LASER PULSE

**Long-term Assistance and SErvices for Research (LASER)
Partners for University-Led Solutions Engine (PULSE)**

MULTI-COUNTRY STUDY ON INCLUSIVE EDUCATION (MCSIE)
Comparative Literature Review

Acknowledgment

Background of LASER PULSE

LASER (Long-term Assistance and Services for Research) PULSE (Partners for University-Led Solutions Engine) is a five-year, $70M program funded through USAID's Bureau for Development, Democracy, and Innovation/Innovation, Technology, and Research Hub, that delivers research-driven solutions to field-sourced development challenges in USAID interest countries.

A consortium led by Purdue University, with core partners Catholic Relief Services, Indiana University, Makerere University, and the University of Notre Dame, implements the LASER PULSE program through a growing network of 2,500+ researchers and development practitioners in 61 countries.

LASER PULSE collaborates with USAID missions, bureaus, and independent offices and other local stakeholders to identify research needs for critical development challenges, and funds and strengthens the capacity of researcher-practitioner teams to co-design solutions that translate into policy and practice.

Abbreviations

ACR	All Children Reading
ADD	Action on Disability and Development
AHF	Australian Himalayan Foundation
AIR	American Institutes for Research
ASL	American Sign Language
BLINC	Blended Learning in Inclusive Education Course
CIA	Central Intelligence Agency
CBM	Christoffel-Blindenmission Christian
CRPD	Convention on the Rights of Persons with Disabilities
DEC	Development Experience Clearinghouse
DoE	Department of Education
DPO	Disabled Persons' Organization
DSNE	Department of Special Needs Education
EMIS	Education Management Information System
FEDOMA	Federation of Disability Organizations in Malawi
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
IDP	Inclusive Development Partners
IEP	Individualized Education Plan
IP	Implementing Partner
IPTE	Initial Primary Teacher Education
KT	Krousar Thmey
LASER PULSE	Long-Term Assistance and Services for Research Partners for University-Led Solutions Engine
MCSIE	Multi-Country Study on Inclusive Education
MIITEP	Malawi Integrated In-Service Teacher Education Program
MoE	Ministry of Education
MoEST	Ministry of Education, Science, and Technology
MoEYS	Ministry of Education, Youth, and Sport
MoSVY	Ministry of Social Affairs, Veterans, and Youth Rehabilitation
MSCE	Malawi School Certificate of Education
NEP	NGO Education Partnership
NESP	National Education System Plan
NGO	Non-Governmental Organization
NIRT	National Institute for Research and Training
NISE	National Institute of Special Education
ODI	Overseas Development Institute
PTTC	Provincial Teacher Training College
RTI	Research Triangle Institute International
SED	Special Education Department
SEN	Special Education Needs
SNE	Special Needs Education
TEC	Teacher Education College
TQ	Ten Questionnaire

UDL	Universal Design for Learning
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
USAID	United States Agency for International Development
WHO	World Health Organization

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1. Executive Summary

This comparative literature review examines published literature and reports related to the education of children with disabilities in Cambodia, Malawi, and Nepal. A team of authors and researchers from Inclusive Development Partners (IDP) conducted the review from December 2019 to February 2020 as a part of the Multi-Country Study on Inclusive Education (MCSIE), funded by the United States Agency for International Development (USAID) in collaboration with Purdue University. This review attempts to synthesize essential information unique to each country and to draw common linkages between the educational experience of children with disabilities across the three contexts. This review has been inspired by the field of comparative education, which:

> *offers a starting point for improving our educational systems and our classroom practices. It also challenges us to think broadly about the link between local practices and global issues, and to explore the overlapping values and social systems that underpin the educational enterprise itself. (Hayhoe, Manion, & Mundy, 2017, p. 2)*

The team hopes that drawing such comparisons helps to identify unique qualities of each country's practices related to special and inclusive education, while exposing common challenges and areas for future growth. As this review will demonstrate, national governments, non-governmental organizations (NGOs), donor-funded projects, and other institutions in each country are making tremendous efforts to improve the educational experience for children with disabilities; nonetheless, gaps exist both in quality-of-service provision and in generation of research and evidence about effective practice.

Seven core areas of inquiry have constituted the focus of the review within each country: 1) general background on the situation of education, 2) disability identification practices, 3) teacher training, 4) attitudes toward disability, 5) education for specific disability groups, 6) additional classroom supports, and 7) intersectionality. The following seven high-level findings were generated as a result of this analysis, aligned with each of the seven core areas of inquiry.

Finding 1: While the earliest efforts to educate learners with disabilities took place in segregated special schools, each of the three countries is progressing toward inclusive education. However, countries continue to rely on integrated or segregated educational environments to serve children with disabilities, which does not meet the definition of inclusion as described in the CRPD[1]. A common added difficulty is the dearth of reporting and evidence about the quality of educational outcomes for children with disabilities in any country, posing challenges in understanding the impact of educational interventions to date. Where this evidence is available—such as in the case of literacy rates—individuals with disabilities are at a greater disadvantage compared to the population of individuals without disabilities. All countries also report inconsistent prevalence data related to children with disabilities, which is further complicated by a lack of consistent definitions of disability.

Finding 2: All three countries report insufficient screening and referral mechanisms to adequately and reliably identify possible disabilities at a national scale. Challenges with screening and referral mechanisms include a strained capacity within health centers, and

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[1] The CRPD and General Comment No. 4 states that inclusive education signifies being part of the general education system and should not be educated in a segregated manner based on their disability. Thus, integration or having separate classes for students with disabilities does not signify inclusion based on the definition of the CRPD. It is important to note that the definition of inclusive education for students who are deaf and hard of hearing differs which is explained in more detail later in the document.

additional challenges in providing appropriate support and services for individuals with disabilities once identified. Furthermore, limitations around governments' budgeting and coordination of screening activities have inhibited an expansion of disability identification practices.

Finding 3: Each country has had significant gains in pre-service training for special education teachers and has ensured that general education teachers receive some level of instruction on how to support learners with disabilities in their classroom. However, even with these advances, all countries report this instruction may be insufficient to meet the great demand for trained special and inclusive educators. Each country has also worked to provide in-service training for teachers, but these efforts are often viewed as too short in duration to sufficiently develop the foundational skills required, including, but not limited to, sign language fluency. Despite these challenges, training efforts are advancing in each country.

Finding 4: Negative attitudes towards persons with disabilities exist in each country that may impact learners with disabilities access to inclusive education services. International studies show that negative attitudes may impact the effectiveness of inclusive education efforts, including providing persons with disabilities opportunities to learn and engage socially with peers. In all cases, there is reported widespread societal discrimination against persons with disabilities deriving heavily from local beliefs and perspectives, including beliefs about karma or witchcraft as causation for disability. Research from each country has documented limited understanding or endorsement of inclusive education amongst some teachers and parents, but this view tends to become more favorable of inclusive education with further exposure and training.

Finding 5: Documented evidence of the educational experience for specific disability groups is limited in each country. Although pathways to inclusive educational settings exist for some learners with disabilities in each country, these pathways are not widely reported, often depend on donor support, and do not appear to replace the reliance on segregated or integrated educational settings. The publications that exist describe vast challenges for specific disability groups, including a very small percentage of children who are deaf or blind who receive an education; when these children do receive an education, the quality is quite variable and affected by a profound shortage of teachers with sign language fluency or by the limited production of necessary braille materials. Although the exact figures vary by country, these countries commonly rely on segregated special schools or resource rooms to educate students who are deaf, are blind, or have an intellectual disability, if these students receive an education at all. The education of students with learning disabilities or perceived "severe" or multiple disabilities was not addressed in research by any of the three countries.

Finding 6: Additional classroom support for inclusive education of learners with disabilities is inconsistent and limited within the three countries. Individualized Education Plans (IEPs) and assistive technologies have limited or no documented use in any of the three countries, and access to school-based specialist supports, such as speech or physical therapy, is either completely absent or limited at best. The alignment of classroom instruction for students with disabilities against the national curriculum is also inconsistent and may depend either on the type of disability or the educational placement a student accesses; the national curricula also offer few opportunities for differentiated or learner-centered instruction. Lack of accessible school infrastructure for students with physical disabilities, along with transportation challenges in reaching school, are common in all three countries.

Finding 7: In all countries, women and girls with disabilities experience documented discrimination based upon both their gender and disability, as compared to women and girls without disabilities or men and boys with disabilities. This discrimination has led to violence and sexual abuse and the vulnerability to dropping out of school. The team noted additional vulnerabilities for residents of rural communities and for individuals living in poverty While the evidence reviewed reflects some disadvantages for ethnic and linguistic minorities, the extent to which minority status is associated with intersectional vulnerability for persons with disabilities is poorly understood. Finally, despite the lack in disability prevalence data, findings indicate a pronounced likelihood for children with disabilities to be out of school compared to children without disabilities in the three study countries.

This report provides a brief background of MCSIE, the methodology used for this review and further detail about the literature review findings described above.

2. Introduction

This section describes the purpose of this literature review and the broader aims of MCSIE.

2.1 Purpose

As part of the "inception" phase of MCSIE, the research team conducted three comprehensive literature reviews to focus on each of the three countries within the study: Cambodia, Malawi, and Nepal. The purpose of this literature review is to provide relevant background information on disability and inclusion efforts in the three countries. This review is intended to inform subsequent steps of the MCSIE research design by drawing attention to gaps that may warrant further attention and by shedding light on the achievements and progress to date on the inclusion of children with disabilities in the education systems of the three countries included in the study.

2.2 Multi-Country Study on Inclusive Education

Through the Long-Term Assistance and Services for Research Partners for University-Led Solutions Engine (LASER PULSE) mechanism led by Purdue University, Inclusive Development Partners (IDP) will conduct a three-and-a-half year, $3.585 million evaluation of three USAID inclusive education activities in Cambodia, Malawi, and Nepal. The study will investigate USAID programming in these three countries to identify what works to sustainably advance teaching and learning outcomes for children with disabilities in varying contexts and ultimately inform current and future programming through recommendations to current implementing partners (IPs) at midline and broader recommendations to USAID at endline.

Five key themes provide a framework for the current study (process, identification, training, instruction, and consequences). The following questions inform the evaluation of individual country programs, as well as the evaluation of programming across the three countries:

1. What worked well/poorly in the process of setting up an efficient, effective, and sustainable system to focus on improving the quality of education for learners with disabilities? (Process)
2. What methods worked best to identify learners with disabilities? (Identification)
3. What training model(s) worked best to provide teachers with the resources and support they need to best meet the needs of learners with disabilities? (Training)
4. What instructional models worked best to improve classroom instruction and reading outcomes among learners with disabilities? (Instruction)

5. Were there any unintended consequences of the activity? What were they? (Consequences)

Each question includes the following sub-questions:

- How does the method/model work?
- Why does it work/not work?
- How costly is it?
- In which contexts is it likely to work best?
- How sustainable (both in terms of capacity and financial resources) is it? What is the impact on gender?

This comparative literature review provides a context of past and current programming, services, and research conducted in Cambodia, Malawi, and Nepal.

3. Methodology

3.1 Literature Review and Analysis

The literature review was conducted from December 2019 through January 2020. The following search terms relating to disability, education, and policy in Cambodia, Malawi, and Nepal were used: education; inclusive education; access; assess; special needs; "disab"; blind; deaf; intellectual, cognitive, developmental; impair; identification; screening; vision; hearing; institution; DPO; gender, girls, boys; young, youth, adolescents, children; "discrim"; barriers, exclusion, inclusion, aid, supports; enabling, enable; teacher, instructor, classroom; and training and resources. A snowballing technique was used to identify relevant published articles, reports, and grey literature. Additional resources were found on international databases, including reports on past and current projects. In addition, the research team used USAID Development Exchange Clearinghouse (DEC) to obtain recent reports for USAID early-grade-reading and inclusive education programs in each country.

In total, 253 documents were reviewed as part of this process including 79 documents for Cambodia, 88 documents for Malawi, and 81 documents for Nepal. There were also five documents referenced and reviewed across the countries for the purpose of this comparative review. A total of 11 broad themes guided the review, such as *attitudes, identification practices,* and *teacher training*. An additional 49 sub-themes were listed within these 11 themes; for example, the category of *teacher training* included sub-themes of *general teacher training, inclusive pre-service training, inclusive in-service training,* and *special education*. A literature review protocol defined each theme and sub-theme to promote consistency of coding amongst authors (please see Annex A for the codes used as part of the literature review protocols). Researchers also used inductive thematic coding to add additional categories of review according to the themes generated in the literature, such as the topic of economics and poverty which were not on the original list of categories. Researchers populated these codes using NVivo 12 software to assist in analyzing the data for each individual country; the final literature review embeds findings from each of these three analyses.

3.2 Limitations

This literature review is subject to several limitations related to the scope and the desk nature of the review. This review also is limited to journal articles, reports, policies, or other documents published in English.

Furthermore, many programs and organizations have published reports over the years which may now contain outdated information, and follow-up reporting on the status of activities is not consistently available. Therefore, as inclusive education efforts continue to grow, the educational structure was difficult to comprehend, as some literature presented outdated information. Additionally, information regarding specific disabilities, such as developmental disabilities, is often lacking in the research, and research on intersectionality is limited as well.

Ultimately, the most thorough validation of these findings would be through key informant interviews and other interpersonal communication with key stakeholders, which was outside of the scope of this literature review. However, MCSIE identified several gaps in knowledge emanating from the literature review that will be further investigated through other data-collection activities.

4. Findings

This section provides a summary of the findings from the literature review in each country, organized into the following sections: 1) general background on the situation of education, 2) disability identification practices, 3) teacher training, 4) attitudes toward disability, 5) education efforts for specific disability groups, 6) additional classroom supports, and 7) intersectionality of disability with other marginalizing factors.

4.1 General Background on the Situation of Education in Cambodia, Malawi, and Nepal

> **Finding 1:** While the earliest efforts to educate learners with disabilities took place in segregated special schools, each of the three countries is progressing toward inclusive education. However, countries continue to rely on integrated or segregated educational environments to serve children with disabilities, which does not meet the definition of inclusion as described in the CRPD. A common added difficulty is the dearth of reporting and evidence about the quality of educational outcomes for children with disabilities in any country, posing challenges in understanding the impact of educational interventions to date. Where this evidence is available—such as in the case of literacy rates—individuals with disabilities are at a greater disadvantage compared to the population of individuals without disabilities. All countries also report inconsistent prevalence data related to children with disabilities, which is further complicated by a lack of consistent definitions of disability.

This section provides important background on the situation of education for children with disabilities in Cambodia, Malawi, and Nepal, including information about countries' historical backgrounds, education structures, and broad education statistics.

4.1.1 Historical Background

Each country has a unique background, which may have varying effects on the current educational system. Similarly, how and when each of the countries began to address the educational needs of children with disabilities also varies. This section presents a description of the historical background of the general education systems and how the countries began to address the needs of children with disabilities.

Cambodia. Within the historical context of education, Cambodia's civil war and the rise of the Khmer Rouge regime in the 1970s led to a tragic genocide that killed millions of Cambodians and disabled hundreds of thousands more (Šiška & Suchánek, 2015). The regime set out to destroy the educational system, leading to the deaths of 80 percent of teachers and secondary

students in the country along with the mass destruction of books and educational infrastructure (Benveniste, Marshall & Araujo, 2008; Kalyanpur, 2011; Kartika, 2017; Šiška and Suchánek, 2015). This left the Ministry of Education with the obligation to fill the significant void of teachers with those who were unqualified or completely untrained (Kalyanpur, 2011). Unfortunately, an additional consequence of the prolonged genocide and loss of qualified educators was the marginalization and societal exclusion of underserved groups, such as persons with disabilities, girls, the poor, and ethnic minorities (Šiška & Suchánek, 2015).

