Early Intervention and Quality Education of Children with Disabilities in Asia and the Pacific
Acknowledgements

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Acronyms

CFM  Washington Group/UNICEF Module on Child Functioning
CFS  Child-Friendly Schools
CRPD Convention on the Rights of Persons with Disabilities
CSO civil society organization
ECI early childhood intervention
EMIS Education Management and Information System
ESCAP Economic and Social Commission for Asia and the Pacific
GC4 General Comment 4 on Article 24 of the CRPD
ICF International Classification of Functioning, Disability and Health
IE inclusive education
IEP Individual Education Plan
OPD organization of persons with disabilities
SDGs Sustainable Development Goals
UDL Universal Design for Learning
UNESCO United Nations Educational, Scientific and Cultural Organization
UNICEF United Nations Children’s Fund
WG Washington Group on Disability Statistics
Contents
Acknowledgements ........................................................................................................................................... i
Acronyms ....................................................................................................................................................... ii
1. Background ................................................................................................................................................ 1
   1.1 Early identification and intervention ................................................................................................. 1
   1.2 Inclusive education ................................................................................................................................. 3
2. State of early identification and intervention and quality education of children with disabilities in Asia and the Pacific ................................................................. 4
   2.1 Supportive policies ................................................................................................................................ 4
   2.2 Early identification and intervention .................................................................................................... 7
   2.3 Educational access for children with disabilities ................................................................................. 12
   2.4 Inclusive and accessible curriculum, pedagogy, assessment, and learning materials ....................... 18
   2.5 Supported teachers and service providers ......................................................................................... 23
   2.6 Accessible and safe learning environments ......................................................................................... 26
   2.7 Partnerships .......................................................................................................................................... 29
   2.8 Data and monitoring ............................................................................................................................. 32
3. Promising practices: country case studies ................................................................................................. 36
   3.1 Singapore, early identification and intervention ................................................................................. 36
   3.2 Bhutan, inclusive education ................................................................................................................... 42
4. Recommendations ....................................................................................................................................... 51
   4.1 Recommendations for governments .................................................................................................... 51
   4.2 Recommendations for civil society and development organizations .................................................. 54
   4.3 Recommendations for further research ............................................................................................... 55
Annexes ............................................................................................................................................................ 57
   Annex A: Methodology ............................................................................................................................... 57
   Annex B: International frameworks promoting early identification and intervention and quality education of children with disabilities ......................................................... 62
   Annex C: Laws and policies on early identification and intervention and quality education of children with disabilities in Asia and the Pacific ................................................. 67
Figures ...............................................................................................................................................................
   Figure 1. Proportion of children with disabilities receiving early childhood intervention ....... 8
   Figure 2. Share of adults who have completed primary school and secondary school or higher, by functional difficulty ........................................................................................................... 12
Boxes ................................................................................................................................................................
   Box 1. The COVID-19 pandemic and the education of children with disabilities ......................... 14
   Box 2. An introduction to Individual Education Plans (IEPs), Universal Design for Learning (UDL), and child-centred pedagogy ............................................................ 20
1. Background

Despite progress in policy development and programme implementation in a number of countries, children with disabilities continue to experience limited or no access to early identification and intervention services and inclusive education across the Asia-Pacific region. At least one in three children with disabilities are not likely to receive any early intervention services necessary for optimal development. Children with disabilities in the region experience marginalization in education. Disability-disaggregated data reveal stark differences in education completion rates between persons with and without disabilities. In the 14 Asia-Pacific countries with available data, the median primary school completion rate stands at 29 per cent for adults with functional difficulty compared to 40 per cent for their peers without difficulty. The median percentages of adults who have completed secondary school or higher are 12 per cent for those with difficulty and 25 per cent for those without.

As the third Asian and Pacific Decade of Persons with Disabilities is approaching its end in 2022, it is timely to take stock of trends, good practices, lessons learned and challenges in promoting early identification and intervention and quality education of children with disabilities in the region. This paper focuses on Goal 5 of the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific ‘Expand early intervention and education of children with disabilities’ and its two core indicators:

- Target 5.A Enhance measures for early detection of and intervention for children with disabilities, from birth to pre-school age
- Target 5.B Halve the gap between children with disabilities and children without disabilities in enrolment rates for primary and secondary education

1.1 Early identification and intervention

Early identification is a process of determining possible delays in development among infants and young children. This can involve developmental screening, examination, observations, and evaluation during the early stage of child development. Often, general healthcare or early childhood development services provide screening for infants and young children to identify developmental issues. Early identification is crucial in the timely delivery of intervention programmes for children. Research indicates that early identification of

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2. Authors’ analysis based on data from Disability Data Initiative (DDI), https://disabilitydata.ace.fordham.edu/result-lables/ (Last accessed on 05/11/21).
3. The term “functional difficulty” is used when describing observations from the DDI dataset. Disability in the DDI dataset is measured solely based on selected functional difficulties (in hearing, seeing, mobility, communication, cognition and self-care) and therefore does not capture all persons with disabilities, specifically those with psychosocial and mental health disabilities.
developmental delays and provision of high-quality early childhood intervention help in improving learning and behaviour among children.⁵

Approaches to identifying and measuring disabilities vary in different countries. The introduction of the Washington Group (WG) questions, in particular, the Washington Group/UNICEF Module on Child Functioning (CFM)⁶ in 2016, aimed to address the global dearth of reliable and comparable data on disability. The CFM identifies difficulties among children between 2-17 years of age using functional domains such as hearing, vision, communication/comprehension, learning, mobility, and emotions.

Upon identification, provision of early and appropriate early childhood interventions can dictate the trajectory of a child’s development, especially those at risk of developing disabilities or developmental delays. Early childhood intervention (ECI) programmes comprise a range of multisectoral, integrated and transdisciplinary or interdisciplinary services and support to ensure and enhance children’s personal development and resilience, strengthen family competencies and parenting skills, and promote the educational and social inclusion of these children and their families. These can include the provision of speech therapy, physical therapy, and other services based on the needs of the child and family. In different countries, ECI services are delivered in various settings such as healthcare clinics, early intervention centres, rehabilitation centres, community centres, homes, and schools.⁷ ECI services reflect the recognition that children with disabilities have the right to develop to their full potential in all aspects of their lives.

General Comment No. 7 to the Convention on the Rights of the Child (CRC) emphasizes the right of children with disabilities to early childhood development, which covers care, nutrition, nurturance, and encouragement.⁸ Furthermore, the Convention on the Rights of Persons with Disabilities (CRPD) urges States Parties to put in place measures that minimize and prevent further disabilities among children (Article 25), including comprehensive habilitation and rehabilitation services and programmes available and accessible at the earliest possible stage. The Convention is explicit in requiring governments to provide early and comprehensive information, services, and support within the community to ensure children with disabilities can stay with their families (Article 23).

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⁸ UN Committee on the Rights of the Child, "General Comment No. 7 (2005), Implementing Child Rights in Early Childhood, CRC/C/GC/7/Rev.1" (https://undocs.org/CRC/C/GC/7/Rev.1 (Last accessed on 14/10/21): UN Committee on the Rights of the Child, 2006).
1.2 Inclusive education

Education is a fundamental human right. The growing commitment globally to ensuring all children, including children with disabilities, participate in high-quality education in inclusive learning environments is promoted in international rights frameworks (see Annex B). The 1990 World Declaration on Education for All requires the elimination of disparities in education among underserved groups and obligates governments to institute measures to address the educational needs of persons with disabilities. The Salamanca Statement and Framework for Action (1994), and later on, the Dakar Framework for Action (2000) place children with disabilities in the spotlight by explicitly recognizing that ‘children and youth with special educational needs should be included in the educational arrangements made for the majority of children’ and should receive education in their neighbourhood schools.

With the introduction of the CRPD, governments are held accountable for upholding a rights-based model of disability, including ensuring that the education system is inclusive at all levels. This obligation has been further strengthened through SDG 4 which expressly targets persons with disabilities and General Comment No. 4 (GC4) to Article 24 of the CRPD. GC4 provides a framework for operationalizing the right to inclusive education (IE) and calls for ‘a transformation in culture, policy, and practice in all formal and informal educational environments to accommodate the differing requirements and identities of individual students, together with a commitment to remove the barriers that impede that possibility’ (para. 9)."
2. State of early identification and intervention and quality education of children with disabilities in Asia and the Pacific

The analytical framework for the review is founded on the principles espoused in international and regional frameworks on human rights, disability inclusion, and sustainable development. The framework includes eight domains, expounded through research questions and indicators detailed in Annex A.

1. Supportive policies
2. Early identification and intervention
3. Educational access for children with disabilities
4. Inclusive and accessible curriculum, pedagogy, assessment, and learning materials
5. Supported teachers and service providers
6. Accessible learning environments
7. Partnerships
8. Data and monitoring

2.1 Supportive policies

2.1.1 CRPD ratification

Progress

Of the 49 ESCAP member States in the region, 44 have ratified, and four have signed (Bhutan, Solomon Islands, Tajikistan, and Tonga) the CRPD.\textsuperscript{10} The ratification of the CRPD has led to substantial changes in national legislation and approaches to early identification and intervention and inclusive education, including a shift away from a medical-based approach to a rights-based approach.\textsuperscript{11}

Gaps and challenges

The ratification rate of the CRPD is very high in the region. However, this has not initiated a review and update of the existing national policy frameworks to support children with disabilities in many countries. Therefore, there are still inconsistencies between the CRPD and national policy frameworks, which can hinder CRPD’s full implementation. A major inconsistency is that the CRPD was developed from a rights-based or social model of disability, while many national legal frameworks on supporting children with disabilities in the region are rooted in a medical model of disability. This is, for example, evident in how disability is defined. While the CRPD considers environmental aspects that affect the participation of persons with disabilities in society, many national disability definitions are based on medical diagnoses and focus on ‘defects’.

\textsuperscript{10} Latest data from: https://indicators.ohchr.org/ (Last accessed on 14/10/21).
The different focus of the social model of the CRPD and the medical model of many national legal frameworks in the region leads to inconsistencies in service provision for children with disabilities. State-funded financial support programmes for persons with disabilities, for example, are frequently based on a government-approved list of impairments. The continuation of specialized programmes hinders efforts to ensure that children with disabilities study from a single adaptable curriculum alongside their peers and are evaluated using equitable and inclusive criteria. Measures encouraging a medically segregated approach is incompatible with the requirements of the CRPD and GC4, which clearly state the right of children with disabilities to inclusive education and require governments to gradually phase out segregation in education provision for children with disabilities.

2.1.2 Legal frameworks and/or policies concerning early identification and intervention and inclusive education for children with disabilities

Progress

Most countries in the region are still in the planning phase of developing legal frameworks for early identification and intervention. This includes the testing of pilot programmes. A few have already established national-level early intervention programmes. Fiji’s 2018 National Policy for Persons Living with Disabilities includes collaboration between the Ministry of Education, the Ministry of Health, and, in particular, community-based rehabilitation practitioners and teachers to enhance early intervention. Micronesia’s 2016 National Policy on Disability includes early detection and early intervention as strategic priority areas for action.

Across the region, inclusive education is supported by general education legislation, laws on the rights of persons with disabilities, or particular laws on inclusive education. The Nauru Education Act, for example, ensures the right of students with disabilities to be enrolled in mainstream schools and prohibits denying access to education based on disability.

In a number of countries, inclusive education is included in laws to protect the rights of persons with disabilities. Following Mongolia’s ratification of the CRPD in 2009, the 2016 Law on Rights of Persons with Disabilities expands persons with disabilities’ right to education and to be included in regular education institutions at all levels (Art. 14.1 and 14.3.1).

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12 Ibid.
In some countries, inclusive education is supported through specific policies on education for children with disabilities or inclusive education. The adoption and recent revision of the national policy and framework for inclusive education in Maldives show progress towards inclusive education. The 2020 Inclusive Education Policy advocates for a move away from the overall notion of special education and calls for the adoption of practices that promote inclusion and equity.\textsuperscript{17} The Thai Education Act for People with Disabilities establishes the right of children with disabilities to be included at all levels of schooling.\textsuperscript{18}

As countries in Asia and the Pacific are gradually implementing the CRPD and promoting the right to inclusive education, outdated legislation supporting segregation is being amended or replaced. For example, after the revision of its education law in 2014, Armenia has begun to design a universal, inclusive education system - an aim to be completed by 2025. According to Armenia’s 2016 action plan, special education facilities will be transformed into pedagogical and psychological assistance centres by 2022, supporting regular education.\textsuperscript{19}

While the existence of supportive laws and policies for early identification and intervention and inclusive education is a crucial first step, the enactment of such legislation is equally important. Planning for implementation takes different forms. One implementation approach is to formalize partnerships between ministries in national strategies. In Azerbaijan, the Ministry of Education is in charge of developing and implementing inclusive education. It collaborates on inclusion efforts with the Ministry of Health, the Ministry of Labour and Social Protection, and the State Examination Center.\textsuperscript{20}

**Gaps and challenges**

The development of national early identification and intervention legal frameworks and policies is still at a beginning stage across the region. In some countries, the lack of a solid legislative basis and necessary institutional structures is a barrier to building early identification systems. Such systems would allow prompt access to resources to assist children at high risk of developmental delays. Similarly, the absence of a legal and public policy framework concerning early intervention for children with disabilities impedes the effective implementation of ECI services and programmes.

Regarding inclusive education, while progress has been made to develop national frameworks to support inclusive education, some of these laws and policies are rooted in a medical model of disability. There is no clear definition of inclusive education in legislative and policy frameworks, which can lead to confusion, impede inclusive education implementation, and limit participation in mainstream education for children with disabilities. Moreover, while many laws and policies do recognize the right to inclusive

\textsuperscript{17} UNICEF ROSA, "Mapping of Disability-Inclusive Practices in South Asia," (Draft).
\textsuperscript{20} Ibid.
education for children with disabilities, segregated education continues to be supported alongside inclusive education (see Annex C). GC 4 underlines that sustaining two systems of education - a mainstream system and a special/segregated system – is not compatible with the full realization of the CRPD Article 24.

