is excluded.

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<sup>11</sup> For more information on UDL in low resourced settings, please see USAID's Universal Design for Learning to Help All Children Read: Promoting Literacy for Learners with Disabilities.

- Lesson participation should allow for different responses. For example, if students are learning about plant parts, students can “show what they know” in different ways. This might include drawing a picture of a plant, writing a paragraph, send SMS texts to describe the various parts of a plant, or “teaching” the parts to a younger sibling.
- Engage children using opportunities available in home-based learning. Learning outside of the classroom provides new opportunities for student engagement. A few ideas for home-based engagement include:
  - Incorporate movement. Learning does not need to take place at a desk. Design activities that require students to move around their home or yards (keeping in mind social distancing) to explore or demonstrate concepts. For example, if learning phonetics, ask the child to go around their classroom (or current home-based learning environment) and either write a list or work with their parent to identify all objects with a certain sound. This game requires no print literacy or supplementary materials and can engage both children and their parents.
  - Promote the use of local household materials. Local materials in communities and homes with few resources can be crucial assets when promoting continuous education at home for children with and without disabilities. Suggestions for ways children can use household materials during remote learning include the following (IDP and RTI 2020):
    - Beans, stones, or grains of rice can be used to form the shapes of letters, syllables, or words and can be used in various games and activities.
    - Children can practice making letter shapes with their bodies or drawing the shape of a letter on another person’s back or hand, while the other person guesses the letter.
    - Numeracy can be reinforced through adding and subtracting leaves, bottle caps, or stones. Children assisting families with farming or other household activities can be encouraged to count aloud the number of seeds planted, use subtraction to identify how many vegetables remain on a plant after harvesting, and pose other word problems that involve practical mathematics operations.
    - Children who express themselves in different ways can be encouraged to draw simple icons on woven sacks, on spare paper, or even in the dirt and point to an image to communicate at home.
  - Engage parents, caregivers, and siblings to support younger children and those who may be struggling to learn. Parents and caregivers have always been an important part of education. With the shifts in education due to the COVID-19 pandemic, their role is even more critical. It is important to find simple ways for parents to be a part of the education process while ensuring they are not overburdened. Alternative learning platforms can make simple suggestions for how parents can reinforce learning while remaining safe at home. For example,

when cooking, parents can count ingredients with their children to help them learn math skills or identify two household ingredients that start with the same initial sound. Peer learning and support is also an effective component of inclusive education. Siblings who have some literacy can help those who are still learning to practice writing letters. Siblings can also read aloud or tell each other stories, ask comprehension questions, or practice together adding and subtracting household items.

- Ensure lessons that promote social emotional learning. The COVID-19 crisis has left the world in a state of confusion. Adults who have weathered other crises often have coping mechanisms (for example, several of the countries that shared information for this report could act quickly because of experience with the Ebola crisis). Children, however, may be struggling with the uncertainty of the crisis, the isolation away from classmates, and reduced structure of their daily lives. Providing opportunities for children to identify their emotions and engage with them as part of academic work may pay long-term dividends for their mental health.

In addition to these overarching suggestions for using UDL within the curriculum, other techniques may need to be considered for the various platforms. The process of development of content must include formative assessments, rapid response surveys, and feedback from users to understand how to improve and integrate UDL principles. These suggested UDL techniques are as follows:

### **Online Learning**

- Create content first and then design how content is delivered
- Use different media types (images, text, audio, highlighted text, and so on)
- Provide simple and consistent navigation
- If content is auditory, make it visual, and if it is visual, make it also auditory. Such as:
  - Provide closed captioning or sign language for videos
  - Use audio or sound effects for visual images
- Integrate learning through music
- Include a glossary of terms
- Use engaging design for visual learners
- Allow for access during a variety of times and access to past lessons