Following Cambodia's recovery from the genocide, in the 1990s, NGOs began establishing a small number of segregated schools for people with specific disabilities, with individual schools focusing on either those with vision, hearing, intellectual, or physical disabilities (Kalyanpur, 2016; Neang, 2019). Supported by funding from international donors such as the United Nations Children's Fund (UNICEF), the Ministry of Education, Youth, and Sport (MoEYS) then developed an initial model for inclusive education in nine primary schools with inspiration from a successful Laotian approach that ran in Laos from 1993 to 2009 and focused on child-centered education (Holdsworth, 2004; Kalyanpur, 2011). Unfortunately, limited infrastructure, training, specialized personnel, legislation, and/or experience led to difficulties in the earliest implementations of inclusive education models in Cambodia, such as the propensity for some classroom teachers to only include those with perceived mild cognitive or physical disabilities (Kalyanpur, 2016), a challenge which persists to this day. More recently, the Cambodian government has established a number of formalized structures in MoEYS that support learners with disabilities, such as the Special Education Office in 2003, which later transitioned into the Special Education Department (SED) in 2016 (Kalyanpur, 2011; Neang, 2019). The establishment of the National Institute of Special Education (NISE) in 2017 created a preeminent institution for teacher preparation in segregated and inclusive education. Combined, these efforts have helped to propel the government through progressively increasing levels of responsibility for special education in Cambodia.

Malawi. Malawi also has historically struggled from a shortage of qualified teachers but for rather different reasons. The implementation of universal primary education (UPE) in 1994 led to a 50 percent increase in primary-school enrollment with minimal increase in staff and resources for classrooms (Chimombo, 2005). This produced a significant shortage of qualified teachers and a student-to-teacher ratio that has remained high over time, 83:1 as of 2005 (Nishimura et al., 2009). Education for children with disabilities in Malawi began primarily in the 1950s solely for children with visual disabilities and was a faith-based initiative, with Evangelical missionaries and the Dutch Reformed Church first setting up schools for these children. In the 1960s, international NGOs set up resource centers attached to general education primary schools for children with vision disabilities in Malawi,[2] and in the 1970s, Sightsavers International and Christoffel-Blindenmission Christian (CBM) further expanded the model of resource centers for children with vision disabilities (Kamchedzera, 2008; Lynch & Lund, 2011). In 1968, the Catholic Church, in collaboration with Sightsavers International, established Montfort College to train teachers on how to educate students who are blind and students who are deaf (Chitiyo et al., 2015). Shortly thereafter, in 1971, the first school for the deaf, the Montfort Education Centre for the Deaf, was established (Makuwira, 2013). By 2006, Malawi had four schools for the deaf (Salmonsson, 2006).

More recently, Malawi affirmed its commitment to inclusive education through the passage of the National Policy Guidelines on Special Needs Education in 2009, which promoted the

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[2] The function and purpose of these initial resource centers developed in the 1960s is not found in the literature.

inclusion of learners with special needs as well as created a framework for special needs education (SNE) (Hagen, 2016). This was followed by the National Strategy on Inclusive Education, which was released in 2017 and shifted the focus from separate education for children with disabilities to inclusive education by increasing the numbers and capacity of specialist and general education teachers (GIZ, 2019b).

Nepal. Education in Nepal, on the other hand, only catered to the Royal family until 1951, making it one of the youngest modern educational systems in the world (Mathema, 2007; Regmi, 2017). Despite the expansion of education, certain groups, such as children with disabilities, and ethnic minorities, still experience less access to and participation in quality education (Ministry of Education [MoE], 2016). In Nepal, education for children with disabilities began in 1964, first catering to students who are blind or have low vision in an inclusive setting and followed three years later with segregated schools for students who are deaf or hard of hearing (Prasad, 2003). The establishment of the National Education System Plan (NESP) in 1971 led to the creation of a special needs education council and identified the importance of providing education for individuals with disabilities (Kafle, 2002). In the late 1980s, the government of Nepal formed special education organizations, with support from NGOs, including the Nepal Disabled Association, the Nepal Association for the Welfare of the Blind, the Association for the Welfare of the Mentally Retarded, and the Welfare Society for the Hearing Impaired (Australian Himalayan Foundation [AHF], 2016). Integrated schools in Nepal were first piloted in 2006 and have since spread throughout the country in an attempt to increase educational opportunities for children with disabilities (Barriga, 2011). In recent years, Nepal has established several inclusive education policies that further demonstrate the government's commitment to educating children with disabilities. For example, the 2016 Inclusive Education Policy for the Persons with Disability strives towards quality rights-based education for all people with disabilities and includes the creation of disability-friendly schools and the retrofit of established schools to ensure they are accessible (Government of Nepal, 2016). This commitment to inclusion is echoed in the 2018 Act Related to Children, which specifies that children with disabilities are entitled to receive education through teaching methods suitable for their disability (Government of Nepal, 2018).

Comparative Summary. The historical contexts of the three countries present different challenges and opportunities in their efforts to transition towards an inclusive education system. For example, Cambodia and Malawi have historically struggled to build a cadre of trained teachers for different reasons; one due to a disruption caused by war and the other due to a nascent national education system. Likewise, all three countries have decades of experience with educating learners with disabilities in segregated settings, with schools for the blind and schools for the deaf established in the mid-to-late 20th century often by missionaries or NGOs. Each of the three countries began its educational support to individuals with disabilities in these segregated special school environments, with Malawi and Nepal beginning educational efforts in the 1960s and Cambodia beginning efforts in the 1990s. Since then, all countries have been working toward a more inclusive education system with the shift towards inclusion taking place around the time the CRPD was adopted. This commitment towards inclusive education is evidenced in all three countries with the creation and adoption of various inclusive education policies and strategic plans.

4.1.2 Country Education Structure

Although the three countries follow a similar structure in terms of the number of years of primary and secondary school, each country also faces unique challenges in terms of budget limitations, qualified teachers, accessible infrastructure, and teaching and learning materials.

Cambodia. Cambodia uses a 6-6-4 structure with six primary grades, three lower secondary school grades, three secondary school grades, and four years of higher education. Cambodia's primary education system (grades 1-6) has an impressive enrollment rate of 97.8 percent with an 82.7 percent completion rate. However, challenges such as limited resources and student-teacher ratios as high as 61:1 at the primary level contribute to poor student learning outcomes (Kingdom of Cambodia, 2019b). Enrollment rates in lower secondary education (grades 7-9) are 59.2 percent and drop to 28.5 percent for upper secondary (grades 10-12), partially due to the low quantity and limited geographic reach of the schools (Kingdom of Cambodia, 2019b). While data on the enrollment of children with disabilities in inclusive schools is absent, it is likely most children with disabilities who may have significant support needs in Cambodia and attend schools are doing so in segregated or integrated environments (Hayes & Bulat, 2018). There are at least 73 integrated classrooms reportedly supported by Krousar Thmey (KT), and the government's Inclusive Education Action Plan (2019-2023) projects a goal of supporting an additional nine such integrated classes each year throughout the country (Kartika, 2017; Kingdom of Cambodia, 2019a).

Malawi. Malawi's educational structure follow an 8-4-4 pattern, with eight years of primary, four years of secondary, and four years of university (Deutsche Gesellschaft für Internationale Zusammenarbeit [GIZ], 2019b; National Institute for Research and Training [NIRT] & American Institutes for Research [AIR], 2017). One of the main structural issues in Malawi, as a result of over enrollment from UPE, is the limited number of secondary schools in relation to the number of children enrolled in primary schools, which has led to a very competitive secondary-school entrance process based on exam scores. However, it is important to note that children with disabilities have been given affirmative action and, therefore, only need to pass the exams to reserve a place in secondary school (Banks & Zuurmond, 2015; Croft, 2006). The average class size has increased in the past 10 years, from a student-teacher ratio of 43.2:1 in 2010 to 72.3:1 in 2018 (UNESCO, 2018), with some classrooms having more than 400 students in a single class (Lynch & Lund, 2011). As a result, a significant lack of resources and space available often leads to classes being held outdoors (Lynch & Lund, 2011). These issues also impact the special education system, as records show Malawi would need an additional 2,849 resource rooms, to their current 100, to accommodate all children with special needs (Mkandawire, Mahlape, & Tseeke, 2016). While the model of resource rooms is a positive step towards educating students with disabilities, the model has not resulted in inclusion yet, as resource rooms in Malawi operate as separate, segregated classrooms attached to schools that "support learners with SEN and disabilities through direct, specialized instruction and academic remediation as well as assistance with homework and related assignments as individuals or in groups" (GIZ, 2019b, p. 14).

Nepal. Nepal's educational structure follows the same 8-4-4 pattern as Malawi, previously described above. Nepal has the smallest student-teacher ratios among the three countries with an average of 24.8:1 in primary and 27.4:1 in secondary schools; however, these low ratios are not correlated with high achievement (NIRT & AIR, 2017). Specifically, although the country has witnessed an overall increase in access, disparities remain, especially in certain geographic areas, for children with disabilities, and for children from certain castes and ethnic groups (NIRT & AIR, 2017); research shows children with disabilities, in particular, experience the greatest challenges in terms of access, participation, and learning outcomes in the education sector (MoE, 2016, p.11). In Nepal, schools are either public or private. Public schools, also known as government schools, are run by an allocated budget from the government of Nepal while private schools support themselves financially. As of 2017, there are 35,223 schools within the country, of which 29,630 are public and 5,593 are private (Regmi, 2017). In public

and private schools, there are three types of educational settings in Nepal within special education: segregated, integrated, and inclusive. Segregated schools, also known as special schools, are managed directly by the government for children with the same disability; these types of schools have been developed in government primary schools typically with hostel facilities. Integrated schools are mainstream institutions that children with a variation of disabilities can attend. These institutions are often equipped with "resource centers", defined as rooms inside a mainstream school where children with specific disabilities are educated with classes for students who are deaf, are blind, or have intellectual disability (International Disability Alliance, 2019). These resource centers, or classrooms, work to prepare these children to transition into mainstream classrooms. In 2016, Nepal reported having 380 resource classes throughout the country with more than 4,000 students supported (Eide, Neupane, & Hem, 2016; Government of Nepal, 2016).

Comparative Summary. All three countries have similar education structures with Cambodia having a slight variation using a 6-6-4 structure instead of the 8-4-4 structure used in Malawi and Nepal. All countries are undergoing significant development in their education sectors, including historical or present focuses on increased student enrollment; however, documented challenges in access and achievement for learners with disabilities are noted in each case. Large student-to-teacher ratios, particularly at the primary level, challenge both Cambodia and Malawi's systems. All countries are utilizing a resource room/integrated education approach, and in all cases, the number of integrated or resource classrooms is very small compared to the national student population.[3] Each country also offers unique strengths, such as Cambodia's remarkably high primary enrollment rate, Malawi's affirmative action program for secondary learners with disabilities, and Nepal's comparatively low student-teacher ratio.

4.1.3 Education and Prevalence Statistics

Within the three countries, the literature shows prevalence statistics on people with disabilities is inconsistent and unreliable, with many scholars questioning the validity of data available (Hayes & Bulat, 2018; International Disability Alliance, 2019; Palmer, Williams, & McPake, 2018; Šiška & Suchánek, 2015; Zook, 2010). Exhibit 1 provides a summary of the various existing prevalence rates in each country as they pertain to children. It is important to note that each country uses varying methods and tools to identify disability, and each country defines disability differently; therefore, the final results may not be comparable.

Prevalence rates within the three countries range between 0.6 to 3.3 percent with only one estimate closer to 10 percent. By comparison, the World Health Organization (WHO) estimates a 5.8 percent disability prevalence rate among children from birth to 14 years of age worldwide (WHO & World Bank, 2011). Within the United States, approximately 13 percent of the total student population receive special education services (GOA, 2019). Although the exact number of children with disabilities is not verified nor compared due to different data collection methods, some similarities exist in the causation of disabilities in the three countries. Cambodia, Malawi, and Nepal all note that issues such as natural disasters and political turmoil have impacted the number of people with disabilities. For example, publications speculate that the 2015 earthquake in Nepal has led to an increase in people with disabilities (International Disability Alliance, 2019); Cambodia has similar results regarding the incidence of physical disability due to the impact of the Khmer Rouge regime and remnant landmines (Kartika, 2017; VanLeit, Channa, & Rithy, 2007).

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[3] This is not to suggest that an increase in such integrated settings would align with international best practice consistent with the CRPD.

Exhibit 1: Disability Prevalence Rates Among Children

Country	Prevalence Estimates Among Children
Cambodia	0.6 % or 1.8% (depending on survey)[4] 10.1 %[5]
Malawi	2.3 %[6] 3.3 %[7]
Nepal	1.9 %[8]

As with prevalence rates, the exact statistics regarding enrollment rates of students with disabilities are unknown within each country, with often conflicting data (Kingdom of Cambodia, 2017; Makuwira, 2013; NIRT & AIR 2017; Tataryn et al., 2017). However, the Department of Special Needs Education (DSNE) in Malawi found the percentage of students with disabilities in public primary schools increased from 2.2 percent in 2011 to 3.4 percent in 2018, which the DSNE highlighted as evidence that more learners with special needs were being included in mainstream schools (GIZ, 2019a). In addition, in an effort to minimize reporting errors, the Department of Education (DoE) in Nepal plans to introduce a student tracking system with unique codes for students (NIRT & AIR, 2017).

In each of the three countries, the estimated literacy rates for individuals with disabilities are significantly lower than the estimated rates for those without disabilities. Statistics provided from each country context are shown in Exhibit 2 below and include disaggregation for both gender and disability status.

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[4] National Institute of Statistics, Directorate General for Health, & ICF International. (2015). Cambodia demographic health survey 2014. Phnom Penh, Cambodia; Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International.

[5] Evans, P., Shah, S., Huebner, A., Sivasubramaniam, S., Vuthey, Ch., Sambath, K, Haurisa, L., & Borun, Y. (2014). A population-based study on the prevalence of impairment and disability among Cambodian children. Disability, CBR and Inclusive Development (DCID), 25(2), 1-20. Retrieved from http://dcidj.org/article/view/188

[6] National Statistical Office Malawi. (2008). Malawi population and housing census. Retrieved from http://www.nsomalawi.mw/index.php?option=com_content&view=article&id= 106%3A2008-population-and-housing-census&catid=8%3Areports&Itemid=1

[7] Braathen, S. H., & Loeb, M. E. (2011). "No disabled can go here…": How education affects disability and poverty in Malawi. In A. Eide & B. Ingstad (Eds.), Disability and Poverty: A Global Challenge (pp. 71-93). Bristol, United Kingdom: Policy Press.

[8] Central Bureau of Statistics. (2011). National Population and Housing Census 2011. Kathmandu: National Planning Commission Secretariat. Retrieved from: https://www.odi.org/publications/11162-nepal-s-cash-allowances-children-disabilities

Exhibit 2: Estimated Literacy Rates Disaggregated by Disability and Gender

Country	Literacy among general population	General literacy: male	General literacy: female	Literacy among persons with disabilities	Literacy: males with disabilities	Literacy: females with disabilities
Cambodia[9]	79.8%	86.4%	73.6%	57.9%	69.1%	45.5%
Malawi[10]	69.5%	71.9%	67.3%	60.8%	68.4%	54.6%
Nepal[11]	67.9%	78.6%	59.7%	42.1%	52.6%	30.9%

Specifically, the chart above shows the average literacy rate among the general population without disabilities in each country is between 8.7 to 25.8 percentage points higher than it is for individuals with disabilities. Men are more likely to be literate than women in each of the three countries, and the gap between literate men and women is greater in each country for individuals with disabilities than for the general population. Thus, persons with disabilities are not only significantly less likely to be literate than people without disabilities, but women with disabilities experience double marginalization by the nature of their disability and gender identities.