Countries must finance and support educational services for students with disabilities to achieve the aim of inclusive education for all. Despite the fact that many countries and areas throughout the world are moving toward implementing inclusive education policy, budgets and financial structures frequently do not support this. Budgets are generally restricted, even when resource allocations are made to encourage inclusion. For example, seed money may be utilized to assist the education of children with disabilities on a case-by-case basis. Budgets and resources are allocated in accordance with the needs of experimental inclusion programmes. Pilot programmes that prove to be successful are then ramped up and supported.\textsuperscript{21} Performance-based seed money is not generally considered a good practice, given that the resources invested are often limited.\textsuperscript{22}

### 2.2 Early identification and intervention

#### 2.2.1 Estimated proportion of children with disabilities accessing early intervention services

**Progress**

The midpoint review of the implementation of the Incheon Strategy reveals varying figures on the participation of children with disabilities in early childhood interventions. Based on country-reported information, at least one in three children is not likely to have access to any early intervention programme. Although the data available do not cover all countries or territories in the region, it can be inferred that a disproportionate number of children with disabilities are not receiving early intervention services. The level of access differs widely between countries or territories, wherein 73.3 per cent of children with disabilities in Hong Kong, China benefit from early development programmes compared to only 4.3 per cent in Nauru.\textsuperscript{23}


\textsuperscript{23} ESCAP, "Building Disability-Inclusive Societies in Asia and the Pacific," (Bangkok: ESCAP, 2018).
Although regionally comparable data are limited, some country studies provide estimates on the extent to which children with disabilities are able to access early childhood intervention programmes. For example, in Azerbaijan, a national study reported that a high percentage of children with disabilities lack access to the necessary support services. At least 65 per cent of parents of children with disabilities aged 0-9 years reported having no access to rehabilitation services, while 97 per cent do not have access to home-based or institution-based support services.24

Gaps and challenges

Varying approaches to the identification of disability are observed across the region, making the generation of comparable statistics impossible. The adoption of the Washington Group/UNICEF Module on Child Functioning in some countries signals a positive trajectory and is a practice that could be adopted by the rest of the region. There is a dearth of data on the number of children with disabilities who are able to access and receive early intervention support. Monitoring mechanisms are often not clearly articulated in the literature reviewed for this paper.

2.2.2 Measures on early identification and intervention for children with disabilities from birth to pre-school ages

Progress

Evidence on the use of the Washington Group (WG) questions in disability identification is limited. A few countries have integrated adapted versions of the WG questions into population census (e.g., Bhutan, Sri Lanka) and household surveys (e.g., Bangladesh, Maldives, Pakistan, Viet Nam). However, limited data are available on the adoption of WG questions in community-based identification systems that are linked to referral and early intervention services.

Nonetheless, different identification tools have been developed in many countries. For instance, Cambodia uses the Cambodian Developmental Milestone Assessment Tool (cDMAT) to assess early childhood development. cDMAT is a performance reference chart that focuses on screening developmental milestones in terms of social/personal, fine motor, language cognition, and gross motor skills among children. In Papua New Guinea (PNG), disability screening is integrated into the Education Management and Information System (EMIS). The PNG Education Management Information System Disability Disaggregated Toolkit (PEMISDDT) is a toolkit for teachers to screen indicators of disability among students. In the Philippines, an early childhood care and development checklist is used by child development workers and caregivers to monitor a child’s growth in seven developmental domains (i.e., gross motor, fine motor, self-help, receptive language, expressive language, cognitive, and social-emotional). The purpose of the checklist is not to provide a medical diagnosis but to determine if a child is at risk of developmental delays and requires support services.

A UNICEF mapping of progress towards inclusive education in East Asia and the Pacific found that most countries are either developing or already implementing early childhood intervention programmes on a limited scale, mostly founded on the medical model of disability. The medical model positions disability in the context of disease and impairment and can provide beneficial preventive, treatment and management measures for symptoms arising from the impairment. However, a medical diagnosis is not sufficient if it does not consider the required adaptations to the environment to support the full participation of persons with disabilities in everyday life. In contrast, early childhood intervention based on

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the social model of disability proactively examines and eliminates social, environmental, attitudinal, and institutional barriers hindering a child’s optimal development.\textsuperscript{29}

While the quality of services and their impact are yet to be established, existing initiatives and programmes often fall under the responsibility of health ministries, catering to young children at risk of developmental delays. For example, in Lao People’s Democratic Republic, the Centre for Medical Rehabilitation of the Ministry of Health examines children aged 18 years and below and refers them to further support services when needed.\textsuperscript{30}

An interdisciplinary approach to early identification and intervention is seen in some countries. Health, education and social welfare professionals are connected in a coordinated service delivery process. China, supported by UNICEF, implements a multisectoral Integrated Early Childhood Development project that involves early identification through a screening tool for children aged 0-6 years. The project integrates other services such as counselling, education, and referral services. \textsuperscript{31} In the Philippines, the national Early Childhood Care and Development (ECCD) system is led by the ECCD Council composed of representatives from the sectors of social welfare, health, nutrition and a union of local units.\textsuperscript{32} The country’s ECI services include a wide range of interventions, including maternal health programmes, newborn screening, identification of developmental risks, nutrition, disability prevention, immunization, rehabilitation programmes,\textsuperscript{33} parent education,\textsuperscript{34} and early learning.\textsuperscript{35}

Across the Asia-Pacific region, several countries are providing early identification and intervention services for children with disabilities through community health centres, community rehabilitation centres, and in some cases, through schools. In South Asia, such services are mostly implemented through community-based rehabilitation centres, which are often more accessible than institution-based centres, especially in communities where specialized professional services are not available. Civil society organizations often play an active role. For example, integrated support services for children with disabilities and their families in rural areas are provided by Amar Seva Sangam, an NGO in Tamil Nadu in India. Since 2014, 1,800 community rehabilitation workers have been trained in conducting assessments and providing home-based early intervention therapies for children aged 0–6

\textsuperscript{32} SEAMEO Innotech, "Regional Research on Achieving Inclusive Early Childhood Care and Development in Southeast Asia," (Quezon City: SEAMEO Innotech, 2021).
\textsuperscript{34} SEAMEO Innotech, "Regional Research on Achieving Inclusive Early Childhood Care and Development in Southeast Asia," (Quezon City: SEAMEO Innotech, 2021).
\textsuperscript{35} Republic of the Philippines, “Republic Act No. 10410: An Act Recognizing the Age from Zero to Eight Years as the First Crucial Stage of Educational Development and Strengthening the Early Childhood Care and Development System, Appropriating Funds Therefor and for Other Purposes” (Manila: Republic of the Philippines, 2012).
years. Samarpan, in India’s Madhya Pradesh state, uses a holistic approach to identify, screen, and support children below the age of five identified as having developmental delays. Its early intervention clinic involves government officials in public health, family welfare, women and child development, social justice and empowerment sectors.

Early intervention programmes supporting families to take care of their children at home have the potential to create a positive impact. Parents or other caregivers participating in such programmes are more likely to seek support services and are more likely to send their children to general schools. In Lao People’s Democratic Republic, the Family Support Model that involves awareness-raising, screening, care rehabilitation, and referral services has been piloted in two provinces. The pilot resulted in the development of a parent package, ‘Love and Care for Every Child’, to enable nurturing care by parents and caregivers. The package includes multimedia communication tools to encourage discussion amongst parents and caregivers. Initial results of the pilot programme indicated more involved parenting.

Gaps and challenges

In many countries, access to health care services, including early identification and intervention, remains a challenge, especially in geographically hard-to-reach areas. The lack of awareness of available support services among families of children with disabilities aggravates this problem. Where identification and intervention mechanisms are present, the accessibility and quality of services, the efficiency of processes, and the capacity of service providers need to be strengthened for improved quality and wider reach. In certain countries, stigma and discrimination continue to hinder participation in early childhood development services, especially for children with intellectual disabilities. Families are reluctant to disclose that their child has a disability because of the associated stigma, limiting access to timely development interventions.

Multi-sectoral cooperation is key in providing a holistic continuum of intervention services. Although there is some evidence of an interdisciplinary approach in the region, the efficiency of referral systems and linkages between concerned government units could be improved.

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38 Ibid.
2.3 Educational access for children with disabilities

2.3.1 Estimated proportion of children with disabilities participating in education

Progress

Considerable efforts have been made across the Asia-Pacific region to increase participation in education for children with disabilities. While data are generally scarce and often not accurate, gaps in access to education are observed across the region between persons with and without disabilities. Disability-disaggregated data on the share of adults who have ever attended school are available for 14 countries in Asia and the Pacific.\(^{42}\) The median percentage stands at 68 per cent for persons with functional difficulty compared to 88 per cent for their counterparts without difficulty, with a median disability gap of 16 percentage points.\(^{43}\)

Data from the same 14 countries reveal disparities in education completion rates between persons with and without functional difficulty, consistent at ‘primary’\(^{44}\) and ‘secondary or higher’\(^{45}\) levels (see Figure 2). The median primary school completion rate is 29 per cent for adults with difficulty compared to 40 per cent for their peers without difficulty, with a median disability gap standing at 12 percentage points. A similar observation is also found at the ‘secondary or higher’ level, wherein the median completion rates stand at, respectively, 12 per cent for adults with difficulty and 25 per cent for those without. The median disability gap is 14 percentage points.\(^{46}\)

*Figure 2. Share of adults who have completed primary school and secondary school or higher, by functional difficulty*

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\(^{42}\) Disability Data Initiative, “Results Tables,” (https://disabilitydata.ace.fordham.edu/result-tables/ (Last accessed on 05/11/21): DDI, 2021). The term “functional difficulty” is used when describing observations from the DDI dataset. Disability in the DDI dataset is measured solely based on selected functional difficulties (in hearing, seeing, mobility, communication, cognition and self-care) and therefore does not capture all persons with disabilities, specifically those with psychosocial and mental health disabilities.

\(^{43}\) Authors’ analysis based on data from Disability Data Initiative (DDI), https://disabilitydata.ace.fordham.edu/result-tables/ (Last accessed on 05/11/21).

\(^{44}\) Adults who completed primary school or attended secondary school but did not complete secondary education belong to this category. Disability Data Initiative, “5. Indicators,” (https://disabilitydata.ace.fordham.edu/method-briefs/5-indicators/ (Last accessed on 05/11/21): DDI, 2021).

\(^{45}\) Adults who completed secondary school, whether or not having attended tertiary school, belong to this category. Disability Data Initiative, “5. Indicators,” (https://disabilitydata.ace.fordham.edu/method-briefs/5-indicators/ (Last accessed on 05/11/21): DDI, 2021).

\(^{46}\) Authors’ analysis based on data from Disability Data Initiative (DDI), https://disabilitydata.ace.fordham.edu/result-tables/ (Last accessed on 05/11/21).
Source: Authors’ analysis based on data from Disability Data Initiative (DDI), https://disabilitydata.ace.fordham.edu/result-tables/ (Last accessed on 05/11/21).
Among persons with disabilities, women and girls and those living in rural areas tend to face further challenges in accessing education.

<table>
<thead>
<tr>
<th>Median percentage of adults (%)</th>
<th>Having ever attended school</th>
<th>Having completed primary school</th>
<th>Having completed secondary school or higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons with difficulty, by gender, data from 14 countries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>60</td>
<td>28</td>
<td>8</td>
</tr>
<tr>
<td>Male</td>
<td>78</td>
<td>30</td>
<td>16</td>
</tr>
<tr>
<td>Persons with difficulty, by geographic location, data from 11 countries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural area</td>
<td>57</td>
<td>25</td>
<td>7</td>
</tr>
<tr>
<td>Urban area</td>
<td>75</td>
<td>32</td>
<td>26</td>
</tr>
</tbody>
</table>

*Source: Authors’ analysis based on data from Disability Data Initiative (DDI), https://disabilitydata.ace.fordham.edu/result-tables/ (Last accessed on 05/11/21).*

Due to financial and/or environmental difficulties, students with disabilities are sometimes forced to drop out of school. The proportion of children with disabilities amongst out-of-school children at primary school age, for example, is generally higher than those without disabilities. In Cambodia, the gap in out-of-school rate between primary-school-age children with and without disabilities stands at 50 percentage points (57 per cent-7 per cent). 47

**Box 1. The COVID-19 pandemic and the education of children with disabilities**

It has become increasingly clear that the 2020/2021 school closures due to COVID-19 have widened the education gap between children with and without disabilities. 48 Families with children with disabilities are more likely to face negative socioeconomic outcomes such as lower educational attainment and higher poverty rates. 49 Therefore, they have less access to electronic devices, radio, or TV to access remote learning programmes. Even when children with disabilities do have access to such devices, they are participating less in remote learning than children without disabilities in the same situation. Remote learning programmes are


seldom accessible to children with disabilities.\textsuperscript{50} In addition, during the pandemic and related lockdowns, children with disabilities have limited or no access to rehabilitation, physical therapy, or other services which they need to support their learning,\textsuperscript{51} resulting in a significant learning loss.

Where schools do open after periods of lockdown, parents are less likely to send their children with disabilities back to school. Many parents are afraid that their children with disabilities will not be safe at school. Some parents have shared that their children with disabilities might not have access to clean toilets and handwashing stations at school, which is crucial in preventing the spread of COVID-19. Other parents think their children with disabilities need support to keep physical distance from others and are not sure this will be provided at school.\textsuperscript{52}

Despite this, there are promising practices in mitigating the impact of COVID-19 on the education of children with disabilities in the region. The Government of Georgia collaborated with development partners to launch TV programmes and a Facebook-based platform aimed at supporting parents of children with disabilities. Professionals provided recommendations on responding to challenges that children with disabilities and their families were facing during the pandemic. Questions from the audience were pre-collected via online platforms to ensure maximum participation of target viewers. In Cambodia and Mongolia, the Ministry of Health collaborated with UNICEF and WHO to produce videos with sign language interpretation for children and adults with disabilities. The videos were shared through Facebook groups.\textsuperscript{53} The Ministry of Education, Youth and Sports in Cambodia supported children with disabilities’ education during the pandemic through online platforms. Learning delivery considered accessibility issues, such as integrating sign language interpretation and using adapted learning materials.\textsuperscript{54}

Gaps and challenges

Students with disabilities experience a variety of barriers that prevent them from exercising their rights to inclusive education, such as negative attitudes towards children with disabilities, limited support and training of mainstream teachers on inclusive education,\textsuperscript{55}


and inaccessible school infrastructure\textsuperscript{56} (see a more detailed discussion in the following sections).