### **Television Programs**

- Integrate learning through music
- Use age-appropriate props, such as puppets for children
- Use closed captioning and sign language
- Explain any slides or images that may not be accessible to people who are blind or have challenges seeing the TV
- Ensure that instructors use easy to understand language and speak at a slower pace and repeat concepts
- Avoid too much movement of the instructor

**Radio Programs**

- Provide reference materials for students to visually and tactilely engage with while listening to radio programming
- Provide opportunities for active engagement, such as verbal, or written responses
- Provide scripts of radio lessons for students who are unable to hear them through phone messaging or WhatsApp
- Utilize community and family networks to provide simultaneous sign language interpretation for children who cannot hear them

**Mobile Applications such as SMS/WhatsApp**

- Mobile phone networks provide an additional layer of contact for education providers to reach children
- SMS and WhatsApp text messages and videos provide textual support and additional points of contact for teachers

Where possible, PDFs of textbooks, lesson materials, or daily instructions can be sent through these platforms as well as the more common radio platform.

## ANNEX 4: Countries with Specific Social Protection Measures for Children with Disabilities during COVID-19

Country	Social Protection Measure
<b>Algeria</b>	Paid leave for working women who take care of children with disabilities.
<b>Antigua and Barbuda</b>	In-kind relief packages from the Ministry of Social Transformation, including food and medication to elderly living alone, persons with disabilities and unemployed adults with children.
<b>Argentina</b>	Double cash benefits for minors and others including children with disabilities (\$47).
<b>France</b>	Cash transfers for self-employed parents who need to stay home to take care of children under the age of 16 or children with disabilities under the age of 18 in a specialized establishment are entitled to daily compensation.
<b>Georgia</b>	One-off cash transfer in six months (\$195) in assistance will be given to persons with severe disabilities and children with disabilities
<b>India</b>	<p>In Tamil Nadu State, in-kind supply of provisions and milk. This is done based on requests through helplines and delivered by volunteers. This is a specific service to persons with disabilities.</p> <p>On-request helpline set up by the government. Rehabilitation services are provided by guiding parents of children and adults with disabilities orally, online, or through a network of therapists.</p> <p>Two-month advance payments of disability benefits.</p>
<b>Italy</b>	Extended parental leave benefit for parents of children with disabilities up to 15 days per month.
<b>Jamaica</b>	In-kind transfers from the Ministry of Labor and Social Security. Delivery of relief packages (food and other relieve items) to persons in quarantine, elderly, and parents of children with disabilities who are enrolled in the Early Stimulation Program.
<b>Kazakhstan</b>	Free grocery packages are planned for large families with children, persons with disabilities, and other vulnerable families.
<b>Kyrgyz Republic</b>	Provision of food kits to supplement low-income families with children and children and adults with disabilities.
<b>Latvia</b>	Paid sick leave for parents in case of care for quarantined children with disabilities below 18 years of age.
<b>Mongolia</b>	Monthly cash transfer of \$100 until October 2020 to senior citizens, persons with disabilities, and single parents.
<b>Rwanda</b>	Expansion in coverage of direct support unconditional cash transfers to additional families with old age, disability, and critical illness as part of the COVID-19 response.

Country	Social Protection Measure
<b>Sierra Leone</b>	<p>In-kind support to persons with disabilities, including food and water dispensers.</p> <p>Cash transfers of \$25.77.</p>
<b>Tunisia</b>	<p>Additional cash transfers of \$70 to foster families that have children with disabilities (total of approximately \$140).</p>
<b>United Kingdom</b>	<p>Support through dedicated social care for parents/guardians of children with disabilities who will discuss their children’s health, social care, and education needs and the support services available at the community level. Direct monthly payments are made in the form of a Disability Living Allowance for children.</p>
<b>Ukraine</b>	<p>A one-off payment to the current beneficiaries of child disability payments.</p>
<b>Uzbekistan</b>	<p>In-kind distribution of disposable facial masks, antiseptic sanitizers, and antibacterial soap have been added to a list of 18 essential foodstuffs and hygiene products provided to beneficiaries of regular goods baskets.</p>

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