In terms of drop-out rates, the Cambodian 2014 Demographic and Health Survey found a 50 percentage-point gap between out-of-school children with disabilities compared to those without disabilities, which indicates that children with disabilities were eight times more likely to be out of school (United Nations Educational, Scientific, and Cultural Organization [UNESCO], 2017). Likewise, a study in Nepal estimates 80 percent of out-of-school children are children with disabilities (International Disability Alliance, 2019). In Malawi, as of 2004, 34.8 percent of children with disabilities reported never having attended school, as compared to only 17.7 percent for children without disabilities (Loeb & Eide, 2004).

Further complicating prevalence rates, the definition of disability differs slightly in each country, which impedes the ability to make cross-national comparisons between unique contexts. In Cambodia, the language used to define disability has been inconsistent and routinely deficit-based (Kalyanpur, 2011; 2014; 2016; Kim, Kang, Lee, Huh, & Lee, 2014). Even official government documents have been critiqued for the use of language (Kingdom of Cambodia, 2009; 2019b) that does not align with current international standards of disability classification (Hayes & Bulat, 2018). In Malawi, disability is similarly defined with a focus on individual deficits even in newer legislation like the 2012 Disability Bill (Chilemba, 2011). The

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[9] National Institute of Statistics, Ministry of Planning. (2013). Cambodia inter-censal population survey 2013 report 5: Disability. Phnom Penh, Cambodia. Retrieved from
http://dac.org.kh/en/download/25/disability-cambodia-inter-censal-population-survey-2013.html
[10] National Statistical Office Malawi. (2020). 2018 Malawi population and housing census: Disability report. Retrieved from
http://www.nsomalawi.mw/images/stories/data_on_line/demography/census_2018/Thematic_Reports/Disability%20Report.pdf
[11] Data from Nepal was taken from two different sources (UNESCO, 2020; Eide, Neupane, & Hem, 2016) and may not offer a reliable comparison. Data from Eide, Neupane, & Hem (2016), used to describe literacy rates for persons with disabilities in the table, was not a nationally representative sample.

language used to define disability in Nepal has been fairly consistent within the last 15 years when the government of Nepal defined disability as "a condition where a person feels difficulty to perform day-to-day activities and participate fully in their social life due to problems in body organs and system, including physical, socio-cultural and communication barriers" and further classified disability into ten categories[12] (UNICEF, 2017a). All three countries use a deficit-based definition of disability, and this framing of disability is dissimilar to the definition described in the CRPD, which states disability is an evolving concept that focuses on interactions between impairments and environmental barriers (United Nations, 2006).

Defining Disability

IDP recognizes disability as a social construct that can best be defined through the social model of disability. This model aligns with the CRPD definition of disability, stating "persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (United Nations, 2006, Art 2). The two key elements of this definition are impairments and the identification of barriers that may hinder full participation.

Understanding the social model of disability is paramount to IDP's work, but lacks specificity about the types of psycho-social, intellectual, or sensory disability that are most often present with children in schools. To better identify these, we draw upon definitions in the United States Individuals with Disabilities Education Act (IDEA). This definitions states "a child with a disability means a child evaluated in accordance with §§300.304 through 300.311 as having an intellectual disability**, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as "emotional disturbance"), an orthopedic impairment, autism, traumatic brain injury, and other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related service." Together these definitions recognize the social model of disability and well as the full spectrum of individuals who may benefit from special education services.

Comparative Summary. In summary, all three countries have relatively similar challenges in disability prevalence measurement, literacy rates, and out-of-school rates. Each country has variable statistical estimates for the percentage of children with disabilities, to the extent that there is widespread doubt about the reliability of data. This challenge is further exacerbated by slight differences in definitions of disability, which makes comparison between countries challenging. Similarly, enrollment rates among learners with disabilities are absent or conflicting in each case. However, from the data, it is apparent that persons with disabilities are less likely to be literate than the general population in each country, with this disadvantage exacerbated for women with disabilities in particular. Finally, available data also reveals that children with disabilities are widely considered to be more likely to be out of school than their peers without disabilities.

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[12] The ten categories of disability, according to the government of Nepal, include physical disability; visual impairment: blind and low vision; hearing impairment: deaf or hard of hearing; deaf-blind; speech impairment; mental or psychosocial disability; intellectual disability; Hemophilia; Autism; and multiple disabilities.

4.2 Disability Identification Practices

Finding 2: All three countries report insufficient screening and referral mechanisms to adequately and reliably identify possible disabilities at a national scale, including strained capacity within health centers, and additional challenges in providing appropriate supports and services for individuals with disabilities once identified. Furthermore, limitations around governments' budgeting and coordination of screening activities have inhibited an expansion of disability identification practices**.**

The goal of identifying students with disabilities at the classroom level is to understand if they have a disability or a barrier to learning, with the aim of providing them with appropriate services and supports. Many low- and middle-income countries report challenges with identifying students with disabilities as well as providing appropriate referral services (Hayes, Turnbull, & Moran, 2018). This section provides important background on the identification of children with disabilities within Cambodia, Malawi, and Nepal, including specific practices for identifying potential hearing and vision disabilities.

4.2.1 General Identification Information

Identifying the learning needs of students with disabilities can be an important step to inclusion by identifying which students are eligible to receive special education services, including accommodations and referrals for appropriate assistive devices and supplementary aids (Hayes, Turnbull, & Moran, 2018). Also, understanding the full extent of students who require special education service can be essential when developing policies, programs, and budgets. In all three countries, there is no standard approach to disability identification at the classroom level (Banks, Zuurmond, Monteath, Gallinetti, & Singal, 2019; Kuroda, Kartika, & Kitamura, 2017; Paget, Mallewa, Chinguo, Mahebere-Chirambo, & Gladstone, 2016; Trani, Babulal, & Bakhshi, 2015). This includes challenges with vision and hearing screenings as well as more complex processes, such as conducting comprehensive evaluations to determine possible learning disabilities or intellectual disability. Exhibit 3 summarizes how the three countries approach different aspects of identification; additional information on these findings is presented in the subsequent sections.

All countries have different experiences in implementing disability screening practices with all three countries traditionally having NGOs conduct screenings. In Cambodia, identification is often done by NGOs, who typically use their own respective screening tools (NGO Education Partnership [NEP], 2017; United Nations Development Programme, 2018; Universalia, 2019). For example, while GPE2 and All Children Reading (ACR) Cambodia have implemented extensive screening and referral programs in select schools (RTI International, 2019; World Bank 2018a), concerns still persist regarding the scalability of such initiatives by MoEYS and regarding the ongoing challenges posed by a lack of coherent screening tools (Universalia, 2019). In Malawi, identification has typically been implemented by NGOs under small pilot programs (GIZ, 2019b; Save the Children, 2008). In Nepal, the government uses disability identification cards where persons with disabilities must verify their personal information and self-report on the levels of support they require for various life tasks (Banks et al., 2019). Once the application is complete, individuals receive a color-coded disability card corresponding to the perceived level of severity of disability, and these individuals receive various services that correlate with each specific color (Overseas Development Institute [ODI], 2018).

Exhibit 3: Identification Information in the Three Countries

Information	Cambodia	Malawi	Nepal
General Identification Process in Country	No national system; MoEYS has a checklist to identify disability, but most screening is done by NGOs, who typically use their own respective screening tools[13]	No clear system exists for identifying children with disabilities for the purposes of diagnostic services and support[14]	The government identifies persons with disabilities through the dissemination of disability identification cards[15]
Hearing & Vision Screening	No national system; NGO projects have trained thousands of teachers on school-based screenings[16]	No national system; NGO projects have led large screening activities[17]	Screening done in medical settings with support from donor-funded training; no coordination with education sector[18]
Barriers to Hearing and Vision Screening	Inconsistent policy definitions and guidance; proliferation of NGO-developed tools without standardization; risk of inaccuracies in teacher-led assessments[19]	Tools used are not age-appropriate for children; costs are associated with additional testing; shortage of hospitals and specialists[20]	Need for scaling up health facilities to access screening; significant lack of manpower and resources; limited reach in rural communities[21]

[13] United Nations Development Programme. (2018). Disability Rights Initiative Cambodia (DRIC) final programme narrative report. Retrieved from http://mptf.undp.org/document/download/20174

[14] Munthali, A. (2011). A situation analysis of persons with disabilities in Malawi. Retrieved from https://www.medbox.org/a-situation-analysis-of-persons-with-disabilities-in-malawi/download.pdf

[15] Banks, L. M., Zuurmond, M., Monteath, V. D. A., Gallinetti, J., & Singal, N. (2019). Perspectives of children with disabilities and their guardians on factors affecting inclusion in education in rural Nepal: "I feel sad that I can't go to school." Oxford Development Studies, 47(3), 289-303. doi: 10.1080/13600818.2019.1593341

[16] World Bank. (2018). Implementation completion and results report - for the Cambodia global partnership for education second education support project. Retrieved from http://documents.worldbank.org/curated/en/896661517235971478/text/ICR-Cambodia-01262018.txt

[17] Tataryn, M., Polack, S., Chokotho, L., Mulwafu, W., Kayange, P., Banks, L. M., … Kuper, H. (2017). Childhood disability in Malawi: A population based assessment using the key informant method. BMC Pediatrics, 17(1), 198. doi: 10.1186/s12887-017-0948-z

[18] Thakur, S. K., Singh, S. K., Mahato, B., & Singh, A. (2015). Ear diseases pattern and hearing impairment in the Eastern Nepal—A study in a combined eye and ear set up. Asian Journal of Medical Sciences, 6(5), 51–55. doi: 10.3126/ajms.v6i5.11621

[19] Kalyanpur, M. (2014). Distortions and dichotomies in inclusive education for children with disabilities in Cambodia in the context of globalisation and international development. International Journal of Disability, Development & Education, 61(1), 80-94. doi: 10.1080/1034912X.2014.878546

[20] Kalua, K. (2016). Comparison of effectiveness of using trained key informants versus health surveillance assistants in identifying blind and visually impaired children in Malawi. (Doctoral thesis, University of London). doi: 17037/PUBS.03234041

[21] United Nations Children's Fund. (2017a). Early detection of functional limitations for better learning outcomes pilot to inform equity in education activities in mid- & far-western. Retrieved from https://www.unicef.org/nepal/reports/early-detection-functional-limitations-better-learning-outcomes

Intellectual & Learning Disability Screening	Government checklist not consistently used and not validated; no national screening processes; other tools not widespread in use[22]	Lack of information on the process of identifying children with intellectual and learning disabilities[23]	No standardized system nationally although Portage Guide and autism screening tools used in some populations[24]

One barrier reported in all three countries is the lack of standardization in approaches to disability screening as well as the need to have an effective referral mechanism where students identified with disabilities can then receive services following diagnosis (Braathen & Munthali, 2016; UNICEF, 2017b; Universalia, 2019). An effective referral system is particularly essential to ensure students with disabilities receive educational supports and supplementary aids to reduce barriers and help these students reach their full academic potential.

4.2.2 Hearing and Vision Screening and Testing

Effective vision and hearing screening practices are limited in all countries. Across each country, when screening is done, it is typically only conducted in specific areas supported by NGOs and focuses mainly on vision and hearing (Tataryn et al., 2017; Thakur, Singh, Mahato, & Singh, 2015; World Bank, 2018). Vision and hearing screening practices remain as small pilot projects within the three countries, with no clear direction on how universal school-based screening activities will be realized. One of the larger screening programs took place in Cambodia, where GPE2[25] provided funding to the Ministry of Education, Youth, and Sport (MoEYS) from 2014-2017, and 5,640 early-grade teachers were trained on vision and hearing screening. This intervention screened approximately 32,000 students, with 8.9 percent being identified as needing further treatment (World Bank, 2018). In Malawi, Save the Children's School Health and Nutrition (SHN) program provided nutrition supplementation and performed hearing and vision screenings on a total of 124,000 children across two districts from 1999 to 2008 (Save the Children, 2010). After the program closed, Malawi's Ministry of Education launched a similar program modeled on the SHN program in one of the districts, but unfortunately, it did not include hearing and vision screening[26] (Save the Children, 2008). In Nepal, hearing and vision screenings are typically conducted for children within medical settings, and no clear examples of pilot programs exist for screening at the school level. Therefore, the literature shows a gap in vision and hearing screenings in Nepal, as school-aged children do not have access to screening programs in their schools and screening is especially difficult for those who lack the access to medical facilities where screenings are conducted (Shrestha, Gnyawali, & Upadhyay, 2012; Thakur, Singh, Mahato, & Singh, 2015).

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[22] Hayes, A. M., & Bulat, J. (2018). Cambodia situational analysis of the education of children with disabilities in Cambodia report. Retrieved from
https://ierc-publicfiles.s3.amazonaws.com/public/resources/ACR-Cambodia_Final%20Cambodia%20Disabilty%20Situation%20Analysis%20Report.pdf

[23] Tataryn, M., Polack, S., Chokotho, L., Mulwafu, W., Kayange, P., Banks, L. M., … Kuper, H. (2017). Childhood disability in Malawi: A population based assessment using the key informant method. BMC Pediatrics, 17(1), 198. doi: 10.1186/s12887-017-0948-z

[24] United Nations Children's Fund. (2003). Examples of inclusive education Nepal. Retrieved from
http://www.iccwtnispcanarc.org/upload/pdf/4614728037InclusiveNepal.pdf

[25] This was a USD$38.5 million grant managed by the World Bank to support various programming by MoEYS from 2014-2017. It is referred to as "GPE2" because it was the second of three grants funded by GPE in Cambodia (the third grant began in 2018).

[26] The Ministry of Education program's ultimate focus was unclear, but Save the Children's SHN program included a focus on deworming and micronutrient supplementation.

Additionally, all three countries report challenges within government sectors to coordinate budgeting and implementation as a significant barrier to disability screening and the referral of students from school-based screenings to health services or clinics (Kalyanpur, 2014; Lynch, & McCall, 2010; USAID, 2017). This challenge may impact both sustainability and scalability as the respective countries work to increase vision and screening in the school system.

A variety of concerns exist regarding the selection and use of screening tools across countries. For example, in Cambodia, one concern raised about disability identification is the implementation of tools developed in English-speaking countries without adapting them linguistically or culturally to the local country contexts (Kalyanpur, 2011). There are also concerns that some of the tools used within pilot programs may not be validated for young children. For example, programs in Cambodia and Malawi report using the Snellen E or the Tumbling E vision screening tool (Brouillette, 2014; Save the Children 2008); however, these tools are not validated for children under the age of 10 due to issues with letter orientation (Guimaraes et al., 2018). In addition, the letter E does not appear in the Khmer alphabet. Due to these challenges with the Tumbling E, the ACR-Cambodia project opted to use the Lea Symbols Chart for vision screening instead, along with a noise test and questionnaire for hearing screening (RTI International, 2019). However, there were still challenges with the teacher-led implementation of school screening.[27] Additionally, the ACR-Cambodia project had limitations with the noise test used, which essentially consisted of a person making noises behind a child, an approach which is unreliable and inaccurate (Clark, 1956; Coleman & Pelson, 1997). These challenges with the implementation of screening by ACR-Cambodia resulted in very low prevalence rates, with approximately 0.6 percent of children screened having vision or hearing challenges. A similar noise-maker approach for hearing screening was also used by Save the Children in Malawi (Save the Children, 2008). The literature review for Nepal did not clearly reveal the types of tools used within the country. This information demonstrates a need to better articulate and research the best valid and reliable tools to use in low-resource settings.