One of the biggest challenges in assessing inclusive education is the lack of accurate data on students with disabilities. Due to a lack of standard definitions and indicators of disability, as well as differences in data collection techniques and study design quality, collecting accurate and comparable disability statistics has been a major challenge. As a result, available data on the number and proportion of children with disabilities in school are limited. Enhancing identification, monitoring and evaluation, as well as modernizing EMIS to provide accurate and disaggregated information on children with disabilities and the contextual impediments to their learning and engagement, is a critical issue across the region.\textsuperscript{57}

\textbf{2.3.2 Education approaches available for children with disabilities (inclusive, integrated, or special education)}

\textbf{Progress}

Data on the proportion of children with disabilities per education approach (inclusive, integrated, or special education) are scarce. UNICEF estimated that 75 per cent of the children with disabilities in Eastern and Central Europe and Central Asia are left out of inclusive, quality education. This also includes children with disabilities who are not enrolled in education.\textsuperscript{58} In some Asia-Pacific countries, the proportion of children with disabilities attending special primary schools can be as high as 97 per cent.\textsuperscript{59}

The review found no evidence of countries that have adopted a fully inclusive approach to educating children with disabilities. Nearly all countries follow a dual approach in which both inclusive and special education are available for children with disabilities.\textsuperscript{60} GC4 specifies that segregation through enrolment in special schools and courses is not compatible with the full realization of inclusive education. All students have the right to inclusive education, which requires educators and governments to work together to remove barriers.

\begin{flushleft}
\textsuperscript{60}UNICEF EAPRO, "Education for Every Ability. A Roadmap of Disability-Inclusive Education in East Asia and Pacific Region," (Bangkok: UNICEF EAPRO, 2020).
\end{flushleft}
Education provision appears to be commonly decided by the level and type of impairment based on a medical assessment. Students with disabilities and their parents are often not involved in this process. In some countries, an authority determines the type of education for children with disabilities, mostly involving special and home-based education with very limited places available in inclusive schools. In some cases, children with disabilities need to demonstrate that they are ‘ready’ before they are allowed to enrol in mainstream schools. Inclusive education is only available for children who have the ‘potential’ to be placed in a mainstream classroom, after several years in a segregated setting. Children with severe disabilities may be placed in special schools, without the option to eventually enrol in mainstream education. Continued support to special education is not aligned with the CRPD. GC4 is clear in its guidelines that governments must, gradually, phase out all forms of segregated education provision.61

Some countries have developed alternative paths of education for children with disabilities, which are mostly outside of the formal education system, such as home-based education. While these alternative forms of education can fill the gap in provision, there is little evidence about their effectiveness, nor can they be described as being fully inclusive. More research is required to assess the quality of alternative forms of education and certification systems. Without clear and strong strategies and programmes to facilitate the transition of children with disabilities to inclusive mainstream education systems, children with disabilities are at risk of learning in isolation, with lower education quality and uncertainty of qualifications.

Gaps and challenges

While data are emerging on education approaches for children with disabilities in the region, they are largely inaccurate and inconsistent. It is therefore challenging to assess how fast progress is being made towards inclusive education. This lack of accurate data is due to a general gap in data collection on children with disabilities and their participation in education.62 The limited available data on the participation of children with disabilities in education are usually not disaggregated by type of provision.

Different countries use different definitions for the concepts of ‘inclusive’, ‘integrated’ and ‘special’ education, making it difficult to obtain comparable data. It is important to note that the provision of segregated classes or units for children with disabilities within mainstream schools is not considered an inclusive practice. GC4 highlights that integrated education is a form of segregation and cannot be regarded as inclusive, nor is it aligned with the requirements of the CRPD.63

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2.4 Inclusive and accessible curriculum, pedagogy, assessment, and learning materials

2.4.1 Curriculum, pedagogy and assessment systems that are flexible, inclusive, and accessible to all learners

Progress

Most countries in East Asia, South Asia and the Pacific are beginning to discuss and plan for developing inclusive curricula. In many countries, the building blocks for curriculum reform - inclusive education policies - are in place. For more than two decades, countries in the region have adopted the ‘Education for All’ framework into national policies. This includes a recognition of the need to review and update curricula and pedagogy to ensure access to quality education for all. The Timor-Leste National Education Strategic Plan and National Policy for Inclusive Education, for example, obliges the Ministry of Education Youth and Sports and other relevant agencies to review existing curricula and integrate principles of Universal Design for Learning (UDL). Some countries are encouraging broad participation in curriculum reforms. In Bhutan, for example, a conference was held with students, parents, teachers, and education experts to undertake a nationwide curriculum review. This led to the drafting of a resolution for the creation of a curriculum that is diversified and differentiated. Whilst a differentiated curriculum might not be fully inclusive, the involvement of a wide range of stakeholders in the consultation was a positive step forward.

Competency-based assessment systems are considered more inclusive, as they do not primarily aim to rank students or to make grade-level or education transition decisions. Competency-based assessment is meaningful, continuous, and based on evidence of mastery. It provides students with a choice of ways to show their learning, reducing the efforts to accommodate assessment procedures to the needs of specific groups of students. While the aim to develop more inclusive and competence-based assessment systems is commonly included in education policies and strategies across the region, only a few countries (for example, Bhutan, Maldives, Nepal, and Pakistan) have translated this into inclusive national assessment frameworks to guide skill- and learner-focused assessment at the classroom level.

68 Scott Marion, Maria Worthen, and Carla Evans, "How Systems of Assessments Aligned with Competency-Based Education Can Support Equity," (Vienna, VA and Dover: Aurora Institute and Centre for Assessment, 2020).
Whilst still uncommon, some promising practices show how efforts have been made to increase the accessibility of assessment. The Early Grade Reading Assessment tool in India, for example, was provided in Braille.\textsuperscript{70} In Kiribati, a guideline was developed to remind examiners of how to include children with disabilities during an exam, such as using large fonts and allowing double-time. In Palau, accommodation in state-wide assessments is provided based on Individual Education Plans (IEP).\textsuperscript{71} IEPs outline individual learning goals and strategies for selected students. They are usually developed for students who experience difficulties in learning, and guide accommodations and adjustments in teaching, learning and assessment. Whilst IEPs are not always useful in supporting a fully inclusive approach,\textsuperscript{72} in this case, their role in supporting inclusive assessments is essential.

A few countries in the region have developed guidelines to support teachers in the implementation of inclusive curriculum, assessment, and pedagogy. For example, India’s National Council of Educational Research and Training developed a handbook for primary school teachers, including strategies for providing accommodation for children with disabilities.\textsuperscript{73} In Maldives, the ‘Inclusive Education Guidelines and Adaptations to Support the Implementation of National Curriculum’ provides advice on inclusive planning, teaching, assessment, environment, and resources.\textsuperscript{74}

**Gaps and challenges**

While strategies and plans are in place to make curricula more flexible and inclusive, the impact is yet to be seen in practice across the region. Most countries have national curriculum frameworks that are decades-old, rigid, and unable to respond to the diverse needs of learners. The national curricula are compulsory in many countries and leave little flexibility for teachers to implement innovative inclusive education strategies.\textsuperscript{75} Teachers in some countries reported that they lack time to provide individual support due to rigid national curricula. In contrast, the Ministries of Education in Bhutan and Sri Lanka allow teachers flexibility to adjust the curricula to the specific local context, to improve relevance and quality of education.\textsuperscript{76}

A major barrier in inclusive curriculum development and implementation is the existence of a dual system of education provision for children with disabilities. Special schools often offer

\textsuperscript{70} Ibid.
\textsuperscript{71} UNICEF Pacific, “Pacific Regional Inclusive Education Review,” (Draft).
a different, specialized curriculum for students with disabilities. These curricula are often used to teach students with disabilities in mainstream schools as well. The specialized curricula are usually a simplification and do not provide access to the same high-quality education for students with disabilities on an equal basis with others, hindering inclusive education implementation.\textsuperscript{77}

Despite some promising practices mentioned in the previous section, assessment frameworks and systems in most Asia-Pacific countries remain rigid and unresponsive to the needs of students with disabilities. Some countries are in the process of updating their assessment procedures, but there is little evidence on the inclusiveness of new assessment systems. A way forward could be to include assessment updates in the national inclusive education policy, as is the case in Timor-Leste, or to include OPDs in the review, as in Indonesia.\textsuperscript{79}

**Box 2. An introduction to Individual Education Plans (IEPs), Universal Design for Learning (UDL), and child-centred pedagogy**

IEPs are commonly used across the region as a key strategy in implementing inclusive education. An IEP is usually developed in collaboration between students, parents, teachers, and support staff, such as special educators. It details the specific education targets for students who are experiencing difficulties in learning, based on a needs assessment. IEPs are used to plan individual education strategies and map out support services available for students. While IEPs have encouraged schools and teachers to respond to the individual needs of students, they have also been criticized in the literature over the past decades.

It has been argued that individualized approaches to inclusive education implementation, such as IEPs, tend to reduce complex barriers to access to and participation in education to individual problems, to be addressed by individual strategies. It avoids searching for strategies to improve education and schooling for all children.\textsuperscript{80} These individual strategies can furthermore lower expectations towards children with disabilities and lower the quality of the curriculum offered to students who are identified as ‘having special needs’. Very often, the identified strategies in IEPs are focused on reducing curriculum content and lowering the difficulty level of activities. Low expectations have been mentioned as a major barrier to successful inclusive education.\textsuperscript{81} IEPs can also increase stigma, as specific groups of learners are openly marked as different, requiring different teaching strategies.\textsuperscript{82} The CRPD and GC4


require governments to ensure children with disabilities access education and the same high-quality curriculum on an equal basis with others.\textsuperscript{83}

To work towards a more rights-based approach to inclusive education, aligned with the CRPD, a more fundamental paradigm shift in pedagogical thinking is required. IEPs start from the idea that most students will make educational progress when applying general teaching and learning strategies, and individual accommodations and adjustments are necessary to support the learning of students labelled with special needs. An inclusive pedagogy, on the other hand, is designed to be accessible and to provide rich learning opportunities for all students. Using a child-centred pedagogy and the Universal Design for Learning Principles lowers the need for accommodations and adjustments, and avoids stigmatization which is often associated with IEPs and differentiation.\textsuperscript{84}

Universal Design is defined by the CRPD as ‘the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.’ Applied to education, this means creating learning activities, resources and environments that are accessible to all students, without the need for accommodations and adjustments. It includes offering a range of options to present content, to learn about this content and to express learning.\textsuperscript{85} UDL shifts the burden for removing barriers to access and participation from individual learners and special educators towards the general education system. As a result, the quality of education increases for all students.\textsuperscript{86}

Child-centred pedagogy starts from the recognition that all children learn in different ways. Teachers, therefore, use a wide range of teaching methods and activities to approach the same content with a diverse group of learners. Other key features of child-centred pedagogy include recognizing that children create their own meaning and knowledge, linking learning at school with learning at home and in the community to create meaningful learning opportunities, encouraging cooperative learning in mixed groups, designing accessible and attractive learning environments, and ongoing assessment of learning.\textsuperscript{87}

\section*{2.4.2 Accessible learning materials and assistive devices for children with disabilities}

\textbf{Progress}

Teaching and learning materials need to be accessible and relevant and represent all learners. Accessible learning materials include, for example, large-print texts, Braille books, videos with captioning or sign language interpretation, texts in easy-read format or with supportive visuals. Some countries have developed standards to ensure the development of teaching


\textsuperscript{84} Ibid.


and learning materials. In Bhutan and Maldives, guidelines were created on how to make learning resources accessible to students with disabilities. In Pakistan, the Minimum Standards for Quality Education provide standards for textbooks and other learning materials to ensure alignment with promoting child-centred pedagogy.

Assistive devices and technology can be low-tech and low-cost resources, such as supportive pencil grips, word cards, crutches, glasses, magnifiers, timers, or calculators. It also includes more expensive and high-tech devices such as hearing aids, reading pens, speech-generating devices, adjustable desks, or wheelchairs. Both low and high-cost assistive devices are not commonly available or used in the region.

Teachers and government officials across the region have participated in capacity-building initiatives on the development of accessible learning materials as well as the utilization of tools and assistive devices. In some countries, partnerships with OPDs and civil society organizations (CSOs) are formed to ensure students with disabilities have access to learning materials and assistive devices. In Bangladesh, for example, the Centre for Disability in Development developed the Bangla sign language, with accompanying manuals and training courses for students, parents, and teachers.

Gaps and challenges

Across the region, there is a general lack of accessible learning materials and devices for children with disabilities. When such resources are available, they are only accessible in special education centres or classes and primarily serve children with sensory impairments. This indicates that, despite efforts across the region to implement inclusive education, the medical model of disability remains dominant and segregated forms of education are sustained. Availability of accessible learning resources and assistive devices are often limited to urban areas.

There is limited research available on the representation of persons with disabilities in learning materials in the region. Persons with disabilities tend to be under-represented in

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textbooks. In addition, textbooks can perpetuate stereotypes and biases through visual and written content or through not mentioning or portraying persons with disabilities at all.94

2.5 Supported teachers and service providers

2.5.1 Capacity-building of early identification and intervention service providers

Progress

Some countries have ongoing initiatives to build the capacity of early childhood service providers, mostly through programmes supported by development partners. In Micronesia, in a joint effort by the National Department of Education, State Departments of Education and the University of Oregon, the Literacy Intervention for FSM Leaders of Tomorrow (Project LIFT) was developed to increase teacher capacity to improve the literacy of all students.95 Project LIFT embeds professional development and coaching for teachers into its approach. Trained teachers are able to screen students for early identification of reading problems and provide instructional interventions for struggling learners.96

In Papua New Guinea, teachers in Inclusive Early Childhood Development Centres are provided with capacity development support, including training on collecting data on children with disabilities, screening and assessment, and making referrals to appropriate support services. In collaboration with UNICEF, the project trained a total of 498 teachers in basic screening of children with disabilities or developmental delays in 2016. As a result, 160 children were screened, 55 of whom were identified as having a physical disability or mild difficulty in hearing/seeing, and were referred to local Inclusive Education Resource Centers.97

Singapore’s Ministry of Social and Family Development works in collaboration with several key partners to assist the early childhood sector through coordinating human resources planning, developing capabilities of early intervention professionals, and setting salary guidelines. In addition, the teacher pre-service training includes an introduction to various forms of needs among young children, which can assist early childhood educators in identifying children with disabilities.98

In Turkmenistan, a national team of early childhood development specialists from the education and health sectors, along with representatives from NGOs, were trained on early

intervention services. Training on early intervention programmes is expected to be further rolled out by the national trainers to enhance the coverage and quality of early childhood development services in the country. 99

Gaps and challenges

Although early identification and intervention are stipulated in policies and strategies in countries across the region, the extent to which service providers are trained and supported is not well established. Aside from inadequate financial resources, the shortage of skilled service providers and the absence of curricula related to early childhood development could prevent the effective implementation of policies and strategies. 100

2.5.2 Disability-inclusion embedded in teacher education and professional development

Progress

Teachers play a vital role in building inclusive learning environments for all students. Skills and attitudes that encourage the learning of students with disabilities need to be integrated into pre-service and in-service inclusive education programmes for teachers. Pre-service teacher education prepares teacher trainees in universities or through available teacher training courses. In-service teacher education builds upon pre-service training while teachers are actively employed in the profession.