All countries reported challenges in the lack of referral services available to students once they are identified as having possible vision or hearing challenges (Kalua & Barrows, 2011; UNICEF, 2017a; World Bank, 2018). In Cambodia, incoherent use of screening tools and limited government oversight in scaling donor-funded screening activities have been cited as contributors to referral difficulties (Universalia, 2019). In the case of Malawi, even when children were screened as having a vision or hearing challenge, many parents were unable to receive further testing within hospitals or medical clinics due to distances and associated costs (Kalua & Barrows, 2011). Additionally, there is a reported shortage of hospitals and specialists that offer eye services, with only five eye hospitals and nine ophthalmologists in all of Malawi (Kalua, 2016). Similar challenges have been reported in Nepal as well; for example, the government of Nepal's distribution of disability identification cards is significantly confined to district headquarters, which are inaccessible for children living in rural areas. Additionally, Nepal lacks the referral mechanisms to send children with potential disabilities to service providers for official diagnosis and treatment (UNICEF, 2017a).

Although all countries have shown an interest in conducting vision and hearing screening at the school level, countries continue to rely on donor funding for screening, and screening often remains at the pilot phase and not yet scaled nationally. In addition, there is either a lack of

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[27] The approach depended heavily on teacher-led assessment without supervision, and the report suggests teachers who worked without supervision from project staff may have conducted screenings inaccurately or not at all.

detail in the literature on the tools being used or the reported tools may not be valid for the populations being screened. All countries also struggle with developing clear referral systems, which are needed to ensure students receive additional medical testing or assistive devices; efforts to improve school-based screening without accompanying supports to the broader referral process may hinder the utility of such screenings.

4.2.3 Identification of Students with Intellectual or Learning Disabilities

The practice of identifying[28] students as having an intellectual disability or learning disabilities is not well conceived within any of the three countries.

Cambodia. In Cambodia, MoEYS uses a checklist to consider the existence of intellectual disability along with other disabilities such as visual challenges, hearing loss, physical disability, or communication disability. If learners meet four of seven criteria on the checklist, they are considered to have an intellectual disability. These criteria include the inability to express oneself with words; the inability to do what other children of the same age can do; emotional, movement, or speaking difficulties; differences in play; and the inability to repeat "house, book, cattle, tree, family" in order (Nishio, 2019). Such criteria are not consistent with global identification practices or standards; for example, some children with difficulty speaking only due to a physical disability could easily meet the criteria for intellectual disability according to this checklist. Literature did not reveal how students with learning disabilities are identified in the country.

Nepal. In Nepal, the 2003 **Portage Guide** is considered an early intervention "package" which consists of a checklist for assessing cognitive development for children from birth to age six. This package was modified and adopted to suit the Nepali context and was used to assess children during school (UNICEF, 2003). Follow-up included household visits and periodic medical checkups covered by the program. After a child was identified with a disability, parents received counseling and training, and in some cases, children were admitted to child development centers (UNICEF, 2003). One study (New ERA, 2001) found the high prevalence of children with intellectual disability in Nepal may be attributable to living in certain mountainous regions and in certain ethnic groups, likely related to the high incidence of cretinism, poor economic status, and limited health services available in these communities. Although the New ERA study (2001) used a team of experts to develop definitions of various types of disability, no information was provided on the tools used for identification. Another study adapted the Autism Spectrum Quotient-10 (AQ10) to the Nepali context, but it is unclear if the tool has been validated (Heys et al., 2018). The tool that appears to be used with most frequency in Nepal is the Ten Questionnaire (TQ), which can identify students with developmental delays or those who are at risk of disability; however, the TQ was not designed as a diagnostic tool (Wu et al., 2010). The literature did not reveal how students with learning disabilities are currently being identified within the country.

Malawi. In Malawi, the literature lacked information on the process of identifying children with intellectual disability, despite reports that 26 percent of children have an intellectual disability (Tataryn et al., 2017).[29] However, there may be some confusion as to what constitutes

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[28] For the purposes of this report, identification is the process that includes screening, testing, and additional school-based evaluations to become eligible for special education services.

[29] Confusion on the definition of intellectual disability is suspected since the 26 percent reported included a disaggregation of intellectual disability diagnoses and included cerebral palsy, microcephaly,

an intellectual disability as these reports also included students with cerebral palsy and several other categories of disabilities that may not necessarily signify the presence of an intellectual disability. Additionally, it is unclear what tools were used within these reports. Because it is unclear what processes and tools are used to identify a child as having a disability, the percentage of children with intellectual disability remains questionable. Furthermore, it is also unclear how students with learning disabilities are defined or identified within Malawi. Although the Education Management Information System (EMIS) shows that learning difficulties are the most common disability type, the process of how Malawi identifies learning disabilities is underreported (Mkandawire, Mahlape, & Tseeke, 2016).

Comparative Summary. All countries present challenges related to accurately identifying students with intellectual disability as well as students with learning disabilities. Both Cambodia and Nepal have used checklists to identify learners with intellectual disability, which is not viewed as best practice in countries with more established special education systems. Instead, the preferred method to identify learning needs of both students with learning or intellectual disabilities is to conduct a comprehensive evaluation with a multidisciplinary team, including parents, that uses several tools and observes children in different settings over a period of time (Hayes, Turnbull, & Moran, 2018). The process for identifying students with learning disabilities in the classroom setting is even more complex and often requires Response to Intervention (RTI) (Hayes, Turnbull, & Moran, 2018). It does not appear any of the countries follow these procedures even at a smaller pilot level. This leads to concerns that the lack of appropriate and accurate identification systems could lead to students being misidentified or under identified and thus not receiving the appropriate services.

4.3 Teacher Training

> **Finding 3**: Each country has had significant gains in pre-service training for special education teachers and has ensured that general education teachers receive some level of instruction on how to support learners with disabilities in their classroom. However, even with these advances, all countries report this instruction may be insufficient to meet the great demand for trained special and inclusive educators. Each country has also worked to provide in-service training for teachers, but these efforts are often viewed as too short in duration to sufficiently develop foundational skills required, including, but not limited to, sign language fluency. Despite these challenges, training efforts are advancing in each country.

As stated within the USAID Universal Design for Learning (UDL) Toolkit, "inclusive education cannot be achieved through a single educator but rather by a group of dedicated educators, leaders, parents, and students" (Hayes et al., 2018, p. 29). For students with disabilities to obtain a meaningful and quality education in an inclusive setting, teachers must receive adequate training. This is especially important for specialized skills, such as braille literacy and sign language as both skills take considerable time and practice to master.[30] For example, in many high-income countries, teachers must pass National Certification in Literacy in Braille before they are able to teach braille instruction (Robertson, 2013), and similar requirements exist for teachers to obtain American Sign Language (ASL) certification before

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hydrocephaly, and Down syndrome (Tataryn et al., 2017). The inclusion of these various disabilities indicates a definition that focuses more on disabilities involving the brain rather than disabilities affecting cognitive performance.

[30] Learning braille as an adult is estimated to take between one-to-three years of intensive instruction. Sign language intermediate skills usually take at least six courses over two-to-three years.

being able to teach sign language and students who are deaf.[31] In most high-income countries, special education certifications are offered through separate bachelor's and master's degrees. Likewise, many teacher training programs in the United States require all students to take at least one course on special education and differentiating learning before they can graduate. Comparative information, however, from low- and middle-income countries, is sparse.

Exhibit 4: Teacher Training in the Three Countries

Country	Pre-Service Teacher Training	In-Service Teacher Training
Cambodia	Embedded in 28-hour inclusive education training at training colleges, training specific to vision or hearing disability for teachers working in segregated schools or integrated classes[32]	Frequent use of cascade approach to teacher training; short (one-to-five day) trainings on inclusive education are common but have still reached a minority of educators nationally[33][34]
Malawi	Includes two mandatory modules on inclusive education; special educators can access three-year training program, bachelor's degree; certificate for inclusive education recently established[35][36]	Ministry of Education, Science, and Technology (MoEST) provides yearly in-service training to itinerant special educators but does not include teachers in resource centers or special schools; limited in-service training on inclusive education[37]
Nepal	Only resource teachers receive a 45-day course on disability; Bachelor of	Frequent use of cascade approach to teacher training; teachers who receive

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[31] Within the United States, each state has different requirements for teachers to be eligible to teach students who are deaf.

[32] Hayes, A. M., & Bulat, J. (2018). Cambodia situational analysis of the education of children with disabilities in Cambodia report. Retrieved from https://ierc-publicfiles.s3.amazonaws.com/public/resources/ACR-Cambodia_Final%20Cambodia%20Disabilty%20Situation%20Analysis%20Report.pdf

[33] Pather, S., & Šiška, P. (2013). Situation analysis of inclusive education training courses in Cambodia: Survey report. Report submitted to Caritas Czech and Catholic Relief Services. Retrieved from https://www.researchgate.net/publication/290344354_SITUATION_ANALYSIS_OF_INCLUSIVE_EDUCATION_TRAINING_COURSES_IN_CAMBODIA

[34] Kartika, D. (2017). Providing quality education for children with disabilities in developing countries: Possibilities and limitations of inclusive education in Cambodia. Tokyo, Japan: Waseda University.

[35] Hummel, M., Engelbrecht, P., & Werning, R. (2016). 2.1 Developing an Understanding of Inclusive Education in Malawi. Keeping the promise? Contextualizing inclusive education in developing countries. Bad Heilbrunn: Verlag Julius Klinkhardt.

[36] GIZ. (2019b). Capacity assessment for inclusive education in primary schools in Malawi: Literature review and case studies. Not available online.

[37] Lynch, P., & Lund, P. (2011). Education of children and young people with albinism in Malawi. Retrieved from http://albinism-in-africa.com/wp-content/uploads/2014/10/Information-for-Teachers.pdf

	Education includes an inclusive education component[38]	in-service training seldom trained on disability-inclusive approaches[39] [40]

In the context of the three countries profiled here, the manner in which they teach and prepare a diverse group of students varies. In inclusive teacher training initiatives across the three countries, NGOs play a primary role in providing pre- and in-service training (GIZ, 2019b; NGO Education Partnership [NEP], 2017). This section provides more information on how the various countries have addressed pre-service and in-service training on the topics of special and inclusive education. Exhibit 4 also provides an overview of the different ways each of the countries approaches both pre-service and in-service teacher training.

4.3.1 Pre-service Training

In varying ways, the three countries conduct pre-service training on inclusive education, targeting both general and special educators, to support children with disabilities.

Cambodia. In Cambodia, pre-service training for general primary educators is typically conducted through a two-year training course at one of Cambodia's 16 Provincial Teacher Training Colleges (PTTCs); however, there are also two teacher education colleges (TECs) that offer four-year degrees (K. Puthy–Deputy Director, PED, personal communication, 2019). Within this general educator pre-service training, Cambodia has made considerable effort to improve teachers' readiness to educate children with disabilities. Following the production of the first teacher-training manual on inclusion by MoEYS in 2011, a 28-hour inclusive education training manual was developed for use at all PTTCs in 2017 and intended for use with all general educators during their two-year training. The content focuses on understanding inclusive education, teaching methodologies for inclusive education, and serving as active teachers (Hayes & Bulat, 2018). The reality, however, is that despite the development of these curricula, it is impossible for PTTCs to cover all the mandatory courses slated in the national curriculum in the limited time available (Šiška & Suchánek, 2015).

NISE offers a one-year diploma course on special education to experienced educators who have already received pre-service training, and this diploma focuses on the needs of students who are deaf or blind; the first year of this diploma course graduated 18 trained teachers in 2019 (D. Chhean–UNICEF, personal communication, 2019; P. Neang–NISE, personal communication, 2019). NISE also supports up to 155 pre-service trainees per year across five regional PTTCs to improve their qualifications in special education (P. Neang–NISE, personal communication, 2019). Special education teachers are prepared to either teach at segregated schools or segregated/integrated classrooms, but these trained educators are not generally employed in inclusive classrooms. Training for special educators was previously delivered through Krousar Thmey until special school training functions officially transferred to NISE in 2019 (Neang, 2019). Other initiatives include Paññāsāstra University of Cambodia's successful development

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[38] National Institute for Research and Training & American Institutes for Research. (2017). Nepal education sector analysis. Retrieved from
https://www.globalpartnership.org/sites/default/files/2019-05-nepal-education-sector-analysis.pdf

[39] Banks, L. M., Zuurmond, M., Monteath, V. D. A., Gallinetti, J., & Singal, N. (2019). Perspectives of children with disabilities and their guardians on factors affecting inclusion in education in rural Nepal: "I feel sad that I can't go to school." Oxford Development Studies, 47(3), 289-303. doi: 10.1080/13600818.2019.1593341

[40] United States Agency for International Development. (2019b). Nepal fact sheet Reading for All. Retrieved from
https://www.usaid.gov/sites/default/files/documents/1861/NEPAL_FACT_SHEET_READING_FOR_ALL_020819.pdf

of a four-year early childhood development teacher training course that includes a speech-therapy component (Hayes & Bulat, 2018). Pre-service training for special education, however, primarily focuses on hearing, vision, or intellectual disabilities; training educators using curricula corresponding to specific disability categories presents a challenge in envisioning how this specialist training is intended to be used in inclusive settings where children with a variety of disabilities may eventually be present (Hayes & Bulat, 2018).

Malawi. In Malawi, all primary education teachers must complete their pre-service training through a two-year program called Initial Primary Teacher Education (IPTE). Applicants to this program must hold a Malawi School Certificate of Education (MSCE) and take an aptitude test before being admitted (Salagi, 2018). This program includes one year of training at a teacher-training college, which includes two modules on inclusive education, followed by one year of student teaching under a mentor teacher. Special needs teachers study at Montfort Special Needs Education College, where they can specialize in learning disabilities, hearing disabilities, or visual disabilities. Admission to this program requires three years of teaching experience. This diploma program takes three years; at which point, these teachers can teach at specialized schools, teach in resource rooms, or serve as itinerant teachers (Hummel, Engelbrecht, & Werning, 2016). Additionally, Montfort added an inclusive education certificate course in 2018, called the Blended Learning in Inclusive Education Course (BLINC), as well as a diploma course on inclusive and special needs education in 2019 (GIZ, 2019b).

In addition to its work with Montfort, Save the Children introduced pedagogy around educating children with disabilities to student teachers at three teacher-training colleges and supported the linked demonstration schools so that learners could effectively practice instructional strategies during student teaching (GIZ, 2019b). However, despite the work of both Montfort and Save the Children, the number of teachers equipped to teach children with disabilities is extremely low. In 2011, the Ministry of Education, Science, and Technology (MoEST) reported there were only 1,000 such teachers in the country, while the need in Malawi at that time was around 12,000 (Munthali, 2011).

Nepal. In Nepal, the National Centre for Educational Development conducts certification and recurrent training courses for primary and secondary education teachers through education training centers and other training providers (MoE, 2015). The National Centre for Education Development also provides a one-year teacher-training course in addition to the minimum academic qualification[41] for teacher posts. Additionally, the District Education Offices in each of Nepal's 75 districts oversee the implementation of teacher training through resource centers. These resource centers facilitate capacity building of schools in their district and organize training for teachers. In Nepal, there is currently a course within the Bachelor of Education curriculum that includes a component on inclusive education (P. Pariyar, personal communication, 2020). While there is no data on the total number of teachers trained on inclusive education, one study surveyed 15 schools within three districts of Nepal (Kathmandu, Kaski, & Banke) and found, overall, only 16 percent of teachers have received in-service training on inclusive education (Regmi, 2017).

In Nepal, resource room teachers are trained on how to provide direct instruction and, like Cambodia, have not been trained yet on how to support students in an inclusive setting. It is

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[41] The successful completion of 12 years of schooling is the academic requirement for lower secondary school teachers. A bachelor's degree is the academic requirement for secondary school teachers. A 10-month training is a mandatory requirement for any person to be qualified for permanent tenure for primary, lower secondary, and secondary.

also important to note that resource classroom teachers are the only educators to receive a mandatory 45-day disability-specific pre-service training course[42] (NIRT & AIR, 2017) with the assumption that they will train general teachers on the content of their training; however, research has shown this is not the case (Banks et al., 2019). Concerns are levelled that both general and special education training opportunities are too short and insufficient to meet demand (USAID, 2017).

Comparative Summary. Each country has made great strides in both working to train specific special education teachers and resource room teachers, but even with these efforts, there are still not enough trained teachers to meet the education demands at a national scale. Although special education teachers are trained in Malawi to become itinerant teachers who support inclusive education efforts, special education teachers in Cambodia and Nepal are generally relegated to supporting segregated or integrated classroom settings and are not typically trained to be placed in inclusive classrooms. In the three countries, the introduction of some level of inclusive education training for general education teachers is promising. This practice will help support future inclusion efforts as the countries potentially move from segregated and integrated systems towards inclusion.

4.3.2 In-service Training

In-service training is important as it provides an opportunity for teachers to learn new skills and upgrade their existing knowledge, skills, and qualifications. However, the literature review provided few details related to in-service training in inclusive education for both special education teachers and general education teachers. In Cambodia, short teacher in-service training on inclusive education (i.e., trainings that last between one and five days) are common, but the frequency with which these trainings take place is unclear (Pather & Šiška, 2013). In Cambodia (Kartika, 2017) and Nepal (Banks et al., 2019), a cascade approach to teacher training on inclusive education provided by the government with support from international donors is supposed to occur, where trained teachers and head teachers train others in their respective schools. However, reports show this seldom occurs, and when it does, quality diminishes as the cascade flows down. In Nepal, while some teachers do receive in-service trainings based on the availability and requirements from district education offices, most teachers are not trained on disability-inclusive approaches (USAID, 2019b). It is unclear from the literature review how teachers are selected to participate in such training or how many teachers have been trained. In Malawi, in-service training is not consistently provided. Although a goal of three in-service days per teacher was set in the 2013 Education Sector Implementation Plan II (Government of Malawi, 2013), a 2017 UNICEF budget brief found Malawi had not budgeted any money specifically for in-service training (UNICEF, 2019). Currently, most in-service is provided by international projects, such as the National Reading Programme, or organized at the school or zone level using small government grants. For the latter, one district education manager shared that in-service training on how to educate children with disabilities was only provided to special education teachers, with the hope that these teachers will then teach other teachers at their schools (Rothe et al., 2016).

In all three countries, in-service training may not be sufficient to train those teachers who have not received pre-service training on disability awareness and inclusive education. While regular in-service training does take place in Malawi, it is unclear how much emphasis has been given to inclusive education to date. In Cambodia and Nepal, inclusive education training has been

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[42] The content of the 45-day training for resource teachers is not clear in the literature.

sporadic using a cascade model provided by the government and often supported by international donors.

4.4 Attitudes Toward Disability

Finding 4: The influence of negative attitudes towards persons with disabilities has been documented in each country, which international studies show may impact the effectiveness of inclusive education efforts, including providing persons with disabilities opportunities to learn and engage socially with peers. In all cases, there is reported widespread societal discrimination deriving heavily from local beliefs and perspectives, including beliefs about karma or witchcraft as causation for disability. Research from each country has documented limited understanding or endorsement of inclusive education amongst some teachers and parents, but this view tends to become more favorable of inclusive education with further exposure and training.

Attitudes on disability can impact the effectiveness of inclusive education within a country (Hayes, Turnbull, & Moran, 2018). International studies show that negative perceptions of persons with disabilities may affect how teachers interact with students and what curricular and social opportunities teachers provide students (Paterson, 2007). This section discusses the similarities and differences between Cambodia, Malawi, and Nepal regarding attitudes toward disability. General attitudes impacted by local beliefs and perspectives are discussed, followed by specific attitudes of teachers, parents, and students in each country.

4.4.1 Local Perspectives and Attitudes Towards Disability

Negative beliefs and perspectives around disability seem to be present in Cambodian, Malawian, and Nepali cultures. Due to local beliefs and perceptions, some Cambodians and Nepalis believe disability is caused by past sins or the religious belief of bad karma (Shrestha & Weber, 2002; Šiška & Suchánek, 2015), and some Malawians believe disability is caused by witchcraft or a possessed spirit (van Dijk & Courtright, 2000). These negative beliefs on disability can significantly impact the livelihoods of persons with disabilities and lead to their marginalization in society. For example, persons with disabilities in Nepal are often viewed as being weak and a burden to society (UNICEF, 2003); persons with disabilities in Malawi are often seen as being dangerous, and their disability is sometimes believed to be contagious (Lynch & Lund, 2011).

4.4.2 Teacher Attitudes

Between the three countries, teacher perceptions vary based on their comfort-level with students with disabilities; however, the countries are similar regarding teachers' expressed needs to better support students with disabilities. Teachers in Cambodia appear to have varying degrees of comfort working with different types of disabilities. For example, general education teachers have reported feeling most comfortable educating children with physical disabilities who do not require instructional modifications (Hayes & Bulat, 2018; Kalyanpur, 2011), followed by students who are deaf as they are perceived by society as being more independent and productive in their communities than students who are blind (Mak & Nordtveit, 2011). For example, students who are blind and learning in segregated classrooms in the morning and inclusive classrooms in the afternoon reported their general education teachers did not like them, frequently ignored them, and were less attentive to them than children without disabilities (Mak & Nordtveit, 2011). This was corroborated by additional research finding children who

are blind had almost no interaction with children without disabilities, despite studying in integrated classrooms (Kalyanpur, 2011).

Similar to Cambodia, studies in Nepal have shown both general and special education teachers often feel overwhelmed teaching students with disabilities and have questioned whether students with disabilities should be in inclusive settings, particularly students with intellectual disability; explanations for the teacher attitudes expressed in the literature include the lack of teacher training and lack of resources to educate or manage children with disabilities in the classroom, as teachers believe that both are essential towards educating students with disabilities (Banks et al., 2019). However, a study in Malawi showed a shift of general education teachers' perspectives toward inclusive education and showed that 70 percent of these teachers now support the idea of inclusion (Hughes, Chitiyo, Itimu-Phiri, & Montgomery, 2016),[43] whereas past studies showed teachers reported feeling ill-equipped in their ability to teach children with disabilities (Chavuta, Itimu-Phiri, Chiwaya, Sikero, & Alindiamao, 2008). Teachers in both Malawi and Nepal have expressed the need for additional training on working with children with disabilities.

Teachers in Malawi have requested disability-specific training and resources for children who are blind, have low vision, or are hard of hearing (Hughes et al., 2016). While teachers in Nepal expressed the same concerns, they also requested incentives for teachers,[44] development of disability assessment skills, involvement in curriculum design, and training on local languages (Regmi, 2017). However, a comprehensive 2017 study of 448 Cambodian teachers found teachers who had received inclusive education training were not more likely to support inclusion than those who did not receive inclusion training; additionally, the number of years of teaching experience had no statistically significant impact on teachers' attitudes toward inclusive education (Kuroda et al., 2017). The study did generate qualitative evidence that teachers' lack of knowledge or training on disability issues hampered teachers' confidence. Focus group discussions and individual interviews drew attention to the ineffectiveness of the cascade training system in disseminating inclusive education strategies to teachers, and this gap in quality training and school-based supports negatively affected teachers' experiences teaching children with disabilities (Kuroda et al., 2017).

Comparative Summary. In all three countries, different studies show that both general education and special education teachers may have negative attitudes towards children with disabilities and that this could impact the way in which students are supported in the classroom. In all countries and in many cases, teachers saw their lack of training and the limited necessary skills to support students with disabilities as a reason for discriminatory beliefs. This suggests the need to not only increase teacher training opportunities but to also ensure all training addresses possible stigmas and negative stereotypes. Further research on the contributors to positive beliefs about disability among the education community, such as the data generated in the case of Malawi, may help to shed light on the leverage points to develop more positive disability perceptions in the future.

4.4.3 Parent Attitudes

Although parental attitudes about disability vary among and within countries, parents in each country all expressed different challenges with having a child with a disability. In Malawi,

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[43] The survey did not ask teachers why they supported inclusion and, therefore, does not provide suggestions on why this shift towards supporting inclusion took place.

[44] Incentives have previously included a training allowance, but the literature did not provide additional information on other types of incentives that have been provided.

parents reported feeling stigmatized by having a child with a disability, even as far as being disowned by other family members and the community (Kalua, 2016). In Cambodia, family members expressed beliefs that a child with an intellectual disability posed a financial strain, in terms of not contributing to the family and requiring another family member to lose labor opportunities to care for the child (Cordier, 2014). In Nepal, having a child with a disability is often perceived as being unlucky or as a sign the parents had done something bad in a previous life (Lamichhane, 2013;. UNICEF, 2003).

Although challenges persist in each country, some parents expressed their beliefs about the benefits of inclusive education. For example, research in Malawi found some parents would send their children to school in the hope it would allow their child to live a more independent life (Banks & Zuurmond, 2015).[45] Similarly, research in Cambodia found parents of children who are deaf and blind seeing improvements in their children's attitudes and communication after enrolling them in school (Mak & Nordtveit, 2011). In Nepal, a study found parents of children with visual and physical disabilities favored inclusive education more than parents of students with intellectual disability, who questioned if perceived negative beliefs of disability by general education teachers would influence their children's acceptance in schools (UNICEF, 2003). Across countries, some parents expressed not seeing benefits towards sending their children to school and often thought of their children as burdens to teachers (Bailey & Ngoun, 2014; Banks & Zuurmond, 2015; Banks et al., 2019). Furthermore, the additional cost associated with sending children with disabilities to school has been a dominant theme across countries that has often hindered parents from sending their children to school[46] (Banks et al., 2019; Hayes & Bulat, 2018; Kartika, 2017; Paget et al., 2016). Safety during the commute to school, as well as during school hours, was also a major concern in Cambodia, especially for girls with disabilities, who are more likely to be victims of sexual assault (Hayes & Bulat, 2018; USAID, 2017).

The literature revealed parents may become more accepting of inclusive education as they receive training or see individuals being educated in the community. Studies in Malawi and Cambodia also found that when parents saw examples in the community or media of persons with disabilities accessing education, independent living, and employment opportunities, it allowed them to believe the same might be possible for their children (Braathen & Munthali, 2016; Kartika, 2017). A study in Nepal, however, found the level of education attained by parents correlated to parents' views on inclusive education as well as their understanding of their children's rights, meaning the higher the parents' level of education, the more likely they were to believe in the benefits of inclusive education and to deeply understand their children's right to education (Lamichhane, 2013).

Comparative Summary. Studies conducted in all the countries revealed families report some level of increased challenges or have felt stigmatized for different reasons based on local beliefs and perceptions. Likewise, research identifies different parental views on whether students with disabilities should be educated, and if so, what setting is the most appropriate. These beliefs often vary by disability type, but as each study used different methodologies and assessed different aspects of parent perceptions, many of which were qualitative in nature, clear comparisons and broader generalizations are not always feasible.

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[45] This study interviewed parents of children with a range of disabilities, but the type of disability for these answers was not specifically mentioned.

[46] In at least the case of Cambodia, only segregated schools would take students with certain types of disabilities, and if schools were not located close by, families had to pay additional costs related to residential services.

4.4.4 Student Attitudes

Studies conducted on the attitudes of children with disabilities varied significantly; the body of research on this topic is largely qualitative and profiles small, purposively sampled populations in each country, which may contribute to the variation in findings. While research conducted in each country found children with disabilities reported feeling discriminated against, there were also reports of children feeling included and wanting to attend school. For example, a study in Cambodia found children without disabilities would tease their classmates with disabilities, using pejorative nicknames regarding a disability (for example, calling someone "kwak" or "blind") rather than using students' actual given names (Vickery, 1998 in Kalyanpur, 2011; Mak & Nordtveit, 2011). However, research among people with disabilities in integrated classrooms indicated some peers demonstrated accepting behaviors, but this was often linked to the support of family members, such as siblings or cousins, who helped broker such social inclusion in schools (Kalyanpur, 2011). Similarly, in Malawi, a study found children with disabilities felt they were being discriminated against by their teachers and their peers (Hagen, 2016). However, another study that interviewed students with disabilities about their views on inclusive education found all children interviewed enjoyed learning with their peers without disabilities (Chavuta et al., 2008). The same report also found children without disabilities reported they too enjoyed learning with their peers with disabilities. Finally, in Nepal, one study found children with disabilities felt humiliated, ignored, or discriminated against in their schools (Eide, Neupane, & Hem, 2016). However, another study in Nepal found that even though children with disabilities reported being bullied at school, they still wanted to attend school and believed it was the only way to a better life (Banks et al., 2019).

Although there were similarities between countries, it is important to also highlight some of the variance in experiences captured in the different studies. For example, in Cambodia, differing experiences were found between children who are deaf, who reported not feeling as though they were being treated differently by their peers, and children who are blind, who felt unwelcomed and ashamed and reported they felt they were missing out in forming friendships with their peers without disabilities (Mak & Nordtveit, 2011). In Malawi, a study that interviewed students with albinism found these students often relied on their peers to support them in the classroom (Lynch & Lund, 2011). Lastly, in Nepal, one of the major concerns voiced by children with physical disabilities was the inaccessibility of schools and classrooms (Eide, Neupane, & Hem, 2016). Likewise, children in Malawi reported having extreme difficulty physically getting to school and, in some cases, crawling or relying on peers to assist them to school (Banks et al., 2019).

Comparative Summary. This literature review shows that students with various types of disabilities have had both positive and negative experiences in inclusive settings. As the studies used different methodologies and the qualitative findings are not generalizable, no true comparisons can be made. Further research on these topics at a broader scale in each country may help clarify why the experiences of children vary between studies and populations.

4.5 Education Efforts for Specific Disability Groups

Finding 5: Documented evidence of the educational experience for specific disability groups is limited. Although pathways to inclusive educational settings exist for some learners with disabilities in each country, these pathways are not widely reported, often depend on donor support, and do not appear to replace the reliance on segregated or integrated educational settings. The publications that exist describe vast challenges for specific disability groups,

including a very small percentage of children who are deaf or blind who receive an education; when these children do receive an education, the quality is quite variable and affected by a profound shortage of teachers with sign language fluency or by the limited production of necessary braille materials. Although the exact figures vary by country, these countries commonly rely on segregated special schools or resource rooms to educate students who are deaf, are blind, or have an intellectual disability, if these students receive an education at all. The education of students with learning disabilities or perceived "severe" or multiple disabilities was not addressed in research by any of the three countries.