Countries in the region are undertaking education reforms and are committed to enhancing their pre-service curricula and in-service training programmes. The process involves an evaluation of current teacher education curricula, integrating inclusive principles and practices based on international frameworks. Most countries are reviewing and reforming their pre-service and in-service curricula to integrate learner-centred pedagogies and enable teachers to support diverse learners. This has been found to be a priority in some countries in the region. For example, Papua New Guinea’s inclusive education policy is reorienting both its pre-service and in-service teacher education programmes. The policy states that all teachers shall receive quality special or inclusive pre-service and in-service training that is responsive to the needs of all students, which includes screening and referral of students with disabilities, as well as the provision of reasonable accommodation. 101

In some countries, there are initiatives to equip teachers with practical skills in inclusive teaching. India trains mainstream teachers on adapting curriculum and instruction, designing curriculum outcomes, and developing individualized education plans and learning materials for children with disabilities in mandatory in-service teacher training

through the Sarva Shiksha Abhiyan programme.\textsuperscript{102} Lao People’s Democratic Republic, through its Education and Sports Sector Development Plan 2016-2020, assures that inclusive pedagogies are embedded in both pre-service and in-service programmes. The pre-service curriculum is complemented by programmes for in-service teachers.\textsuperscript{103}

Although data on the presence of decentralized professional development mechanisms are scarce across the region, some countries have established school-based learning communities to support teachers’ professional development. Georgia, for example, established a Teacher Professional Development Centre to support regular teachers through training modules that provide instructional methodologies to meet the diverse needs of students.\textsuperscript{104} Project LIFT in Micronesia provides a mechanism for education staff, coaches, and parents to meet quarterly to share inclusive education information and updates.\textsuperscript{105} In the Philippines, school-level professional learning communities such as Learning Action Cells allow teachers to continuously develop their professional capacity and share knowledge among peers. This process enables teachers to identify practical solutions that can be applied within their context.\textsuperscript{106}

In Maldives, an archipelagic state, the approach to teacher development is highly decentralized. Each atoll has inclusion coaches specifically trained on inclusive and special education available for consultation.\textsuperscript{107} In addition, the National Institute of Education in Maldives has been utilizing social media for community awareness-raising and teacher capacity-building through short videos.\textsuperscript{108}

Partnerships with international organizations also play a crucial role in supporting teachers. In Cambodia, two sets of inclusive education pre-service training were developed through collaboration with UNICEF.\textsuperscript{109} In Maldives, with the support of UNICEF, teacher resources centres were established to provide teachers with access to equipment and internet connectivity for online courses and training.\textsuperscript{110}

\textsuperscript{102} Uma Maheshwari, "Curricular Adaptations for Cwsn by Tamil Nadu Ssa," \textit{Confluence} 18 (2016).


\textsuperscript{105} UNICEF Pacific, "Pacific Regional Inclusive Education Review," (Draft).


Gaps and challenges

In some countries, general teacher competency is a major issue. Findings from a few teachers’ competency assessments reveal that competency ratings of general school teachers and principals might be unsatisfactory. In such contexts, raising teacher capacity to teach inclusively may prove to be challenging.

Regarding the implementation of inclusive education across the region, the lack of teacher preparedness is a major concern. In some countries, teachers reported that they are not equipped to address the diverse learning needs of children with disabilities, attributed to the lack of training and access to teaching resources. Consequently, the perspective that only special educators have the capacity to teach children with disabilities persists. Mainstream teachers do not share the responsibility of educating students with disabilities. There is an urgent need to update the curricula for both pre-service and in-service teachers to be at par with international standards in terms of teaching diverse classes. This will entail the development of learning modules on addressing attitudinal barriers and bullying in the classroom.

Although some countries have pre-service and in-service training that integrate the core values of inclusion, training sessions are not implemented on a scale large enough to accommodate the workforce. In addition, teacher training, particularly in-service training, is not properly quality assured and monitored. UNICEF’s East Asia and Pacific Inclusive Education mapping indicates that most teacher training on inclusion is donor-initiated and funded, rather than institutionalized within the education system. Initiatives not considering the local context and experience of stakeholders have also generated tension, confusion, and resistance to implementation.

2.6 Accessible and safe learning environments

2.6.1 Education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

Progress

Target 4.a of the SDGs aims to ‘build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning
environments for all’. The CRPD requires governments to ensure persons with disabilities can access the physical environment, transportation, information and communication, and other public services on an equal basis with others (Art. 9). This includes the obligation to make the entire education system (buildings, information and communication, textbooks and learning materials, teaching and assessment, WASH facilities, sport and play facilities, school transport and support services) accessible to persons with disabilities. In addition, safe learning environments should be guaranteed to protect children from violence in educational settings, including physical, psychological and sexual violence, as well as all forms of bullying.

In many countries across the region, UNICEF’s Child Friendly School (CFS) model provides the general framework to create more enabling and protective learning environments for all. CFS promotes 1) inclusiveness and equality, 2) effective teaching and learning, 3) safe, healthy, and protective environment, and 4) participation and harmonization. In China, for example, the Ministry of Education collaborates with UNICEF to expand and refine the CFS model in the country. The same can be observed in Pakistan. Its minimum standards for quality education are linked to the CFS standards.

Legislation, policies and strategic plans provide the backbone for accessible and safe learning environments. Mongolia’s 2016 Law on the Rights of Persons with Disabilities promotes equal access to education and friendly learning environments. In Bhutan, the standards for inclusive education detail the minimum requirements that ensure accessibility, safety, and effective teaching and learning for school environments in the country.

Apart from providing frameworks for safe and accessible school buildings, countries across the region are also developing policies and programmes to address discrimination and bullying in schools. In the Philippines, the Department of Education issued a gender-responsive basic education policy. The policy provides guidelines for education administrators and school leaders on how to enrich curricula and teacher education programmes with content on bullying, discrimination, gender, sexuality, and human right. Nepal developed a Zero Tolerance Programme which utilizes suggestion boxes in schools as a reporting mechanism. This allows students to report incidents anonymously.

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Partnerships with local and international development organizations, as well as assistance from other countries, facilitate the realization of SDG 4. For example, Grants from the Asian Development Bank and the Japan Fund for Poverty Reduction support improving accessibility features and the quality of mainstream education for children with disabilities in selected schools in Mongolia. In the Pacific, small island states like the Cook Islands, the Marshall Islands, and Palau reported that most of their schools have facilities for accessible and safe schooling. According to the report, specific funding arrangements with the governments of New Zealand and the United States of America may account for this.

**Gaps and challenges**

An SDG progress report in Asia and the Pacific shows that further efforts are necessary to achieve SDG Target 4.a on accessible and safe learning environments. Progress varies significantly across the region. For example, in terms of the proportion of schools with access to adapted infrastructure and materials for students with disabilities, less than 20 per cent of schools have been adapted in some countries or territories. In contrast, Hong Kong, China has adapted more than 90 per cent of schools at all levels. A few small island states in the Pacific, like the Cook Islands and Niue, recorded 100 per cent adaptation in all schools.

There are limited data available on the gender sensitivity of school infrastructure in the region. It is essential to keep track of this, as inadequate sanitation facilities for girls impact their school attendance during menstruation. Available evidence shows that regulations on gender-sensitive facilities are important, but not enough. Some countries have regulations on separate sanitation facilities. However, only a small proportion of girls reported having access to female-only toilets with water and soap available. Combined with a lack of waste bins, this contributed to girls missing school during menstruation.

Available evidence suggests that bullying and various forms of violence is an issue, especially for learners with disabilities who are more likely to be victims compared to their counterparts without disabilities. In a few countries, students with disabilities were found to experience physical and psychological abuse at the hands of peers, teachers, and non-teaching staff. In particular, girls with disabilities are at high risk of gender-based violence. Research focusing on students with disabilities is limited. A study indicates that exclusion and verbal

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bullying are notable risk factors for the psychological well-being of adolescents with intellectual disabilities, significantly associated with their psychological distress. Specific legislation, policies and guidelines should be in place to address bullying in schools, cyberbullying, corporal punishment, as well as gender-based violence.

2.7 Partnerships

2.7.1 Involvement of persons with disabilities, children with disabilities, their families and OPDs in early identification and intervention and inclusive education

Progress

The CRPD requires persons with disabilities, their families, and their organizations to be consulted and involved in decisions affecting their life. Community and OPD involvement have been identified as key factors in implementing the SDGs and the Incheon Strategy.

At least 13 countries or territories in the region have mechanisms in place to encourage the involvement of parents in school improvement processes for inclusive education. These mechanisms are often supported by national policies or strategic action plans. For example, in Sri Lanka, the Education Sector Development Plan 2018-2025 includes strategies to achieve participation across a range of stakeholders in education. In addition, the Strategic Framework of Action for Inclusive Education states that families must be included in school self-assessment processes. At the early childhood level, the Bhutan draft National Education Policy requires all ECCE (Early Childhood Care and Education) centres to work closely with parents, their associations and community groups and to organize awareness-raising programs.

Parents may need assistance to understand the rights of children to education and the means to support children with disabilities in early childhood development and education. The Growing Together Project initiated by Humanity & Inclusion established parent clubs in refugee camps and host communities in Bangladesh, Pakistan, and Thailand. Parents of

young children with and without disabilities learned how to support early learning, nurturing care, and inclusive play. The project helped to break the stigma around disability. As a result, caregivers spent more time playing and supporting their children.\textsuperscript{137}

Parents who gain knowledge and capacity sometimes form networks to further advocate for the rights of children with disabilities. These formal and informal networks can become powerful agents for change. Parents in Kazakhstan, for example, shared experiences on social media. This led to the establishment of a formal NGO which advocates for the right to education and creates education opportunities for children with disabilities.\textsuperscript{138}

OPDs in several countries have been successful in advocating for the rights of their members, providing information and initiating change. The Kiribati OPD Te Toa Matoa was involved in the campaign to ratify the CRPD, collaborated with the Ministry of Education to develop an inclusive education policy, worked with the Teacher Training College to develop a module on inclusive education, and advised the government to include disability questions in the 2015 census.\textsuperscript{139} When OPDs and disability-focused CSOs form coalitions, their voices become stronger. In Armenia, a coalition of CSOs and OPDs requested the government to review the special education law to align with the CRPD. This resulted in amendments to the existing law, as well as the development of a national inclusive education framework and budget with a target to transfer all special schools to inclusive schools and support centres by 2025.\textsuperscript{140}

\textbf{Gaps and challenges}

While many countries have policies and mechanisms to encourage parental involvement in school improvement processes, there is limited evidence that similar mechanisms are in place to encourage student involvement. Examples from Bangladesh and Nepal show the potential of student involvement and advocacy for inclusive education. The Child Fora Programme in Bangladesh provided a channel for children with and without disabilities to share their needs. This contributed to positive outcomes such as the enrolment of out-of-school children, increased budget allocation for education, establishment of community-based rehabilitation (CBR) centres, and improved school and public space infrastructure. In Nepal, UNICEF supported annual child consultations, known as Bal Bhela, for children with and without disabilities to share their opinions.\textsuperscript{141} There is an urgent need for countries in the region to develop such initiatives.

\begin{itemize}
\item \textsuperscript{138} Julie Allan and Tolkyn Omarova, "Disability and Inclusion in Kazakhstan," \textit{Disability & Society} (2021).
\item \textsuperscript{140} Susanna Tadevosyan, "Moving from Special Schools to Inclusive Schools: Bridge of Hope’s Advocacy in Armenia," \textit{Enabling Education Review - Special Edition: Inclusive Education Advocacy} (2015).
\end{itemize}
Where children with disabilities do not have access to early intervention and education, OPDs and CSOs sometimes establish programmes to provide services. While this might fill gaps in provision, there is very little systematic monitoring of the quality, effectiveness, financing, and sustainability of such programmes. Segregation could be sustained when these services are developed based on the medical model of disability.

2.7.2 Inter-sectoral collaboration to support early identification and intervention and inclusive education implementation

Progress

Ensuring equal opportunities for children with disabilities requires mobilizing multiple actors and sharing responsibilities amongst government entities and non-government organizations. This allows for the development of integrated policies, programmes and services, which address the full set of needs of children, including health, well-being, education, participation and social justice. Breaking down silos in policy formulation and implementation is a key issue within the SDGs.

Inter-ministerial responsibility-sharing for disability policy development and implementation is common in the region. The review found that at least 25 countries or territories in the region have an inter-ministerial council for disability. There is evidence of inter-ministerial collaboration mechanisms for early identification and intervention in 8 countries or territories and for inclusive education in 16 countries or territories. Some disability coordinating mechanisms also include OPDs and CSOs. Where councils or working groups for persons with disabilities are available, these are often also responsible for the coordination of inclusive education. The Tuvalu National Disability Coordinating Committee, for example, is the national focal point for disability and aims to implement the CRPD, including promoting early identification and intervention and inclusive education.

Gaps and challenges

Sharing responsibilities among ministries does not always imply collaboration, cooperation, and coordination. Deep-rooted norms, traditions, bureaucratic cultures, and non-binding cross-sectoral agreements may hinder the smooth transition from a silo approach to policy development and implementation towards innovative collaboration and cooperation between education and other sectors.

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143 Ibid.
144 Cambodia, Indonesia, Iran, Micronesia, Papua New Guinea, Russian Federation, Singapore, and Viet Nam.
145 Bangladesh, Bhutan, Brunei Darussalam, China, Cook Islands, Fiji, Georgia, Kazakhstan, Kiribati, Lao People's Democratic Republic, Malaysia, Mongolia, Samoa, Singapore, Tajikistan, and Viet Nam.
While inter-ministerial collaboration for disability issues is common, it has been noted that the potential of integrated service delivery initiatives, for example, in early needs identification or transition between education levels, is yet to be realized in many countries.\textsuperscript{148}

2.8 Data and monitoring

2.8.1 Internationally comparable disability data

Progress

CRPD mandates the establishment of monitoring mechanisms for the implementation of disability-inclusive initiatives. Specific to education, GC4 mandates periodic monitoring and evaluation of inclusive education to guarantee that segregated or integrated models of education are not taking place either formally or informally. GC4 reinforces the CRPD’s emphasis on the active involvement of persons with disabilities in the monitoring process, including children, parents, caregivers, and organizations of persons with disabilities.\textsuperscript{149} In line with this, addressing the lack of reliable and comparable disability data is a key priority of the Incheon Strategy.