Despite the hundreds of documents analyzed across this multi-country literature review, only a small number of sources discuss the actual provision of education to children with disabilities. When the literature does draw attention to the way specific groups of children with disabilities are educated, attention overwhelmingly focused on the access to education for students who are deaf or blind. Comparably, less research has investigated the education of children with intellectual or physical disabilities, and even fewer reports were sourced on children with learning disabilities or complex/multiple disabilities. No sources in any country drew particular attention to educational *outcomes*—in an inclusive or segregated setting—for children with specific disability identities, suggesting the focus still rests on basic enrollment and *access* to education.

The education of children with disabilities takes place in one of three similar environments in each country: 1) segregated schools, 2) integrated classes or resource rooms, and 3) general education settings. As for segregated schools, Cambodia has five government-run special schools in addition to a similar number of privately-run schools (Global Partnership for Education, 2018), Malawi has six residential, segregated schools (Banks & Zuurmond, 2015), and Nepal has approximately 32 segregated schools nationally (Government of Nepal, 2016). In terms of integrated classes or resource rooms, Cambodia has at least 73 such classes (Kartika, 2017), Malawi has between 100-150 such classes (Mkandawire, Mahlape, & Tseeke, 2016; GIZ, 2019b), and Nepal has approximately 380 resource rooms and 22 integrated schools (Government of Nepal, 2016). Malawi's employment of 55 itinerant teachers who support general education schools marks a unique strategy to promote inclusion amongst the countries reviewed (Lynch & Lund, 2011).[47] Cambodia also has introduced a system where, starting in grade 3, students who are blind are educated in segregated settings in the morning and inclusive settings in the afternoons (Hayes & Bulat, 2018). Due to pervasive challenges in the identification of and data management around disability in each country, the exact number of students with disabilities accessing an inclusive education in a general education classroom is not clearly understood.

The following sections offer a comparative summary of education in these countries for specific disability groups.

4.5.1 Education for Students who are Blind or Have Low Vision

All three countries reviewed offer educational programs to children who are blind or have low vision, and each country does this in slightly different ways. Exhibit 5 summarizes the most common educational settings provided to students who are blind or have low vision within the three countries.

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[47] Nepal and Cambodia have not yet adapted an itinerant teacher support model to support inclusive education in the general education setting.

Exhibit 5: Educational Settings for Students who are Blind or Have Low Vision in the Three Countries

Country	School Type		
	Segregated	**Integrated**	**Inclusive**
Cambodia	Five segregated government-run schools for students with hearing or vision disabilities	73 integrated special education classrooms exist nationally but disability type not specified	Starting in grade 3, students who are blind/low vision in segregated schools attend half-day in inclusive community schools
Malawi	Two segregated schools for students who are blind	14 primary schools and 15 secondary schools equipped with resource centers	Number of inclusive schools was not available in the literature, but the lack of braille learning materials for students in these classrooms is a challenge
Nepal	Segregated schools for students who do not attend integrated schools or the one special school for the blind	Most students who are blind/low vision are in integrated ("resource") school settings with expanded core curriculum	Upon mastering expanded core curriculum, students have the opportunity to enter inclusive classrooms

Cambodia. The settings in which students who are blind or have low vision are educated differ slightly by country. In Cambodia, one of the five segregated schools serves 350 children who are blind or have low vision, constituting what is likely a fraction of one percent of children who need this support nationwide (Central Intelligence Agency [CIA], 2020; Hayes & Bulat, 2018; National Institute of Statistics, Directorate General for Health, & ICF International, 2015). While these students receive a foundational education in a segregated school, they are supported to attend a half-day of inclusive education starting in grade 3, with access to the same national curriculum as students without disabilities. Some Cambodian students have completed grade 12 and continued to university. Krousar Thmey was the core provider of teacher training on education for learners who are blind or deaf since the mid-1990s; since the transfer of special school oversight to NISE in 2019, these efforts have continued (Neang, 2019). A Khmer braille code has been used since 1991, and textbooks and other print materials are provided by local NGOs (Bailey & Nguon, 2014).

Malawi. In the case of Malawi, children who are blind or have low vision, if they access school at all,[48] are most likely to be educated in one of two residential schools for the blind or within the 29 residential resource centers in the country.[49] The research did not include details about

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[48] Though the actual number of students who are blind in Malawi remains unknown, it is highly unlikely two schools can serve the needs of all children who are blind or have low vision in the country. Likewise, the limitation of only two schools within the country signifies that many students are residential students with the school being a far distance from their families and community.

[49] A school with residential resource centers means the school has adjoining boarding facilities for students. There are 14 primary schools and 15 secondary schools which provide boarding facilities.

inclusive schools but mentioned that the lack of braille learning materials made access to the curriculum for students who are blind challenging (Lynch & McCall, 2010).

Nepal. Students who are blind or have low vision in Nepal frequently access education in an integrated school setting, where they study in resource classrooms located within general education schools. These students study nine special topics in an expanded core curriculum, such as independent living skills, social interaction skills, or orientation and mobility. Once students master these expanded core curriculum topics, they may enter inclusive classrooms where they study the national curriculum alongside students without disabilities (Lamichhane, 2013). Students who are blind or have low vision who do not attend integrated schools in Nepal would otherwise attend a segregated school or the one special school for students who are blind in Nepal, Purwanchal Gyan Chaksshu Vidyalaya in Dharan (Ojha, 2020).

Comparative Summary. All three countries report challenges around resources and teacher training. Cambodia reports the lack of funding, equipment, and training for general education teachers; inaccessible facilities; and large class sizes as challenges for quality education for students who are blind (Vannak, 2018). These challenges were echoed in Nepal, where the frequent use of blackboards as a means of instruction and teachers with little or no training on educating children who are blind or have low vision pose challenges to their genuine inclusion. Additional challenges include the fact that exams are not yet available in braille, and limited additional supplies such as braille dictionaries—or even braille textbooks—are available to students who need them (Lamichhane, 2013). In Malawi, run-down facilities, high student-teacher ratios, and limited access to braille materials[50] contribute to the challenges around quality education for this population (Lynch & Lund, 2011; Lynch & McCall, 2010). These constraints help explain why children with visual disabilities in Malawi are twice as likely as children who are sighted (39.3 percent as compared to 19.7 percent) to have never attended school (Kalua, 2016). An example of discrimination was provided in Malawi, where students with low vision were asked to drop out of general education schools once their vision began to deteriorate (Banks & Zuurmond, 2015).

In all countries, efforts have been made to educate students who are blind, though these efforts primarily take place in segregated settings; however, there are not enough schools to meet the national demand. The literature review shows that both Cambodia and Nepal have made efforts to also educate students who are blind in inclusive settings, while attempts in Malawi remain largely undocumented. In all settings, the vast majority of students who are blind or have low vision have insufficient access to braille materials and other equipment, and many countries also have challenges finding enough quality trained professionals to meet the needs.

4.5.2 Deaf Education Including Sign Language

Children who are deaf or hard of hearing who require sign language to access information, if they receive an education, are overwhelmingly likely to study in a segregated special school in each of the three countries. This approach is consistent with the preferred educational setting as articulated by the World Federation of the Deaf (2018). Exhibit 6 provides an overview of the available schools for students who are deaf or hard of hearing within the three countries.

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[50] Currently, these materials are only produced by Montfort College and completely dependent on external donors.

Exhibit 6: Educational Settings for Students who are Deaf or Hard of Hearing in the Three Countries

Country	School Type		
	Segregated	**Integrated**	**Inclusive**
Cambodia	Five segregated government-run schools for students with hearing or vision disability	73 integrated special education classrooms exist nationally but disability type not specified	Starting in grade 5, students who are deaf in segregated schools attend half-day in inclusive community schools without access to full-time interpretation
Malawi	Four schools for the deaf, three of which use oral teaching methods instead of sign language	100-150 resource centers exist nationally but disability type unknown	Resource rooms attached to mainstream schools, with some access for learners to spend time in general education classrooms
Nepal	16 schools nationally for students who are deaf or hard of hearing	380 resource classes nationally but disability type unknown	Number of learners who are deaf or hard of hearing in inclusive settings unknown

In Cambodia, the five special schools referenced in the above table support children who are deaf or hard of hearing and strive to provide a sign-language rich environment by trained professionals. As in the case of students who are blind, a tremendously small proportion of Cambodian students who are deaf are accessing an education, with only 600 deaf students supported by the special schools in a country which estimates 50,000 people are deaf but only 1,800 use sign language (Šiška & Suchánek, 2015). In Cambodia, students who are deaf begin accessing inclusive schools for a half-day beginning in grade 5, and some general education teachers have received training in sign language to promote this inclusion (Hayes & Bulat, 2018).

In Malawi, four special schools support students who are deaf or hard of hearing, but unfortunately, three of these schools use oral teaching methods (Salmonsson, 2006), which is widely recognized on an international level as being an inappropriate means for educating students who are deaf (GIZ, 2019a). In the case of Nepal, one special school in the greater Kathmandu area supports students who are deaf or hard of hearing, with an additional 15 special schools for these students nationwide.[51] While students who are deaf or hard of hearing may access inclusive schools, segregated schools are favored by children and their families because segregated school teachers are trained in sign language and serious concerns exist about student vulnerability to sexual assault if unable to communicate abuse in inclusive schools (Banks et al., 2019; Lamichhane, 2013). This is an observation that was also documented in the case of Cambodia (Mak & Nordtveit, 2011), and while this may also be the case in Malawi, it was not specifically reported in the documents reviewed.

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[51] The literature did not provide specifics on where each of these schools is located.

There are, however, additional resources available in two of the three countries. For example, specific resources and services available for some Cambodians who are deaf include sign language dictionaries, produced by Krousar Thmey, and sign language education and vocational support offered to 67 adults through the Deaf Development Programme (Bailey & Nguon, 2014; Hayes & Bulat, 2018). Likewise, in Nepal, an original sign language dictionary was established in 1996 and was updated in 2003 (Hoffman-Dilloway, 2011). The Malawi sign language dictionary is currently under development (USAID, 2019c).

Major educational constraints are reported for individuals who are deaf or hard of hearing in all three countries, including significantly low availability of sign language interpreters, the lack of trained teachers who are fluent in sign language, students attending general education classes without access to interpretation, and the significant risk of dropout (Braathen & Loeb, 2011; Hagen, 2016; Hayes & Bulat, 2018;). As a manifestation of these varied challenges, in Nepal, for example, an estimated 95 percent of students who are deaf or hard of hearing do not complete 10 years of schooling (Lamichhane, 2013).

Comparative Summary. All countries struggle with providing enough quality education to all students who are deaf or hard of hearing in the country. In Cambodia and Nepal, positive examples can be replicated in other areas of the country, while Malawi's limited education system uses mostly oral instruction, which is not considered a best practice in deaf education. In addition, all three countries have challenges related to the limited quantity of trained professionals and the insufficient access to teachers fluent in sign language in any educational setting.

4.5.3 Students with Learning Disabilities

No research in any of the three countries described the access to, placement in, or quality of education for students with learning disabilities. There is no evidence to suggest learning disabilities are recognized within these three countries; this potentially leads to students not being identified and not having their educational needs met in an effective manner.

4.5.4 Students with Intellectual Disability and Complex Support Needs

Children in Nepal with intellectual disability receive some sort of education, but in Malawi, no documents address access to education for children with intellectual disability. In Cambodia, constraints, including limited resources and few trained educational or medical personnel, social discrimination, and fears about vulnerability to abuse and assault, contribute to children with intellectual disability generally unlikely to enroll in any form of education (Hayes & Bulat, 2018; Kartika, 2017; Mauney, 2014; Zook, 2010). In Cambodia and Nepal, reports state children with intellectual disability experience high levels of marginalization and disadvantage in the education sector and society more broadly (Bailey & Nguon, 2014; Crishna & Prajapati, 2018; Zook, 2010). Furthermore, in Nepal, the government does not provide special supports, and negative attitudes in general education environments are pervasive as is a scarcity of specialist resources or trained teachers (Banks & Zuurmond, 2015; Crishna & Prajapati, 2008).

Some Cambodian NGOs do offer specialized support to people with intellectual disability, but their reach is not nearly enough to support all of those who require it. The Rabbit School, located in the capital city of Phnom Penh, supports children with intellectual disability to access integrated classrooms in general education schools where students can engage with peers without disabilities during recess and informal meetings. However, the adapted curriculum is

available only until grade 3 (Hayes & Bulat, 2018). Notably, the Rabbit School provides educational supports for children with intellectual disability who have different levels of support needs, but the programs assisting children to access integrated or inclusive settings are only for children with perceived mild to moderate intellectual disability; children with moderate to severe disabilities continue to receive education in segregated settings (Rabbit School, n.d.).

Three different donor-funded projects in Cambodia supporting people with intellectual disability were also profiled in this literature review although it is unclear if any of them are still active. This includes the Helping 157 People with Intellectual Disabilities in Cambodia to Help Themselves project implemented by Action on Disability and Development (ADD) International from 2011 to 2014 (Cordier, 2014). This project provided training to people with intellectual disability on self-care, hygiene, housework, and social skills, along with support to develop income-generating work such as agricultural activities, crafts, and sales. Mentorship through disabled persons organizations (DPOs) and collaboration with local authorities and families was a reported asset to the success of the project (Cordier, 2014). Furthermore, the Ensuring Inclusive Education for Children with Disabilities project led by the Khmer NGO for Education from 2015 to 2018 helped find children with disabilities who were out of school and encouraged their enrollment in school. At the same time, the project provided workshops to build teacher capacity on inclusive education and on educating children with disabilities (including general and "life skills" subjects) (Khmer NGO for Education, n.d.). Finally, Save the Children's inclusive education programming from 2016 to 2018 supported Children's Councils, training teachers in inclusive pedagogy to engage students with differentiated instruction and engaging with parent and community committees to follow-up with children's learning[52] (Save the Children, 2019). For example, this project developed and piloted a manual to train teachers on teaching children with intellectual disability, and this manual has since been officially approved by MoEYS for use during in-service training.

Although not as many programs as reported in Cambodia, Nepal also has programs that support learners with intellectual disability. For example, one Kathmandu-based classroom has been documented to provide educational support to children with intellectual disability with NGO-funded assistance (Banks et al., 2019). Aside from this, it appears students with intellectual disability in Nepal are limited to learning only basic life skills, such as self-care, and do not have access to the standard national curriculum studied by students without disabilities (Human Rights Watch, 2016).

Comparative Summary. Both Cambodia and Nepal report gains in educating students with disabilities, but there remain continued opportunities for growth. This includes educating students with intellectual disability in general education settings irrespective of perceived support needs as well as ensuring that students have access to the same academic subjects but adapted as needed (Hayes, Turnbull, & Moran, 2018). In Malawi, the lack of reports on the education of learners with intellectual disability does not necessarily signify there are no programs, but if programs exist, they are not broadly reported.

4.5.5 Students with Physical Disabilities

Although all countries reported the incidence of physical disability among their student population, Cambodia is the only country that has a single church-run special school supporting 93 primary school children with physical disabilities instead of encouraging families to place

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[52] This benefited learners with a variety of vulnerable identities or disabilities, but the number of learners with intellectual disability specifically is not known.

their children in local schools (Hayes & Bulat, 2018). Aside from this, Cambodians report the greatest educational acceptance to this population as compared to other students with disabilities, in part because students with physical disabilities are perceived to require fewer instructional modifications (Hayes & Bulat, 2018; Kalyanpur, 2011). The Malawi literature review did not reveal specific programming for students with physical disabilities, but challenges with school transportation and physical accessibility at school have been documented (Hagen, 2016). Finally, in the case of Nepal, constraints related to transportation (see section 4.6.5 for more information) and school infrastructure are documented, including a lack of ramps, accessible toilets, and unsafe and inaccessible roads to reach schools (Banks et al., 2019; Lamichhane, 2013). While cerebral palsy is considered the most common cause for severe motor disability in Nepal, the 2015 earthquake also is believed to have increased the prevalence of physical disabilities (USAID, 2019a). Therefore, in each country, students with physical disabilities have fewer reported attitudinal barriers to receiving an inclusive education, but inaccessible transportation and infrastructure remain barriers and limit their full inclusion.

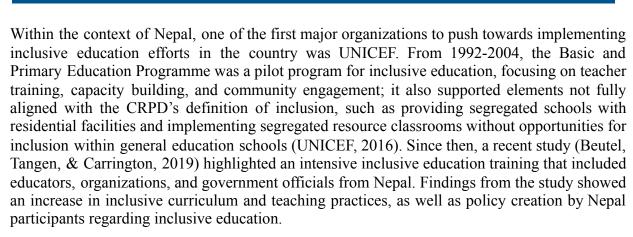## 4.6 Additional Classroom Supports

Finding 6: IEPs and assistive technologies have limited or no documented use in any of the three countries, and access to school-based specialist supports, such as speech or physical therapy, is either completely absent or limited at best. The alignment of classroom instruction for students with disabilities against the national curriculum is also inconsistent and may depend either on the type of disability or the educational placement a student accesses; the national curricula also offer few opportunities for differentiated or learner-centered instruction. Lack of accessible school infrastructure for students with physical disabilities, along with transportation challenges in reaching school, are common in all three countries.

This section provides an overview of the supports that exist for inclusive education for both classrooms and schools. This includes general inclusive education efforts, instructional strategies used by teachers within inclusive classrooms, access to the curriculum for students with disabilities, the existence and implementation of IEPs, accessible transportation, and classroom accommodations, such as access to technology.

4.6.1 General Inclusive Education Efforts

Each country within this study has demonstrated examples of ongoing inclusive education efforts, typically with the support of its government, NGOs, and inter-governmental organizations. For example, the literature on Cambodia found that while the government lacked a plan to transition to a fully inclusive system, the ongoing transition from segregation to integration is a step towards the most recent push for inclusion as documented in its Inclusive Education Action Plan 2019-2023 (Hayes & Bulat, 2018; Kingdom of Cambodia, 2019b). Cambodia has a history of promoting segregated integrated classrooms in government schools as these classrooms are cost-effective and reduce the pressure placed on general educators to accommodate children with disabilities (Kalyanpur, 2011). However, ongoing NGO initiatives also support inclusive education efforts, including those led by national and international organizations (Hayes & Bulat, 2018). Inclusive education efforts are also increasing in Malawi and seen most noticeably through school improvement grants, which most schools (87 percent) reported spending on inclusive and special education efforts (GIZ, 2019a). Money from these grants has gone towards buying more inclusive teaching and learning materials, constructing ramps and accessible toilets, and providing resources for learners with disabilities (GIZ, 2019a).

Within the context of Nepal, one of the first major organizations to push towards implementing inclusive education efforts in the country was UNICEF. From 1992-2004, the Basic and Primary Education Programme was a pilot program for inclusive education, focusing on teacher training, capacity building, and community engagement; it also supported elements not fully aligned with the CRPD's definition of inclusion, such as providing segregated schools with residential facilities and implementing segregated resource classrooms without opportunities for inclusion within general education schools (UNICEF, 2016). Since then, a recent study (Beutel, Tangen, & Carrington, 2019) highlighted an intensive inclusive education training that included educators, organizations, and government officials from Nepal. Findings from the study showed an increase in inclusive curriculum and teaching practices, as well as policy creation by Nepal participants regarding inclusive education.

Comparative Summary. Progressive realization toward inclusive education is taking place in all countries which is evidenced by the growing number of pilot programs. Although inclusion has yet to be implemented at a national scale, initiatives in all three countries can serve as models for future inclusion efforts.

4.6.2 Instructional Approaches

The different approaches and attitudes toward inclusive instruction vary between countries in this study. For example, research in Cambodia suggests a resistance among some teachers toward child-centered pedagogies (Prigent, 2019; UNICEF, 2012); the current curriculum reinforces memorization and teacher-centered approaches, which have historically been the means of instruction in Cambodia (Courtney, 2017; Prigent, 2019). This is an area the All Children Reading (ACR) program in Cambodia has already endeavored to improve, through the provision of teaching and learning materials that focus on inclusive practices and strategies (Research Triangle Institute [RTI] International, 2018). Similarly, in Nepal, teacher training has led to a shift in perspectives on inclusive education, specifically regarding inclusive instructional approaches. One study (Beutel et al., 2019) showed that upon completion of an inclusive education training, instead of assuming children with disabilities needed their own curriculum, teachers began to see that curriculum can work for all students if it is adapted to serve the needs of different students. This included the use of pictures within teaching materials and materials that can be used with a variety of disabilities. Research suggests teachers in Malawi use instructional approaches conducive for teaching all learners, such as peer modeling and large-print worksheets (Lynch & Lund, 2011). In addition, the Malawi Integrated In-Service Teacher Education Program (MIITEP) included a module that focused on questions teachers could ask within lessons to better assess student progress and identify any struggling students (Croft, 2006); research has shown such efforts could help teachers identify children with potential disabilities (du Plessis, 2003).

Comparative Summary. Within all countries, no reports documented the use of Universal Design for Learning (UDL) prior to the USAID-funded interventions being reviewed through MCSIE. There are, however, reported trainings on diversifying instructional approaches to support learners with disabilities that may establish a foundation for additional inclusive education efforts in the future.

4.6.3 Access to Curriculum

The national curriculum in most countries sets the standards related to teaching and learning, but often students with disabilities do not have access to the same curriculum as students

without disabilities, which can result in challenges related to lower learning outcomes (Hayes, Turnbull, & Moran, 2018). In many cases, curriculum may need to be adapted or modified, and this is preferred compared to providing an alternative curriculum. Exhibit 7 summarizes the different types of recommended curricula suggested by USAID, and Exhibit 8 shows the type of curriculum used in each country.

Exhibit 7: Types of Curriculum and Their Definitions

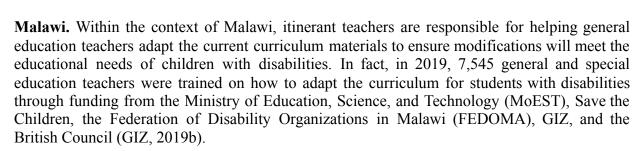| Type of Curriculum	Definition
Adapted Curriculum	Provides the same learning outcomes as the national curriculum but provides accommodations so that students with disabilities can participate equitably
Augmented Curriculum	Provides the same content but also provides additional information or coursework that helps support students' ability to function independently
Modified Curriculum	Follows the standards set forth in the national curriculum but modifies the curriculum as needed; in this scenario, the student may have learning outcomes that are very different than students without disabilities, but the student still has access to the same basic content

Source: Adapted from Hayes, Turnbull, & Moran, 2018

Exhibit 8: Types of Curriculum Used in the Three Countries

Country	Type of Curriculum
Cambodia	Some adapted curriculum for students with specific disabilities
Malawi	Modified curriculum with help from specialized teachers
Nepal	Adapted curriculum and, in some cases, augmented curriculum

Cambodia. In Cambodia, some segregated schools follow the national curriculum, such as the five national special schools as well as the Lavalla School, while other schools, such as the Rabbit School, adapt the national curriculum for children with intellectual disability but only until grade 3 (Bailey & Nguon, 2014; Hayes & Bulat, 2018). KT adapted the national curriculum for grades 1-12 into sign language and braille, including producing at least 2,000 unique materials in braille (Bailey & Nguon, 2014). Additionally, the ACR project in Cambodia has implemented strategies for an inclusive curriculum with materials such as pattern books and sensory stories; Cambodia's 2018 Inclusive Education Policy has also recently ensured a commitment that "the national curriculum and textbooks respond to the diverse needs of all learners with special needs," which suggests printing and distributing textbooks for braille and sign language (Kingdom of Cambodia, 2018, pp. 5-6).

Malawi. Within the context of Malawi, itinerant teachers are responsible for helping general education teachers adapt the current curriculum materials to ensure modifications will meet the educational needs of children with disabilities. In fact, in 2019, 7,545 general and special education teachers were trained on how to adapt the curriculum for students with disabilities through funding from the Ministry of Education, Science, and Technology (MoEST), Save the Children, the Federation of Disability Organizations in Malawi (FEDOMA), GIZ, and the British Council (GIZ, 2019b).

Nepal. Significant research on the current curriculum in Nepal suggests there are many challenges that may negatively impact education for all students but disproportionately for children with disabilities. One study found the curriculum objectives, in general, do not align with assessment and instruction, which makes it difficult for teachers to assess which students are struggling (NIRT & AIR, 2017). Since all children, regardless of their ability, are expected to follow the same lessons and curriculum, this makes it even more challenging for students with disabilities to succeed with the current curriculum (UNICEF, 2003).

Comparative Summary. Access to the national curriculum, and its associated challenges, is documented in all three countries. Malawi presents a promising model with the support of itinerant teachers, but little information exists on how this approach is being implemented in reality or on lessons learned that could be applied both within Malawi and other countries. Likewise, Cambodia has some successful examples of adapting curriculum, but these practices are not yet applied throughout the country. Information on how Nepal is adopting the curriculum remains scarce, but information obtained on challenges within the general education system implies that additional work and support may be needed in this area.

4.6.4 Individualized Education Plans

An IEP is a "written plan that sets the learning goals for students with disabilities and addresses the services or accommodations that will be provided by the school" (Hayes, Turnbull, & Moran, 2018, p. 38). Literature regarding development and use of IEPs within Cambodia, Malawi, and Nepal is quite rare. However, within the context of Cambodia, the government's Inclusive Education Policy and Action Plan includes goals to develop an IEP for "all persons with special needs by identifying their learning needs" (Kingdom of Cambodia, 2019b, p. 21). There is, however, no written evidence of IEPs being implemented in any inclusive schools in the past, and it is unclear, at this point, if IEP use has increased since the development of the policy in 2019. Findings from the literature show large classroom sizes and limited specialist resources hinder the development of IEPs in Cambodia (Kalyanpur, 2016) and may be a continued challenge and reason for IEPs not being widely implemented after the development of the policy. While the use of IEPs was not found in the literature for Malawi or Nepal, courses at Montfort College in Malawi include training on the use of IEPs, and a GIZ report recommended teachers who have taken this course to train teachers within their schools (GIZ, 2019a). Research on inclusive education in Nepal addresses the need for IEPs, suggesting the majority of students would benefit from their implementation (Lamichhane, 2017). The lack of using IEPs as a tool for inclusive education across all countries should continue to be studied and assessed.

4.6.5 Transportation

Long distances to and from school, safety concerns, and accessibility can serve as barriers to the education of students with disabilities in many countries with limiting resourcing (Hayes, Turnbull, & Moran, 2018). These transportation concerns and barriers were evident in the literature for Cambodia, Malawi, and Nepal. Cambodian parents' main concern regarding

transportation for their children who are blind is the lack of safety features on streets (Mak & Nordtveit, 2011); parents also expressed safety concerns for girls traveling to school in particular (Kartika, 2017; Mak & Nordtveit, 2011). Research in Malawi found the inconsistency and limited accessibility of transportation for children with disabilities causes frequent absenteeism and lateness and could even lead to students dropping out of school altogether (Banks & Zuurmond, 2015). Research in Nepal focused on the difference in accessibility in rural and urban areas, along with the additional cost for transportation (Banks et al., 2019; Ministry of Education [MoE] & United Nations Educational, Scientific, and Cultural Organization [UNESCO], 2015). The lack of accessible transportation is consistent across all three countries and could be a significant barrier to achieving inclusive education moving forward unless addressed. Barriers to accessible transportation may also increase when learners must travel further distances to attend special schools or those with resource classes instead of being able to access their local community schools.

4.6.6 Accommodations and Technology

The CRPD defines reasonable accommodation as the "necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms" (United Nations, 2006, Art. 3). Accommodations (such as additional time on tests, seating preference consideration, and access to devices) are often needed in the classroom to support students with disabilities to access and express information. Technology can be an effective tool and accommodation for many students. The literature review within this study found very little evidence of accommodations and technology use within the three countries. In fact, no information on these issues was present in Cambodia. However, accommodations for children with disabilities were found in Nepal, as one report highlighted additional time, up to an hour and a half, provided for test taking (Department of Education [DoE], 2002). Additionally, while the need for technology in and outside of the classroom in Nepal has been highlighted in research (Eide, Neupane, & Hem, 2016; Lamichhane, 2013; 2017), there is no literature indicating technology is currently being utilized. Similarly, with 80 percent of Malawi being rural, the majority of classrooms do not have access to technology. While Malawi's National Strategy on Inclusive Education describes using technology as a way to transfer data from the school to the district level, nothing in the literature supports these claims yet (MoEST, 2017). Though the literature review reveals little to no evidence of accommodations or access to technology, it is feasible this takes place but is not well documented.

4.6.7 Other Professional Supports

In many countries with well-resourced educational systems, professional services, such as therapies and access to experts, are provided within the school setting without an additional cost to the family (Hayes, Turnbull, & Moran, 2018). Additional supports such as physiotherapy, speech therapy, behavioral therapy, and physical therapy are available through private practices or through NGOs in Cambodia and Nepal.[53] In Cambodia, segregated schools are the only educational institutions where these supports are available for children with disabilities but still appear to be limited in the number of students they reach and the frequency with which eligible students access required services (Hayes & Bulat, 2018). Physical Rehabilitation Centers in Cambodia, which were originally established by NGOs to help polio, war, and landmine

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[53] The literature review suggested these additional supports were currently not available in public schools, but as KT transitions to be managed by the government, there may be recent developments not yet reflected in the literature.

victims, now serve as the primary facilities to receive physical rehabilitation in the country (Palmer, Williams, & McPake, 2018). While there are trained physiotherapists in Cambodia, it is unclear how many of the 400 are currently practicing (Hayes & Bulat, 2018). In Nepal, the Constitution along with policy plans and international mandates agreed upon by the Nepali government describe the provision of rehabilitation centers for people with disabilities; however, the need for such facilities significantly outweighs what is currently available (Crishna & Prajapati, 2008). The literature review did not reveal any services currently being provided in Malawi.

4.7 Intersectionality of Disability and Other Marginalizing Factors

Finding 7: In all countries, women and girls with disabilities experience documented discrimination based upon both their gender and disability, as compared to women and girls without disabilities or boys with disabilities. This discrimination includes particular concern regarding violence and sexual abuse and the vulnerability to dropping out of school. Additional vulnerabilities for residents of rural communities and for individuals living in poverty are noted. While the research reflects some disadvantages for ethnic and linguistic minorities, the extent to which these minority statuses produce intersectional vulnerability for persons with disabilities is poorly understood. Finally, despite the lack in disability prevalence data, all three countries note a pronounced likelihood for children with disabilities to be out of school compared to children without disabilities.