The use of Washington Group questions (WG questions) is a relatively new approach which could minimize disability assessment gaps and provide internationally comparable results.\textsuperscript{150} Some countries in the region have utilized the WG questions as part of a recent population census (e.g., Bhutan and Sri Lanka) or national household survey (e.g., Bangladesh, Maldives, Pakistan, and Viet Nam).\textsuperscript{151} This represents a change in perception about disability and signals gradual alignment with the social model. The WG questions look at ‘functioning’ rather than ‘medical diagnoses’. This is in line with the CRPD, as the focus shifts from the condition, or impairment, of a person, to what they ‘have difficulty doing’, incorporating environmental barriers to participation.\textsuperscript{152}

Gaps and challenges

The lack of reliable data on children with disabilities continues to be a challenge. Where data on children with disabilities are available, they are often inconclusive, fragmentary, and inconsistent. The absence of a common definition and methodology for identifying and measuring disability is a contributing issue. Despite the adoption of internationally accepted

\textsuperscript{148} Ibid.


tools such as WG questions, comparable and reliable data remain scarce in the region. A UNICEF mapping study in South Asia reported higher disability prevalence rates in countries where WG questions were used. It has, however, been noted that even when countries use the WG questions for disability data collection, comparison between countries or even between areas in one country remains difficult due to different interpretations of the WG questions and how they are used.

The continued subscription to the medical perspective of disability often leads to underreporting. Focusing on medical diagnoses does not consider different levels of functional difficulty and access to enabling support services and assistive devices. Consequently, identification initiatives often only count persons who have certain impairments or those with severe disabilities.

There is also a lack of accurate data on the specific challenges that children with disabilities encounter, making the development of effective and responsive policies challenging. Disaggregated data on the learning progress of children with disabilities based on the ICF framework should be integrated into identification and data collection systems. In order to produce accurate and disaggregated information on children with disabilities and the contextual barriers to their learning and participation across the region, there is a necessity to improve identification, monitoring, and evaluation, as well as to upgrade EMIS.

### 2.8.2 Systems and mechanisms to periodically monitor and evaluate access to early identification and intervention

#### Progress

The review found limited data on the presence of mechanisms to monitor early identification and intervention for children with disabilities. Nonetheless, practices have been identified in some countries. For early identification, teachers in Papua New Guinea use the PNG Education Management Information System Disability Disaggregated Toolkit to screen for potential developmental problems. Screening procedures integrated into the EMIS allow for seamless input of information and easier monitoring. Similarly, in Viet Nam, the ASQ instruments are used by teachers to screen children enrolling in nursery and kindergarten. For each type of disability, there are distinct evaluation toolkits.

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Gaps and challenges

There is limited information on early identification and intervention for children with disabilities or those at risk of developing disabilities. In general, studies on early childhood development (ECD) often overlook or exclude children with disabilities. A global survey of inclusive early childhood development and intervention programmes shows that many programmes could be significantly improved by instituting strategic plans, guidelines, training systems, and monitoring and evaluation processes, among other programme components. Currently, government planning and monitoring processes do not always include disability indicators, and disaggregation by disability status is often not practised, which makes persons with disabilities invisible in monitoring.

2.8.3 Systems and mechanisms to periodically monitor and evaluate inclusion of children with disabilities in education

Progress

Many countries in the Pacific have mechanisms in place to identify children with disabilities, as well as increasingly complex education management information systems (EMIS) that include multi-variable assessments. For example, based on functional observations and the identification of learning and support needs, teachers in Fiji collaborate with parents and other stakeholders to create a Student Learning Profile. This information is kept in the Fiji Education Management Information System (FEMIS) and is used to calculate resourcing levels and define educational support needs. In New Zealand, comprehensive data collected at the school level via EMIS are used to measure soft indicators such as whether students feel cared for, protected, and secure, as well as their ability to form and maintain positive relationships, respect others’ needs, and demonstrate empathy.

Some countries in the region have begun to expand their EMIS to disaggregate data by disability and to measure key indicators related to inclusive education. For example, India incorporated the UNICEF guide on adding disability-related questions to school censuses. This included a recommended minimum set of questions related to inclusion and accessibility of school facilities.

Countries in the region have used school self-assessment processes to monitor the implementation of inclusive education at school and community levels. Such processes allow for the participation of a wide range of community stakeholders and beneficiaries, including parents, students, CSOs and OPDs, and thereby provide opportunities to identify and address local barriers to educational access and participation. The Sri Lanka Framework for

Action for Inclusive Education\textsuperscript{163} for example, requires that parents are involved in school self-assessment and school development planning to improve inclusive education implementation.

**Gaps and challenges**

Challenges in monitoring inclusive education, both at community and national levels, are rooted in the lack of a uniform definition of disability and inclusion and a lack of standardized methodologies to measure disability. This leads to inconsistency in data sets.\textsuperscript{164} As highlighted in the section on Partnerships, the lack of effective intersectoral coordination mechanisms is a hindrance to successful monitoring and quality assurance. Generation of accurate disability data entails the cooperation of various sectors concerned with service provision, such as education, early childhood, health, and social protection. Without a working mechanism to share information among these sectors, data on children with disabilities would remain inconsistent and lack reliability.


\textsuperscript{164} Alison Croft, "Promoting Access to Education for Disabled Children in Low-Income Countries: Do We Need to Know How Many Disabled Children There Are?," *International Journal of Educational Development* 33 (2013).
3. Promising practices: country case studies

3.1 Singapore, early identification and intervention

3.1.1 Country context

Singapore is an island city-state located in South-East Asia. It is a densely populated country with about 5.45 million people living in approximately 700 square kilometres of land. Despite the small rural territory and limited natural resources, the country is considered one of the most prosperous nations in the world. According to the World Bank, Singapore is a high-income economy with a gross national income of US$ 54,920, as of 2020.

Singapore considers its people as its most important natural resource and emphasizes the importance of educating and shaping the minds of young people who will, in turn, take charge of the future of the country. The small island nation recognizes the importance of building up its workforce, including persons with disabilities, as integral and contributing members of society. Similarly, high importance is placed on the empowerment of persons with disabilities, beginning in early childhood. Comprehensive strategies have been put in place to address early detection of possible developmental delays and disabilities, supplemented by timely and appropriate intervention.

3.1.2 Supportive policies

In terms of the right to education, Singapore’s Constitution protects its citizens from discrimination on the grounds of religion, race, descent, or place of birth. The Compulsory Education Act of 2000 ensures Singapore citizens born after 1 January 1996 to compulsory primary school education. The law was later expanded in 2019 to include children with moderate to severe special education needs born after 1 January 2012.

Two key events marked the recent push for inclusion in Singapore. First, Prime Minister Lee Hsien Loong, in his inauguration speech in 2004, made a clear commitment to building an inclusive society in the country. The prime minister’s declaration made way for increased

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discussions on policy changes and improved service delivery for students with disabilities, as well as a positive outlook on the shift towards integration into mainstream schools. Second, the first Enabling Masterplan 2007-2011 was developed to guide the establishment of programmes and services for persons with disabilities.

The 3rd Enabling Masterplan (EMP3) 2017-2021 is the current roadmap of the government, providing a multi-faceted strategy towards a more disability-inclusive society where persons with disabilities are empowered and enabled to realize their potential. EMP3 places particular emphasis on timely and effective identification of disabilities and appropriate support services thereafter. EMP3 builds upon previous efforts to fulfil Singapore’s commitment under the CRPD, which the country ratified in 2013.

3.1.3 Early identification

In the early 2000s, early identification for children with disabilities was done through government-funded medical institutions. The service was later expanded in 2010 to offer parent and caregiver training and therapy services for supporting children awaiting early intervention services. EMP3 recognizes an existing network of touchpoints for early detection comprising the family, healthcare agencies, as well as other community partners. To complement this network, the HealthHub app was enhanced in 2017 to help parents track their child’s developmental milestones. The app utilizes an electronic version of the child’s Health Booklet, which includes a checklist and growth charts that track the child’s development. Nurses in hospitals and clinics, as well as health ambassadors from the Health Promotion Board, are trained to use the e-booklet to better assist parents.

In 2018, the revised Professional Practice Guidelines was made available for psychologist and medical and allied health professionals who are involved in advising parents. The Guideline is focused on the psycho-educational assessment and educational placement of students with special educational needs aged 6 to 18 years.

176 Ibid.
In 2019, the Ministry of Health (MOH), in coordination with other institutions, issued a referral protocol wherein primary care physicians can refer pre-school children with developmental delays to the Child Development Programme. In the following year, MOH issued the Guidance on Childhood Developmental Screening (CDS) across primary care institutions which provides practical information on monitoring and referral for developmental delays in children aged 0-6 years. The CDS guidelines ensure prompt referrals for further evaluation and appropriate early intervention, if necessary. In the same year, the Integrated Maternal and Child Wellness Hub pilot was launched in the SingHealth Polyclinics - Punggol, which offers enhanced child developmental screening.  

3.1.4 Early intervention

The initial form of early intervention (EI) was delivered through the Integrated Child Care Programme launched in 2002.\textsuperscript{182} It is an inclusive programme for children with “mild special needs” where children are provided with an environment to play and socialize with other developing peers to prepare them for future entry into mainstream education.\textsuperscript{183} The 14 centres offering the programme do not provide intervention services, although the curriculum can be modified to accommodate children with disabilities, as well as address the need for additional staff support.\textsuperscript{184}

According to the Early Childhood Development Agency (ECDA), the primary government unit for early childhood development in Singapore, children under the age of 7 receive intervention through government-funded EI programmes.\textsuperscript{185} Upon the recommendation of EI professionals and clinicians, children who require EI support can go through several levels of EI programmes, if necessary.

The Early Intervention Programme for Infants and Children (EIPIC) is available for children who require medium to high levels of EI support.\textsuperscript{186} Done primarily in EI centres, children receive therapy and specialized intervention with the help of EI professionals, including EI teachers, therapists, and psychologists. EI centres provide a step-by-step learning service that is adapted to the varied developmental needs of a child. The services include:\textsuperscript{187}

\begin{itemize}
  \item \textsuperscript{182} Ibid.
  \item \textsuperscript{186} Ibid.
\end{itemize}
1. **EIPIC under-2s** – This programme targets children below 2 years of age and focuses on the training of parents and/or caregivers on how to effectively carry out intervention strategies in the child’s daily routines within the household setting.

2. **EIPIC@Centre** – When the child progresses to EIPIC@Centre programme, they are provided with both therapy and educational intervention services based on the child’s individual requirements.

3. **DS-Plus** - The DS-Plus programme targets children, up to age 6, who have made satisfactory progress under the EIPIC@Centre programme and are attending preschool. The intervention takes place in preschools to prepare the child for interacting and learning in a larger class setting.

EI professionals utilize the Early Intervention Benchmarking Framework to identify children suitable for transition to DS-Plus, as well as co-teaching the child alongside the pre-school teacher. Since 2019, the EIPIC Under-2s and DS-Plus programmes have been implemented in phases across all 21 EI centres in the country.\(^{188}\)

The Development Support (DS) or Learning Support (LS) programme provide short-term support for children in kindergarten 1 and 2.\(^{189}\) In 2020, around 600 preschools were offering the DS-LS programme. Children in both DS-Plus and DS-LS programmes require low levels of EI support and receive intervention through EI programmes available in preschools. These programmes require fees calculated depending on a family’s monthly household per capita income.

The EIPIC Support Grant was put into effect to complement the EIPIC and make it more affordable and accessible to all children in 2008.\(^{190}\) A fixed subsidy of S$300 per month from the government was rolled out in 2010 and increased to S$500 per month by 2014. In 2019, expenses were lowered across all EI programmes for most income groups, averaging between 30 per cent to 70 per cent reduction in out-of-pocket expenses depending on the programme.

To expand the options available for children with disabilities, the Ministry of Social and Family Development (MSF) launched the Enhanced Pilot for Private Intervention Providers in 2011, which gives parents the option to enrol their children with disabilities in selected private intervention centres, also at subsidized rates.

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3.1.5 Supported service providers

The MSF works with key partners, such as the National Council of Social Service and the Institutes of Higher Learning, to assist the early childhood sector through coordinating human resources planning, developing capabilities of early intervention professionals and setting salary guidelines.191

To increase the capacity of early childhood educators, the ECDA is working with the National Institute of Early Childhood Development to strengthen inclusive practices in both pre-employment training and Continuing Professional Development courses. Training participants are equipped with skills and knowledge to address the diverse learning needs of students.192

3.1.6 Partnerships

The Disability Office within the MSF coordinates the planning, development, resourcing, and delivery of services for persons with disabilities. The Office works closely with the hospitals, clinics, and preschools for the timely identification of children with developmental needs. In addition, the Office collaborates with the ECDA, SG Enable, Voluntary Welfare Organisation, providers of early intervention services, and preschools to provide early intervention services for children with disabilities, and caregiver training for their families.193

In 2019, the MSF initiated the Inclusive Preschool Workgroup, which involves citizens, and private and public sector partners to study and develop recommendations to better support children with developmental needs in preschools. 194 The Workgroup has provided recommendations such as including more preschools in DS-LS and DS-Plus programmes and piloting a new Inclusive Support Program which integrates early childhood and early intervention services at preschool for children who require medium levels of EI support, among others.195

195 Inclusive Preschool Workgroup, ”Enhancing Inclusion and Support for Children with Developmental Needs.”
3.1.7 Data and monitoring

A network of touchpoints integral to early identification and support services has been set up in the country. The network is composed of families, healthcare agencies, and preschools. As the availability of professionals can sometimes be limited, especially for families who cannot afford to pay for a private sector psychologist, this system of touchpoints can help improve early identification. Parents can track the developmental milestones of the child through the HealthHub app, which serves as the digital health booklet. Nurses and clinicians are trained to use the health booklet to aid parents. Early childhood educators are also trained to identify developmental milestones. Part of the pre-service training introduces educators to various forms of special needs in young children, which include cognitive, behavioural, emotional, and sensory characteristics.

Latest government-reported data indicate that 2,189 children with disabilities (1,629 males and 560 females) are receiving early childhood intervention. Overall, 63.5 per cent of children with disabilities in Singapore are able to access early childhood intervention services.

3.1.8 Summary

Singapore’s policies and programmes on early identification and intervention have made considerable progress since the adoption of the first Enabling Masterplan in 2007 and are expected to continue to evolve and scale up over time. These changes have refined the service delivery options for children with disabilities. As the availability of trained professionals can be limited at times, the country has developed a network of touchpoints that can aid in the early identification process. Although intervention services are not free, these come at subsidized rates, making early intervention services more available. The holistic approach to early identification and intervention will support children with disabilities in becoming part of an inclusive society where they are empowered and enabled to realize their potential.

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3.2 Bhutan, inclusive education

3.2.1 Country context

Until the beginning of the 1960s, monastic education was the only form of education in Bhutan.\(^{201}\) Since then, substantial progress has been achieved in education, with the Royal Government of Bhutan placing a strong focus on enhancing the quality of primary school learning and expanding access to secondary school.\(^{202}\)

Due to the limited number of schools and facilities that can accommodate children with disabilities, as well as educators’ low capacity to effectively teach in inclusive settings, the participation of children with disabilities in education continues to be a concern. Bhutan has all three forms of school organization or educational set-up - special, integrated, and inclusive. More than 80 per cent of children with disabilities in school are enrolled in the inclusive learning system.\(^{203}\)

The Royal Government places a strong emphasis on taking an inclusive approach to improving access to high-quality education for children with disabilities.\(^{204}\) Although the notion of inclusive education is relatively new, Bhutan has made significant strides in implementing structural and institutional improvements that facilitate inclusive education.\(^{205}\)

3.2.2 Supportive policies

Bhutan signed the CRPD in 2010 but has yet to ratify it. Although the need for an education act was mentioned in the 2014-24 Bhutan Education Blueprint, there is currently no national legislative framework that regulates the education system.\(^{206}\)

Bhutan has committed to ensuring access to and participation in education for all children with disabilities in its 2020 Education Sector Strategy: Realizing Vision 2020 Policy and Strategy.\(^{207}\) The Strategy, which was established in 2001 as part of the country’s long-term vision, aims to continuously improve education quality to guarantee a child’s overall development.\(^{208}\)

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204 Ibid.
206 Ibid.
The National Education Policy, drafted in 2019, reaffirms the need to provide students with disabilities with suitable education services and facilities, including trained staff. It aims to reform the education system by promoting quality education opportunities for all, while also acknowledging the necessity of making schools more inclusive in order to address the needs of all students.\(^\text{209}\)

Bhutan’s Education Blueprint includes efforts to identify and integrate children with mild to moderate disabilities into mainstream classrooms. To accommodate more students with disabilities, the strategy also indicates increasing the number of schools offering the Special Education Needs (SEN) programme.\(^\text{210}\)

The government adopted the National Policy for Persons with Disabilities in 2019 and a strategy to execute it. The strategy places a strong emphasis on providing access to support services, with a focus on inclusive education.\(^\text{211}\)

To improve access and quality education for persons with disabilities in Bhutan, the Ministry of Education (MoE) has developed the Ten-Year Roadmap for Inclusive and Special Education in Bhutan,\(^\text{212}\) a focused action plan that outlines Bhutan’s long-term inclusive and special education strategy. Consisting of 30 main goals, the roadmap is meant to address a variety of issues limiting access to quality disability-inclusive education programmes.\(^\text{213}\) The roadmap emphasizes capacity-building for teachers, strengthening the capacity of resource centres, equitable access to education, expanding awareness on disability-related services such as early identification and intervention, and developing and maintaining data collection systems on children with disabilities.\(^\text{214}\)

### 3.2.3 Educational access for children with disabilities

For students with disabilities, the government runs the SEN programme, with a long-term objective to ensure that all children with disabilities, including those with physical, intellectual, and other forms of disabilities, have access to general education in regular schools.\(^\text{215}\) With the cooperation of CSOs and other development partners, the government offers technical and financial assistance to general schools with SEN programmes.\(^\text{216}\)

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Enrolment data on children with disabilities are included in the Annual Education Statistics (AES) 2018, 2019, and 2020 reports. AES 2020 reveals a rise in the number of children with disabilities attending schools with SEN programmes and special institutes.217 The quality of education and challenges that children with disabilities encounter in these schools are hardly known.

As of June 2020, there were 24 schools with SEN programmes, two specialized institutes, and two Draktsho Vocational Training Centres. The number of students has increased from 797 enrollees in 2019 to 997 in 2020,218 with 741 students enrolled in schools with SEN programmes (304 girls and 437 boys).219

3.2.4 Inclusive and accessible and curriculum, pedagogy, assessment, and learning materials

The Ten-Year Roadmap for Inclusive and Special Education highlights the importance of an appropriate curriculum in assisting all students in their learning. For persons with significant intellectual disabilities who will not be able to access an academic curriculum, a functional curriculum is necessary.220 According to the 2019 draft National Education Policy, curriculum and pedagogy must be inclusive in terms of gender, special education needs, socioeconomic background, and geographic location. The curriculum, in particular, must be adaptable in order to meet the needs of all students in completing basic and upper secondary education while also fitting into the local context.221

The Royal Education Council created an Adapted Curriculum (AC)222 for inclusive and special education in response to the COVID-19 pandemic to ensure that education continues even in emergencies. The curriculum is divided into key stages and is focused on literacy, numeracy, and life skills, adopting a thematic approach with the goal of ensuring that children remain engaged and safe while learning.223 The Prioritized Curriculum (PC) is a modification of the existing curriculum that uses the same thematic approach as AC. While the scope appears to be limited, it covers crucial materials and learning goals, moving away from a textbook-based approach towards a competency-based approach.224

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220 Ibid.
The 2019 National Education Assessment Framework (NEAF)\(^{225}\) was created in line with changes in the curriculum and, on a broader scale, the Bhutanese educational system. The framework shifts the focus away from rote learning and encourages inclusion through flexible and learner-centred assessment methods. By providing sufficient assistance for children from different backgrounds, the framework ensures that all children can fully participate in the assessment process.\(^{226}\) Some approaches used include, among others, allocating additional time for assessment, adjusting presentation methods and response formats, and ensuring proper seating.

The 2019–23 iSherig-2 Education ICT Master Plan, first initiated in 2013 in the form of the five-year Education ICT Master Plan,\(^{227}\) aims to provide students with the essential skills and values to be productive, socially responsible, and globally competent. Strong focus is placed on the ICT-integrated curriculum and interdisciplinary digital pedagogy, allowing educators and students to collaborate more effectively. In addition, the plan highlights the importance of strengthening current services by developing accessible learning materials. However, this initiative mainly targets secondary school students with vision and hearing impairment.\(^{228}\)

In May 2020, the MoE launched the Self-Instructional Materials (SIMs), an alternative educational resource through print media for students who do not have access to e-learning facilities.\(^{229}\) The distribution of SIM for around 32,135 children across the country is enabling both teachers and students to address inequity in education continuity due to the digital divide.\(^{230}\)

### 3.2.5 Supported teachers

According to the 2012 National Policy on Special Educational Needs (NPSEN), teacher training should include a special education component. All schools that enrol children with disabilities are required to have instructors trained in differentiated instruction and needs assessment. The NPSEN also intends to deploy specialist professionals in inclusive schools, such as teacher assistants, caregivers, counsellors, and therapists.\(^{231}\)

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An optional introductory module to inclusive education at Samste College of Education is offered to pre-service secondary teachers with a Bachelor of Education. Similarly, a special education module is offered to final-year Bachelor of Education students at the Paro College of Education. As part of the B.Ed. programme, Paro College of Education requires in-service and pre-service teachers to take a mandatory module on teaching students with disabilities. The college also launched a Master of Inclusive Education programme for teachers of children with disabilities.

Short-term and long-term training and workshops for teachers of students with disabilities are organized by the MoE’s Special Educational Needs Programme Office. Despite the fact that only a few in-service teachers hold master’s degrees in inclusive and special education or similar programmes, the ministry annually trains more than 100 primary school teachers in inclusive and special education needs-related components. More than 700 primary teachers in schools with SEN programmes have undergone some types of training.

Despite existing initiatives, a 2018 study on teachers’ concerns and experiences in educating children with special education needs indicated that 69 per cent of respondents felt unprepared to teach children with disabilities. The 2018–23 Twelfth Five Year Plan prioritizes improving teacher development and support, including implementing an 80-hour professional development programme to increase teachers’ knowledge and skills through in-service training and seminars, as well as scholarships and fellowship programmes.

3.2.6 Accessible learning environments

As outlined in the 2019 draft National Education Policy, standard physical facilities are expected to include appropriate furniture, teaching and learning equipment, and learning support facilities issued by the MoE. The policy also requires that schools adhere to environmentally friendly principles and develop a comprehensive disaster management and preparedness strategy.

Physical accessibility of educational institutions is a stated aim of the Ten-Year Roadmap for Inclusive and Special Education. The MoE must consider retrofitting existing buildings and

232 Ibid.
school grounds, as well as ensuring that master designs for new construction enable accessibility for all educational buildings.\textsuperscript{238}

The Ministry of Works and Human Settlements published the Guidelines for Differently Abled Friendly Construction. Construction companies, engineers, architects, urban planners, and other infrastructure developers can use the standards as a reference document. It stresses the use of universal design principles to promote accessibility in all public places and infrastructure, particularly for persons with disabilities.\textsuperscript{239}

The National Policy for Persons with Disabilities outlines the vulnerabilities that women and girls with disabilities face, providing guidance on how to ensure their inclusion. According to the policy, the MoE shall uphold the rights of children and women with disabilities in all education policies, plans, and programmes affecting persons with disabilities.\textsuperscript{240} To encourage more girls with disabilities to attend school, greater emphasis should be placed on the provision of gender-appropriate and accessible water, sanitation, and hygiene facilities.\textsuperscript{241}

3.2.7 Partnerships

The 2017 Standards for Inclusive Education\textsuperscript{242} ensure that children with disabilities receive support services. Schools are expected to coordinate suitable and well-planned external assistance for children with disabilities. Collaboration with different professionals such as physiotherapists, occupational therapists, and speech therapists, among others, may be required to support children with disabilities.

The Disabled People’s Organization of Bhutan, formerly known as the Disabled Persons’ Association of Bhutan, was founded in 2010 to supplement the government’s services for children and youth with disabilities. The DPO acts as a platform for all persons with disabilities to be heard in the development of policies, laws, and programmes. In an effort to expose teachers to diverse disabilities, the organization conducts Disability Equality Training Workshops. Organized with the idea of ‘leaving no one behind’, the objective of the workshops is to equip teachers with the knowledge and skills required to provide appropriate services to children with disabilities.\textsuperscript{243}

\textsuperscript{238} Ibid.
The three significant civil society organizations (CSOs) that work with persons with disabilities in Bhutan include the Draktsho Vocational Training Centre (Draktsho), Ability Bhutan Society (ABS), and Phensem. Despite the fact that these organizations are located in Thimphu, their programmes serve children and youth with disabilities across the country. ABS, for example, offers a variety of support services to parents and caregivers of children with disabilities. It holds workshops on the rights of children with disabilities, on policies that promote these rights, as well as on accessible intervention and support services. Sensitization of school teachers is another initiative by ABS. 26 teachers from various schools, including the Chief Dzongkhag Education Officer, were trained on inclusive education in Phuentsholing, Chukha. The workshop provided a platform for discussing school-based development strategies for children with disabilities, with an emphasis on inclusive education.244

Current policies and programmes foster the involvement of children with disabilities, their families, and the community. For example, the Education Blueprint 2014–2024 supports collaboration with parents and the broader public in providing the necessary assistance for children with disabilities. 245 The proposed National Education Policy 2019 mandates collaboration between the Zhung Dratshang (Central Monastic Body), the MoE, and other relevant government organizations to facilitate inclusive education. It requires all teacher education institutions, schools, ECCD centres, non-formal education centres, lobdras (monastic schools) and shedras (monastic colleges) to involve the entire school community in educational policy development, implementation, and monitoring to better strengthen educational service delivery.246

In terms of partnerships with development partners, UNICEF collaborated with the MoE and local groups to construct and rehabilitate a number of community-based ECCD centres across Bhutan. Support for people in hard-to-reach rural regions was given special attention. UNICEF continues to assist over 400 monastic schools and 28 nunneries around the nation through its partnership with the Central Monastic Body. The conversion of monastic schools into child-friendly centres suited for whole-child learning and development is the major emphasis of this partnership. The UN Partnership for the Rights of Persons with Disabilities extended resources to support its work in Bhutan to improve the policy environment for persons with disabilities.247

3.2.8 Data and monitoring

Bhutan’s National Statistics Bureau (NSB) was assisted by UNICEF in harmonizing and analysing existing data along with identifying data gaps. As a result, in all surveys and censuses, the NSB will integrate the Washington Group Short or Extended Sets of Questions. The MoE created a special educational needs module based on the Washington Group questions with the assistance of development partners, to enable more accurate monitoring

246 Ibid.
247 Ibid.
and assessment of disability-inclusive education. The module was incorporated into EMIS in 2018 and is anticipated to offer information on students’ enrolment, learning results, transition, access to infrastructure and facilities, as well as support services from professionals, parents, and the community.

The AES report, which includes inclusive education practices in schools, is published through EMIS by the MoE. It provides information on the number of schools with SEN programmes and special institutions, as well as the number of enrollees and teachers in those schools. Data disaggregated by location and sex were represented in AES reports from 2018 to 2020.

The 2019-23 iSherig-2 Education ICT Master Plan aims to create an integrated and comprehensive EMIS based on modern technologies to support evidence-based decision making, updating the one launched by the MoE in 2011. The recent approval of the National Education Assessment Framework 2020 and planned improvements to EMIS will allow for the tracking of learning progress and other data on children with disabilities.

3.2.9 Summary

Bhutan’s initiatives show the government’s dedication to creating a disability-inclusive education system, with efforts being made to achieve universal access to education and strengthen foundations for learning.

While there is currently no legislative framework that regulates the education system, the 2019 Education Policy draft asserts that schools must provide all children with the opportunity to realize their full potential so that students may become socially and economically engaged citizens. Education-related policies and plans are aimed at creating a dynamic and flexible educational system.

The current system continues to face challenges, such as the need for improvement in education quality and relevance to the world of work. The lack of disaggregated education data makes policy and programme development and implementation difficult. In addition, an increase in elementary education enrolment puts a strain on the limited resources available and increases the workload of teachers to support students with diverse needs. More resources are required to improve access to high-quality primary and secondary

education throughout the country. As the government is committed to investing in the health and education sectors, inclusive education in Bhutan is expected to be considerably improved in terms of both quantity and quality in the next few years.\(^{253}\)

\(^{253}\) Ibid.
4. Recommendations

4.1 Recommendations for governments

4.1.1 Strengthen legislative frameworks

Ratification of the CRPD should be made a priority where it has not been ratified yet. The CRPD should be used as a framework to review and update national legislation concerning early identification and intervention and inclusive education for children with disabilities. Medical model terminologies used to refer to children with disabilities in some laws and policies need to be replaced with inclusive language, and the definitions of disability and inclusive education across legal documents need to be consistent and aligned with the social model of disability and the CRPD.

Across the region, substantial developments have taken place in aligning legislative frameworks with international conventions on disability-inclusive education. However, the segregated provision still remains, and in some countries, special education laws and policies are enforced alongside legislation that promotes learning in inclusive settings. A strong commitment to move from special or segregated education to inclusive education should be made. This requires the development of a comprehensive and long-term strategic plan to transition the segregated provision of education to inclusive education to ensure equity in education.

While significant progress is made across the region to develop national inclusive education legal frameworks, more efforts are necessary to develop comprehensive national policy frameworks to support early identification and intervention in the region. Multi-sectoral collaboration is necessary to meet the complex needs of children with disabilities. To support lifelong learning, interventions should be consistent from early childhood, over primary and secondary education, to technical and vocational training, tertiary education and other education and training opportunities. This is consistent with the requirements of GC4, which requires a whole systems approach to inclusive education, in which efforts are made throughout the entire education system to ensure all students can participate and learn.

4.1.2 Improve data on children with disabilities

Accountability is inextricably linked with the availability of reliable and robust data. The availability of accurate and reliable information remains a serious issue across the region. Definitions and approaches to identifying and measuring disability vary in different country contexts and are not always aligned with the CRPD.

Governments should invest in improving birth registration systems, multidisciplinary early identification and screening, and data collection systems, and ensure the collection of disaggregated data on children with disabilities, including those who are out of school. Data collection needs to go beyond numbers and include the barriers children with disabilities face and the quality of teaching and learning, including learning environments. Persons with disabilities need to be involved in monitoring and evaluation activities.
The introduction of the Washington Group Questions to identify children with disabilities is a positive development. There are promising initiatives to use the WG/UNICEF Module on Child Functioning in EMIS, which can support ongoing improvements in identification of disability, data collection, monitoring and quality assurance. Continuing to promote the use of the WG questions in all data collection initiatives, alongside support and capacity building of those who collect and analyse such data, will enable the generation of more reliable and comparable data.

4.1.3 Increase investments

Governments should increase funding for holistic support of children with disabilities and their families, to address gaps in early identification and support as well as inequities in educational access and participation. A twin-track approach is most likely to be effective in financing disability-inclusive initiatives. It encourages the allocation of adequate resources to address system-wide reforms, such as changes in policies, culture, and practices, alongside funding targeted interventions, such as individualized support, reasonable accommodation, assistive devices, and other specialized services, to meet the needs of children with disabilities in mainstream settings. It is crucial to expand such targeted interventions to more remote and rural areas to increase identification of and service for children with disabilities. It is furthermore necessary to disconnect targeted interventions, such as screening and identification, provision of assistive devices, accessible learning materials and specialized support (for example, rehabilitation, speech and language therapy, physiotherapy, or psychotherapy), from enrollment in segregated education centres.

4.1.4 Strengthen capacity of service providers

There is an urgent need to increase capacity-building on holistic early identification and intervention at all levels, to strengthen understanding of the complexity of early identification and intervention planning and implementation. This will help to develop more comprehensive and supportive policy documents and to expand early identification and intervention outside the urban areas. Such efforts need to start with the development of curriculum on early childhood development for pre-service training, which is still lacking in several countries. In-service capacity-building should target both teachers and health care workers and result in the creation of a cross-sectoral network providing ongoing support.

In terms of inclusive education, it is necessary to review and update pre-service and in-service curricula for teachers to ensure alignment with the CRPD. While there is progress in teacher development for inclusive education, many teachers in the region still lack understanding of inclusion and have limited skills and confidence to effectively teach a diverse group of learners. Ongoing school-based professional development with an emphasis on coaching and mentoring as well as collaborative approaches to teacher development, rather than cascade training\textsuperscript{254}, needs to be strengthened across the region. Apart from

\textsuperscript{254} A cascade training model refers to in-service teacher development approaches through which a core group of teachers is trained to retrain their colleagues. The cascade model was traditionally considered as an efficient way to train a large group of teachers on a relatively short period of time, requiring a limited amount of resources. The model has received significant criticism because it often fails to lead to changes in teacher
training, teachers need support to conduct action research, reflect on their practices, adjust teaching strategies, and increase self-agency and collaborative practices in creating inclusive classrooms.

4.1.5 Improve coordination and partnerships across sectors and ministries

Despite the existence of cross-sectoral and vertical coordination systems, further efforts are necessary to develop a sector-wide approach to plan, implement and monitor initiatives to support children with disabilities. This is particularly important for the field of early identification and intervention, which is in many countries still in a piloting phase.

Partnerships with international and national NGOs, OPDs and CSOs have proven to be effective in realizing the right to early intervention and education for all. Involving partner organizations in policy and programme development and implementation can help establish common goals and indicators, address gaps in available services, maximize limited resources, ensure interventions are harmonized and do not duplicate each other, reinforce impact, and promote sustainability. The quality of the partnerships and initiatives, however, needs to be closely monitored to avoid continued segregation of children with disabilities.

4.1.6 Apply universal design in teaching and learning, including infrastructure

Universal Design for Learning must be promoted, and education stakeholders should be supported to develop their understanding of UDL. Supporting capacity building in understanding and implementing UDL is one of the most important ways in which governments can enable the transition towards a more inclusive system.

UDL must be applied in curriculum design, assessments, pedagogy, infrastructure and the design and provision of assistive technology and devices. The key principle is to apply a variety of approaches to removing any barriers to learning and giving all students equal opportunities to succeed. Building flexibility in design and provision enables adjustments to be made to respond to every student’s strengths and needs.

4.1.7 Create safe spaces for children with disabilities

In most countries, there is a lack of comprehensive policies to address various forms of violence and bullying in schools, including online and distance learning, and in the community. Available evidence showed that children with disabilities are more likely to experience bullying and various forms of violence in different settings. It is important to revisit and update existing laws and policies to develop ways to protect the well-being of
children with disabilities. Awareness-raising and capacity-building will be necessary to ensure implementation of such policies in practice.

4.1.8 Include continuity of support for children with disabilities in COVID-19 response and recovery plans and programmes

Unprecedented challenges brought about by the COVID-19 pandemic and related prevention measures and lockdowns have exacerbated pre-existing inequities in education. Due to closure of support services for children with disabilities and inaccessible remote learning programmes, millions of children with disabilities across the region are at risk of accumulating more learning loss than their peers without disabilities and never returning to school. Regional and national response and recovery plans and programmes must explicitly target children with disabilities.

Efforts need to be made to develop distance support programmes for children with disabilities and their families. Accessibility needs to be a priority when designing remote teaching and learning materials, as well as delivering lessons. Providing low-cost and no-tech solutions, such as paper-based home learning packages or on-campus learning while observing physical distancing and other prevention measures, can help bridge the digital divide, which is more likely to affect vulnerable groups such as children with disabilities.

4.2 Recommendations for civil society and development organizations

4.2.1 Continue advocating for the implementation of the CRPD

Continue advocating for the implementation of the CRPD and help ensure children with disabilities are targeted in national laws and policies, sector plans and budgets. Once policies and programmes are in place, OPDs and CSOs should be involved in monitoring the quality and alignment with the CRPD. This monitoring can also help to keep track of the national progress towards meeting international and regional targets towards inclusion of children with disabilities. It is necessary to identify the skills and gaps of OPDs in inclusive education advocacy and monitoring and to provide capacity-building opportunities where needed.

4.2.2 Collaborate with young persons with disabilities, families, and communities

Providing young persons with disabilities, families of children with disabilities and communities access to information on the legal rights of children with disabilities and available support services (where and how to access them), among others, can help empower them to claim their or their children’s rights to early identification and intervention and to education. There is especially a gap in initiatives to hear the voices of children and young persons with disabilities, as rightsholders, in policy and programme development.

A unified behavioural change and communication strategy should be developed among OPDs and CSOs, in coordination with the government, to ensure that there are no conflicting messages. Voices of persons with disabilities, including children, must be amplified in awareness campaigns.
4.2.3 Direct programming and funding to disability-inclusive services

Where there are gaps in provision of early identification and intervention and education for children with disabilities, OPDs and CSOs can mobilize funding and establish programmes. While there are many promising practices of such initiatives across the region, thorough coordination and monitoring is necessary to avoid overlap, child protection risks and further segregation.

4.2.4 Strengthen institutional capacity

International NGOs and national umbrella organizations for persons with disabilities are encouraged to support the capacity-building of OPDs and CSOs to plan, deliver and monitor programmes and provide technical advice on inclusive education services. This can help transition CSO-led programmes and services that are based on the charity model (such as programmes on providing care and cure) to focusing on removing barriers to education (such as moving from providing home-based education to helping increase access of children with disabilities to nearby regular schools).

OPDs and CSOs should be involved in capacity-building of various stakeholders in early identification and intervention and inclusive education. The experiences of persons with disabilities, the barriers they face in accessing services, and strategies they have developed to overcome these barriers are important to share within capacity-building initiatives.

4.3 Recommendations for further research

4.3.1 Analyse planning and implementation of early identification and intervention

The limited available data in this study indicate that, while initial efforts are being made, there is a serious gap in early identification and intervention services across the region, particularly in remote and rural areas. Early identification and support for children with disabilities and their families is a crucial foundation for their further development and access to education and community participation. Early identification is furthermore important to obtain more accurate disability data to support realistic planning and data comparison within the region. It is important to take more detailed stock of current initiatives, gaps, and barriers.

4.3.2 Research the impact of disability-inclusive initiatives

This review indicated that across the region, significant efforts are made to implement the CRPD in general and to realize the right to inclusive education for children with disabilities in particular. Up to date, not much research has been conducted on the impact of programmes and policies to increase equity and reduce barriers. Research on the impact of policies and programmes will help generate evidence of promising practices to strengthen planning and implementation across the region.
4.3.3 **Conduct a cost-benefit analysis of provision of early identification and intervention and inclusive education**

There are limited data available on funding of early identification and intervention and inclusive education. A cost-benefit analysis across the region is recommended to obtain a more realistic perspective on the funding needs for early identification and intervention and inclusive education. This will support policy advocacy and more accurate planning and programming.

4.3.4 **Research knowledge, attitudes, and practices towards disability inclusion**

Studies on knowledge, attitudes and practices on disability inclusion should be conducted to explore experiences of children with disabilities, parents, teachers, and other key stakeholders, such as decision-makers, OPDs and other disability-support organizations.

Capacities of CSOs can be developed to conduct and engage in comprehensive socio-anthropological research to explore and identify contextual social norms, cultural practices and beliefs surrounding disability. Knowledge from such research will substantially inform advocacy and behaviour change strategies.
Annexes

Annex A: Methodology

Scope and Limitations

The literature review for this paper covered interventions towards establishing disability-inclusive early identification and intervention and education at different levels of the education system in countries or territories in Asia and the Pacific.

The literature review adopted the following selection criteria:

<table>
<thead>
<tr>
<th>Language</th>
<th>Published in English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeframe</td>
<td>Published from 2010 to present</td>
</tr>
<tr>
<td>Document type</td>
<td>Peer reviewed journal articles, grey literature, including reports from major donors, United Nations agencies and non-governmental organizations</td>
</tr>
<tr>
<td>Topic</td>
<td>Education of children with disabilities at basic education level (primary and lower secondary education), whether in inclusive or special schools; early identification and intervention of children with disabilities, focusing on promising practices. For the purpose of this review, promising practices are defined as initiatives that have demonstrated evidence of positive outcomes but have not necessarily been rigorously reviewed or established as replicable in varying contexts.</td>
</tr>
</tbody>
</table>

Due to time limitations, the literature review will be an initial scoping only. The findings are to be interpreted as indicative, rather than conclusive.

Data Collection

Given the time limitation to complete this review (July – October 2021), the paper only covers a literature review. The literature was found through scholarly search engines and provided by ESCAP, UNICEF and UNESCO. Key documents reviewed include:

2. SEAMEO INNOTECH’s “Regional Research on Achieving Inclusive Early Childhood Care and Development in Southeast Asia”
4. UNESCO and UNICEF’s “5-Year Progress Review of SDG 4 – Education 2030 in Asia-Pacific”
5. UNICEF’s “Education for Every Ability: A Review and Roadmap of Disability-inclusive Education in East Asia and Pacific Region”
6. UNICEF’s “Mapping of Disability-Inclusive Practices in South Asia” (Draft)
7. UNICEF’s “Pacific Regional Inclusive Education Review” (Draft)

The methodology also includes two case studies on countries with demonstrated promising practices in early identification and intervention and inclusive education for children with disabilities.

Analytical Framework

An analytical framework was developed to guide the review and synthesize the identified literature. At the basis of the analytical framework are the principles of international conventions and human rights frameworks. The resulting framework consists of eight domains, detailed in the table below.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Research Questions</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Supportive policies</td>
<td>• How many countries have ratified or acceded to the CRPD?</td>
<td>1.1 Number of governments that have ratified or acceded to the CRPD</td>
</tr>
<tr>
<td></td>
<td>• Which countries have established legal frameworks and/or policies concerning</td>
<td>1.2 Availability of national legislation or policies to protect and promote</td>
</tr>
<tr>
<td></td>
<td>early identification and intervention and inclusive education for children with</td>
<td>the rights of children with disabilities to education and early identification</td>
</tr>
<tr>
<td></td>
<td>disabilities?</td>
<td>and intervention</td>
</tr>
<tr>
<td>2. Early Identification and Intervention</td>
<td>• What are the measures in place for early identification and intervention for children with disabilities from birth to pre-school age?</td>
<td>2.1 Evidence of home- or community-based early identification and intervention programmes</td>
</tr>
<tr>
<td></td>
<td>• What is the estimated proportion of children with disabilities able to access early intervention services?</td>
<td>2.2 Availability and quality of early identification and intervention services, including identification and diagnosis, basic health care (including vaccination), nutrition advice, early learning, support services (speech and language therapy, physical therapy, occupational therapy, psychotherapy), parental counseling, support</td>
</tr>
<tr>
<td>Domain</td>
<td>Research Questions</td>
<td>Indicators</td>
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</tbody>
</table>
| 3. Educational Access for Children with Disabilities | • What is the estimated proportion of children with disabilities participating in education?  
• What education approaches are available for children with disabilities (inclusive, integrated, or special education)? | 3.1 Number of children with disabilities enrolled in education, compared with the number of children without disabilities enrolled in education, where possible disaggregated by gender and location (urban/rural)  
3.2 Of those children with disabilities who are enrolled in education, proportion that is enrolled in inclusive, integrated, and special education, where possible disaggregated by gender and location (urban/rural) |
| 4. Inclusive curriculum, pedagogy, assessment, and learning materials | • What initiatives are undertaken to ensure curriculum, pedagogy and assessment systems are flexible, inclusive, and accessible to all learners?  
• To what extent are assistive and accessible learning materials provided to children with disabilities? | 4.1 Reforms on curriculum, instruction, and assessment systems to accommodate educational needs of children with disabilities  
4.2 Availability and access to assistive learning materials |
| 5. Supported teachers and service providers | • To what extent are early identification and intervention service providers supported?  
• To what extent is disability inclusion integrated in teacher education and | 5.1 Availability of education and training for early identification and intervention service providers  
5.2 Availability of trained/qualified teachers to provide inclusive education |
<table>
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<tr>
<th>Domain</th>
<th>Research Questions</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| 6  Accessible and Safe Learning Environments | • What initiatives are undertaken to ensure education facilities are child, disability and gender sensitive and provide safe, non-violent, inclusive, and effective learning environments for all?  
• To what extent are learning environments gender-sensitive and accessible to children with disabilities? | 6.1 Initiatives towards creating safe and inclusive learning environments  
6.2 Proportion of schools with accessible and gender-sensitive facilities |
| 7  Partnerships                      | • To what extent are persons with disabilities, children with disabilities and their families and organizations involved in inclusive education  
• To what extent is there inter-sectoral collaboration to support early identification and intervention and inclusive education implementation? | 7.1 Evidence of active engagement of Organization of Persons with Disabilities (OPDs), children with disabilities and their parents/caregivers in education  
7.2 Mechanisms that facilitate participation  
7.3 Existence of a council or committee to coordinate inter-ministerial collaboration for early identification and intervention implementation  
7.4 Existence of a council or committee to coordinate inter-ministerial collaboration for inclusive education implementation |
| 8  Data and monitoring              | • Is disability data collection internationally comparable?  
• What systems and mechanisms are in place to periodically monitor and evaluate access to | 8.1 Disability identification is done based on the International Classification of Functioning, Disability and Health (ICF) and Washington Group/UNICEF Child Functioning Modules, disaggregated by age, sex, |
<table>
<thead>
<tr>
<th>Domain</th>
<th>Research Questions</th>
<th>Indicators</th>
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<tbody>
<tr>
<td></td>
<td>early identification and intervention?</td>
<td>race, ethnicity, language, location and socioeconomic status and disability</td>
</tr>
<tr>
<td></td>
<td>• What systems and mechanisms are in place to periodically monitor and evaluate inclusion of children with disabilities in education?</td>
<td>8.2 Existence of monitoring mechanisms for access to early identification and intervention, disaggregated by age, sex, race, ethnicity, language, location, socioeconomic status, and disability</td>
</tr>
<tr>
<td></td>
<td>8.3 Established Education Management Information Systems which collect data on access, participation and learning of children with disabilities, disaggregated by age, sex, race, ethnicity, language, location and socioeconomic status and disability</td>
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</tr>
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</table>
Annex B: International frameworks promoting early identification and intervention and quality education of children with disabilities

<table>
<thead>
<tr>
<th>Year</th>
<th>International rights framework and reference to early identification and intervention and quality education of children with disabilities</th>
</tr>
</thead>
</table>
| 1948 | **Universal Declaration of Human Rights**  
- Article 26, paragraph 1: Everyone has the right to education. Education shall be free at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit. |
| 1989 | **Convention on the Rights of the Child**  
- Article 23 – [...] ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development (para. 3).  
- Article 28a, paragraph 3 – Make primary education compulsory and available free to all.  
- Article 28b – Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child.  
- Article 29a – The education of the child shall be directed to the development of the child's personality, talents and mental and physical abilities to their fullest potential. |
| 1990 | **World Declaration on Education for All and Framework for Action to Meet Basic Learning Needs**  
- Article 1: Every person – child, youth and adult – shall be able to benefit from educational opportunities designed to meet their basic learning needs.  
- Article 3, paragraph 3 - An active commitment must be made to removing education disparities.  
- Article 3, paragraph 5 - The learning needs of the disabled demand special attention. Steps need to be taken to provide equal access to education to every category of disabled persons as an integral part of the education system. |
| 1994 | **The Salamanca Statement and Framework for Action on Special Needs Education** |

255 Please note that this list is not intended to be exhaustive.
- Every child has a fundamental right to education, and must be given the opportunity to achieve and maintain an acceptable level of learning
- Every child has unique characteristics, interests, abilities and learning needs
- Education systems should be designed and educational programmes implemented to take into account the wide diversity of these characteristics and needs,
- Those with special educational needs must have access to regular schools which should accommodate them within a child-centred pedagogy capable of meeting these needs
- Regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all; moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system

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<thead>
<tr>
<th>Year</th>
<th>Document</th>
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<tbody>
<tr>
<td>2000</td>
<td>The Dakar Framework for Action Education for All: Meeting our Collective Commitments</td>
</tr>
<tr>
<td></td>
<td>Goal 1 – Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children</td>
</tr>
<tr>
<td></td>
<td>Goal 2 - Ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete free and compulsory primary education of good quality</td>
</tr>
<tr>
<td></td>
<td>Goal 3 - Ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programmes</td>
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</tbody>
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<tr>
<th>Year</th>
<th>Document</th>
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<tbody>
<tr>
<td>2005</td>
<td>General Comment No. 7 (Implementing child rights in early childhood) to the Convention on the Rights of the Child</td>
</tr>
<tr>
<td></td>
<td>Children with disabilities are entitled to the care, nutrition, nurturance and encouragement offered other children (para. 11b).</td>
</tr>
<tr>
<td></td>
<td>Early childhood is the period during which disabilities are usually identified and the impact on children’s well-being and development recognized. Young children should never be institutionalized solely on the grounds of disability. It is a priority to ensure that they have equal opportunities to participate fully in education and community life, including by the removal of barriers that impede the realization of their rights. Young disabled children are entitled to appropriate specialist assistance, including support for their parents (or other caregivers). Disabled children should at all times be treated with dignity and in ways that encourage their self-reliance (para. 36d).</td>
</tr>
<tr>
<td>Year</td>
<td>Document/Goal</td>
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</table>
| 2006 | General Comment No. 9 (The rights of children with disabilities) to the Convention on the Rights of the Child | • Systems of early identification and early intervention as part of their health services, together with birth registration and procedures for following the progress of children identified with disabilities at an early age. Services should be both community- and home-based, and easy to access (para. 56).  
• Following identification, the systems in place must be capable of early intervention including treatment and rehabilitation providing all necessary devices that enable children with disabilities to achieve their full functional capacity in terms of mobility, hearing aids, visual aids, and prosthetics among others (para. 57). |
| 2006 | Convention on the Rights of Persons with Disabilities | • Article 19 - Living independently and being included in the community: Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement. Isolation or segregation from the community must be prevented.  
• Article 21 - Freedom of expression and opinion, and access to information: Accepting and facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by persons with disabilities in official interactions  
• Article 23 – Respect for Home and the Family: States are required to provide early and comprehensive information, services, and support to ensure children with disabilities can stay with their families. This means that early identification and intervention is to be provided within the community to phase out of practices of institutionalization of children with disabilities  
• Article 24 – Education: States must ensure access to quality inclusive education at all education levels, within the communities in which children live and on an equal basis with others. To realize this, states will prohibit discrimination based on disability, ensure reasonable accommodations, and provide support within the general education system.  
• Article 25 – Health: States are obligated to provide early identification and intervention and other services to minimize and prevent further disability.  
• Article 26 – Habilitation and Rehabilitation: States are required to provide comprehensive habilitation and rehabilitation services and programmes at the earliest possible stage. |
| 2015 | Sustainable Development Goals | Goal 4 ‘Ensure Inclusive and Equitable Quality Education and Promote Lifelong Opportunities for All’ |
- Target 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
- Target 4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
- Target 4.5: By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations
- Target 4.a: Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

2016 General Comment No. 4 to Article 24 (Right to Inclusive Education) of the Convention on the Rights of Persons with Disabilities

The core features of inclusive education include:
- Whole systems approach: ensure that all resources are invested toward advancing inclusive education, and toward introducing and embedding the necessary changes in institutional culture, policies and practices.
- Whole educational environment: the committed leadership of educational institutions is essential to introduce and embed the culture, policies and practices to achieve inclusive education at all levels.
- Whole person approach: recognition is given to the capacity of every person to learn, and high expectations are established for all learners, including learners with disabilities.
- Supported teachers: All teachers and other staff receive education and training giving them the core values and competencies to accommodate inclusive learning environments, which include teachers with disabilities.
- Respect for and value of diversity: All members of the learning community are welcomed equally, with respect for diversity according to, inter alia, disability, race, colour, sex, language, linguistic culture, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status.
- Learning-friendly environment: Inclusive learning environments must create an accessible environment where everyone feels safe, supported, stimulated and able to express themselves, with a strong emphasis on involving students themselves in building a positive school community.
- Effective transitions: Learners with disabilities receive the support to ensure the effective transition from learning at school to vocational and tertiary education, and finally to work. Learners’
capacities and confidence are developed, and learners receive reasonable accommodation and equality regarding assessment and examination procedures, and certification of their capacities and attainments on an equal basis with others.

- Recognition of partnerships. Teacher associations, student associations and federations and OPDs, school boards, parent-teacher associations, and other functioning school support groups, both formal and informal, are all encouraged to increase their understanding and knowledge of disability.

- Monitoring: As a continuing process, inclusive education must be monitored and evaluated on a regular basis to ensure that segregation or integration is not happening either formally or informally. Monitoring, according to article 33, should involve persons with disabilities, including children and persons with intensive support requirements, through OPDs, as well as parents or caregivers of children with disabilities where appropriate. Disability-inclusive indicators must be developed and used consistent with the 2030 Agenda for Sustainable Development.
Annex C: Laws and policies on early identification and intervention and quality education of children with disabilities in Asia and the Pacific

_National laws and policies with reference to early identification and intervention of children with disabilities_256

<table>
<thead>
<tr>
<th>Country or territory</th>
<th>Law/Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenia</td>
<td>Law of the Republic of Armenia on the Rights of Persons with Disabilities</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>Law on Education, 2009</td>
</tr>
<tr>
<td>Bhutan</td>
<td>National Policy for Persons with Disabilities, 2019</td>
</tr>
<tr>
<td>China</td>
<td>Law on the Protection of Disabled Persons, 2008 revision; Regulation on Education for Persons with Disabilities, 2017</td>
</tr>
<tr>
<td>Fiji</td>
<td>Policy on Special and Inclusive Education, 2016; National Policy on Persons Living with Disabilities, 2018</td>
</tr>
<tr>
<td>India</td>
<td>National Early Childhood Care and Education Policy, 2013; The Rights of Persons with Disabilities Act, 2016; National Policy on Health, 2017</td>
</tr>
<tr>
<td>Indonesia257</td>
<td>Education and Sports Sector Development Plan (2016-2020)</td>
</tr>
<tr>
<td>Iran (Islamic Republic of)</td>
<td>No related law or policy found258</td>
</tr>
<tr>
<td>Japan</td>
<td>Basic Act for Persons with Disabilities (Amendment of Act no. 90 of 2011)</td>
</tr>
<tr>
<td>Kiribati</td>
<td>Early Childhood Care and Education Act, 2017</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>Decree on the Rights of Persons with Disabilities, 2003</td>
</tr>
<tr>
<td>Malaysia</td>
<td>Special Education Regulation, 2013</td>
</tr>
<tr>
<td>Maldives</td>
<td>Inclusive Education Policy, 2013; The National Child Health Strategy - Every Newborn Action Plan ENAP 2016-2020</td>
</tr>
<tr>
<td>Micronesia (Federated States of)</td>
<td>Special Education Act, 1993; National Policy on Disability, 2016</td>
</tr>
</tbody>
</table>

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256 Please note that this list is not intended to be exhaustive.
257 Indonesia’s Law No. 8/2016 on Persons with Disabilities and Regulation No. 70/2009 on Inclusive Education are not available in English.
258 The 2018 Law for the Protection of the Rights of Persons with Disabilities is not available in English. Authors could not verify the inclusion of children with disabilities in early identification and intervention and education in this law.
<table>
<thead>
<tr>
<th>Country or territory</th>
<th>Law/Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mongolia</td>
<td>Law on Education, 2002 Amendment</td>
</tr>
<tr>
<td>Nauru</td>
<td>Education Act, 2011</td>
</tr>
<tr>
<td>Nepal</td>
<td>National Strategy for Early Childhood Development 2077–2088</td>
</tr>
<tr>
<td>New Zealand</td>
<td>Ministry of Education’s Success for All Policy</td>
</tr>
<tr>
<td>Pakistan</td>
<td>National Education Policy, 2017; The ICT Rights of Persons with Disability Act, 2020</td>
</tr>
<tr>
<td>Palau</td>
<td>Special Education Policies and Procedures, 2008</td>
</tr>
<tr>
<td>Philippines (the)</td>
<td>Early Childhood Care and Development Act of 2000; Early Years Act of 2013; Magna Carta for Persons with Disabilities; Special Education Act, 2019</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>Act on Special Education for Persons with Disabilities, etc., 2017 Amendment</td>
</tr>
<tr>
<td>Samoa</td>
<td>Special Needs Education Policy, 2006</td>
</tr>
<tr>
<td>Singapore</td>
<td>Third Enabling Masterplan 2017-2021</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>National Policy on Disability, 2010</td>
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### National education laws and policies with reference to quality education of children with disabilities

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<sup>259</sup> The Operation Guide on the Whole School Approach to Integrated Education (3rd Edition) provides the guiding principles and practicable strategies for schools.

<sup>260</sup> Please note that this list is not intended to be exhaustive.

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70
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