In addition to the general discrimination faced by students with disabilities, some students may face additional barriers to education based on their gender, ethnicity, or other personal identities. The following sections offer a comparative summary of intersectionality in these countries between disability and gender, rural/urban settings, ethnic minorities, and out-of-school children. While the literature for Nepal included the intersectionality of displacement and disability, the literature for Cambodia and Malawi did not. This is understandable, as Malawi and Cambodia do not border countries currently experiencing conflict. Additionally, Cambodia's literature documented numerous intersections between disability and poverty. While this intersection was mentioned in Nepal and Malawi, the research did not have the same focus and so is not explicitly compared in this section.

4.7.1 Gender and Disability

Girls with disabilities can face discrimination based upon both their gender and disabilities and, as a result, are globally often less likely to attend school compared to boys with disabilities (World Health Organization & World Bank, 2011). Literature from each of the three countries reviewed examined the intersectionality of gender and disability, particularly the existing barriers that prevent girls with disabilities from accessing educational opportunities. Studies in both Cambodia and Nepal found girls with disabilities were less likely to attend or complete school, and those girls who did attend underperformed compared to boys (National Institute of Statistics, Ministry of Planning, 2013). Additionally, all three countries found girls were less likely to be seen as worthy of education compared to boys and shared instances of parents educating their sons but not their daughters, as the return on investment was seen as greater for male children (Bailey & Nguon, 2014; Braathen & Loeb, 2011; Pherali, 2011).

The research also reflected the vulnerability of women and girls with disabilities, particularly to physical and/or sexual violence. A study in Cambodia found women with disabilities were more likely to experience household violence than women without disabilities (Astbury & Walji, 2013). In Malawi, the vulnerabilities of girls with disabilities to sexual assault led some parents to keep their daughters out of school, which then led the government to build more residential schools to ensure these girls' safety (Banks & Zuurmond, 2015). In Nepal, studies found girls with disabilities were being forced into early marriage while they were still children in an attempt to be married before their disability was easily identifiable (Proudyal, Banskota, & Khadka, 2018). Although the reasons for and the types of discrimination may vary slightly by country, all countries show an increased vulnerability of girls with disabilities to discrimination and gender-based violence.

4.7.2 Rural and Urban Differences

All three countries identified intersectionality between disability and rural residence, with studies in Malawi and Nepal also finding disability prevalence higher in rural areas (National Statistical Office Malawi, 2008; Overseas Development Institute [ODI], 2018). Specifically, all three countries found stigma towards disability more prevalent in rural areas than in urban areas. Studies in Nepal found children with disabilities and their parents in rural areas experienced more stigma and discrimination than those in urban areas (ODI, 2018); in Cambodia, parents were more influenced by cultural beliefs of disability in rural areas, including the belief that disability was a karmic consequence (Mak & Nordtveit, 2011). Additionally, parents in Malawi were more likely to isolate their children in rural areas as a result of the stigma they experienced (Kelly, Ghalaieny, & Devitt, 2012).

The literature from Malawi and Nepal also found that additional educational barriers exist for children with disabilities in rural areas. In Malawi, rural schools have a larger catchment area, where one school can serve several communities, which often means the distance from a child's home to school prohibitively far (Rose, 2003). This makes attending school difficult for all children, especially for children with mobility difficulties. Additionally, it is extremely difficult to get specialist teachers to take postings in rural areas, which leads to fewer resources for children with disabilities (Banks & Zuurmond, 2015). In Nepal, studies have shown children with disabilities in rural areas have higher drop-out rates and lower achievement rates than children in more urban areas (USAID, 2019b).

4.7.3 Ethnic Minorities and Disability

Although Malawi did not have any literature regarding the intersectionality of ethnic minorities and disability, the literature from Cambodia and Nepal included this aspect. In Cambodia, ethnic and linguistic minorities are vulnerable due to a lack of government support, their limited language proficiency in the national language of Khmer,[54] and other challenges such as geographic isolation and food insecurity (Šiška & Suchánek, 2015). To remedy challenges around language of instruction, multilingual education has expanded significantly over the past two decades in Cambodia (Benson & Wong, 2019). Although it is not clear whether such programming targets students with disabilities, over 55 preschools and 80 primary schools are now teaching learners using one of five local languages (Benson & Wong, 2019). Ethnic minority status also affects learners in Nepal, where the caste system can determine the extent of one's access to education and teachers are known to discriminate against their students from lower castes (Khanal, 2015). Unfortunately, while Nepalese policy ensures students have access

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[54] The research states this is a barrier even though Khmer may be their native language.

to education in their local language, in practice, this is not universal and may contribute to learning difficulties for children and low enrollment rates among ethnic minorities (NIRT & Air, 2017; Regmi, 2017). Continued research on the inclusion of students with disabilities who are also ethnic minorities should be assessed especially in Cambodia and Nepal.

4.7.4 Out-of-School Children, Including any Data on Children in Institutions

All three countries discussed the prevalence of children with disabilities who are out of school as well as the barriers that keep them out. A summary of the situation in the three countries is highlighted below in Exhibit 9. In Cambodia, an estimated 57 percent of children with disabilities are out of school, which contrasts strikingly to the country's primary enrollment rate of 98 percent (Kingdom of Cambodia, 2019a; UNESCO, 2017). In Nepal, an estimated 80 percent or more of children out of school are children with disabilities (International Disability Alliance, 2019). In Malawi, no data was found on out-of-school children nor were estimates provided.

Exhibit 9: Out-of-School Children in the Three Countries

Cambodia	Malawi	Nepal
Up to 57 percent of children with disabilities are out of school, a rate 8-10 times greater than children without disabilities	No data on the percent of out-of-school children with disabilities, but enrollment rates show significant differences among disability types	More than 80 percent of children who are out of school are children with disabilities

The literature from all three countries also highlighted the many barriers that keep children with disabilities from enrolling in or continuing to attend school. The literature from Cambodia focused on the societal barriers that exist, such as transport, parental attitudes, and financial issues (such as needing children to work to provide for the family) (Mauney, 2014). All three countries reported school-level barriers, including the lack of access to the curriculum (Chavuta et al., 2008; Eide et al., 2016), the lack of specialized supports for children with disabilities (ODI, 2018), and poorly trained teachers who are not prepared for inclusive settings (Mauney, 2014). Nepal also highlighted gender as a barrier, acknowledging that drop-out rates are higher for girls than for boys in the country (International Disability Alliance, 2019).

In many countries worldwide, in addition to being out of school, children with disabilities are also vulnerable to institutionalization. The only country literature review which profiled the situation of children in institutions was Cambodia, where the situation of children in residential care facilities is highly complex. A 2015 mapping exercise indicated Cambodia has 639 residential facilities for children (Ministry of Social Affairs, Veterans, and Youth Rehabilitation [MoSVY], 2017), and a second mapping study produced a national estimate of 48,775 children living in residential care institutions, or approximately one in every hundred Cambodian children (Stark, Rubenstein, Pak, & Kosal, 2017). A confounding factor is that the vast majority of children (78.5 percent) in these facilities have at least one living parent (Stark et al., 2017). Thus, instead of serving as facilities for children who have been orphaned by the loss of both parents, residential care facilities in Cambodia chiefly serve to support vulnerable children to escape poverty and access educational opportunities (Stark et al., 2017). Fortunately, most

children (95.7 percent) living in residential care facilities in Cambodia self-reported that they went to school every day (Stark et al., 2017). However, there is comparably little known about children with disabilities in Cambodia's residential care facilities, and no concrete evidence could be located regarding the situation of education for these children specifically. The MoSVY (2017) mapping exercise identified 925 children with disabilities requiring specialized support, representing only 2.6 percent of the population of children in the facilities. Therefore, despite important efforts to generate data about the number of children in institutions in Cambodia, there is a substantial dearth in knowledge about children with disabilities in these facilities and the type or quality of education they receive.

5. Conclusions

In the context of MCSIE, which serves as the impetus for this work, the country-level literature reviews as well as this comparative review seek to shed light on the educational experiences of children with disabilities and the societies in which they live. While these reviews have focused solely on Cambodia, Malawi, and Nepal, research and professional experience indicate the challenges experienced by these countries in advancing towards more inclusive education systems are by no means unique or isolated. Common challenges and gaps across the three countries profiled include education systems that depend heavily on segregated classroom placements; unreliable disability prevalence data and scarce reporting on student learning outcomes for children with disabilities; insufficient teacher training, resource provision, or specialist supports to match the need of all students; limited to no support for children with learning, intellectual, or "severe" disabilities; and large quantities of out-of-school children with disabilities. While cultural and social conditions vary greatly between Cambodia, Malawi, and Nepal—and must be carefully understood and considered—the ultimate consequence of children with disabilities experiencing great social and educational marginalization is a common reality. Despite these pervasive challenges, the evolving experiences of each country have the potential to guide future research and programmatic initiatives. Knowledge of past and current initiatives—both positive as well as those that present challenges—will provide valuable lessons learned and context for MCSIE in Cambodia, Malawi, and Nepal and for the broader education community.

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Annex A: Literature Review Protocols and Codes

Name	Description
Attitudes	Teacher, cultural and parent attitudes on disability including stigmas, etc.
Community cultural beliefs	Cultural attitudes or beliefs re: disability. Additional cultural beliefs that may have an impact on students with disabilities accessing education. These may include attitudes or beliefs regarding gender that may separately present a barrier to girls (or boys) with disabilities or may affect how disability is identified or assessed with respect to girls or boys. They may also include attitudes or beliefs regarding particular differences or disabilities, such as albinism, HIV/AIDS status, or that may affect a child's access to education.
Parent Attitudes	Research or information on parent of CwD attitudes toward CwD including possible discriminatory views, stigmas etc. views on where or how they should be educated. These may include attitudes or beliefs regarding gender that may affect how and whether girls and/or boys with disabilities are sent to school.
Teacher attitudes	Research or information on teacher attitudes toward CwD including possible discriminatory views, stigmas etc., including attitudes regarding gender that may present different barriers for girls, boys, and LGBTQI children or adolescents.
Classroom supports	Information on classroom supports. See the USAID UDL toolkit for more information on these areas for clarification.
Access to curriculum	Information on how students with disability have access to the curriculum. Do students who are deaf following the national curriculum. This can include adapted materials and testing.
IEP	Information on efforts and existing work to support Individualized Education Plans in the country (including IEPs by another name in the country context)
Inclusive education efforts	This can include resource rooms and other pilots that are looking to address inclusion in schools.
Instructional strategies	Instructional strategies used in the classroom. This can include different teaching methods including Universal Design for Learning
Other professional supports	This includes school-supported occupational therapy, speech therapy, teacher assistants. If the information shows this is only available privately then this information can also be reflected in this section. This may also include teacher training or in-service learning.
Technology	Information on technology to support the education of children with disabilities. This can include assistive devices as well as other technologies such as ICT4E (ICT for education)

Transportation	Information on the challenges related to transportation for children with disabilities to and from school as well as existing efforts.
Definition	What is the definition of disability in the country? General definition as well as education specific if relevant
Defining inclusive education	Any definition of inclusive education used within the country. This should also include any mentions of equal access to education or non-discrimination in education for young people with disabilities.
Disability	This will include any definitions of disability in general as well as for specific categories of disability
Education for Specific Disability Groups	How education may differ by students with different label of disabilities
Blind	Information on how students who are blind or have low vision had historically or currently educated in the country. This would also include access to braille instruction and assistive devices such as glasses and braillers
Deaf education	Historical and current information on how students who are deaf and hard of hearing are educated in the country. This includes access to sign language
Intellectual Disabilities	How students with intellectual disabilities are educated in the country. This can also include autism or students with high support needs
Learning disabilities	Information on how learning disabilities are recognized in-country and how students with learning disabilities are educated
Multiple disabilities	Any information that addresses the learning needs of students with multiple or co-occurring disabilities such as deaf blind, a student who has an intellectual disability and a physical disability, etc.
Physical Disabilities	Information on how students with physical disabilities are educated in the country. Information on accessible facilities and WASH can be included here.
General Education Country Background	Information on the general situation of education in the country for students with and without disabilities
Historical background	Information on past educational efforts in the country for both students with and without disabilities. For example, past government initiatives, NGOs past role in education, donor-funded education projects, etc.
Info on Education Structure	Information on how the education system is structured in the country, including schooling years, ages of primary vs secondary, system organization (i.e. head teachers, district supervisors, etc.)
Statistics	Statistical information on both students with and without disabilities as it related to education. This can include enrollment rates, dropout rates, retention, etc. Information on EMIS and data

	collection methods can also be added to this section. This information should include data that is disaggregated by sex to capture differences in rates of attendance among girls and boys generally, as well as among girls and boys with disabilities.
Identification Practices	Information on how children with disabilities are identified as having a disability within the country.
General information on identification	Overall general information on how CwD is identified or assessed in the country. This could include practices, policies, challenges, general tools and checklists made to identify students with various forms of disability (disability specific should be listed in the other sections), etc. This should include an analysis of whether these processes are applied differently for girls and boys, where information is available.
Hearing screening and testing	Information on hearing screening, referral and testing with the country. This includes hearing screening tools and existence of services within the country as well.
Intellectual screening and evaluation	Any information on how students with intellectual disabilities are identified and receive services in the country. This includes tools and referral system.
Learning disabilities screening	Information on how learning disabilities are identified and supported in country. This includes tools and other screening and identification measures.
Vision screening and testing	Information on vision screening, referral and testing with the country. This inclusion vision screening tools and existence of services within the country as well.
Implementing Partner Information	General information from the main implementing partner (HI in Nepal, RTI Cambodia, J&A in Malawi) on their specific project on inclusive education
Challenges	Any recorded challenges to project implementation recorded by IP or others
General information	Summaries or general information on the specific inclusive education project funded by USAID
Outcomes	Any results or outcomes of the project recorded by the IP or others, as well as outcome indicators not yet realized.
Intersectionality	How disability intersects with other characteristics.
Gender	The intersectionality of gender and disability. This includes any specific efforts to address the education of girls (or boys) with disabilities or other related issues such as school-related gender-based violence.
Rural/urban locations	Differences between access to education and/or available supports for children with disabilities in urban vs. rural schools.

Linguistic and ethnic minorities	Efforts that address the intersectionality of ethnic minorities, minority language and disability.
Out of School Children	Any general efforts to address out-of-school children which may or may not specifically address issues related to disability as a cause for being out-of-school. This should include children living in institutions.
Refugees and internationally displaced persons	Efforts to address children with disabilities in refugee or work related to internationally displaced persons.
Policies	MCSIE will have a specific policy analysis but information on policies should also be collected through this process. Policies include laws and national strategic planning documents (please keep in mind full policy analysis conducted by the policy team)
Disability Policies	Any information about general disability policies within the country that may or may not have a direct impact on the education of children with disabilities but help create an understanding of the legal framework within the country
Non-Discrimination policies	Typically constitutional but any laws that prohibit discrimination against persons with disabilities and/or discrimination against women or minorities.
Education Strategic Plan	Any government strategic/sector plan related to education in general or specifically to the education of children with disabilities.
General education policies	Information on policies related to education in general and does not need to be specific to children with disabilities.
Inclusive Education Policies	Any information about existing inclusive education policies or policies specifically related to the education of children with disabilities. This can include challenges with the lack of policy, policy development efforts, etc.
Other guidance	This can include other ministry guidance or ministerial circulars.
Stakeholders	General information about other relevant stakeholders that work in education and inclusive education that can support the stakeholder mapping exercise.
Community	Any information on engaging the community to support inclusive education or general community disability awareness efforts.
DPO	Disabled Persons Organizations and information what they are doing in relation to promoting and supporting inclusive education or other forms of education for children with disabilities.
Government Agencies	Government agencies working in the area of education including how the Ministry of Education is organized and collaboration with other ministries such as the Ministries of Health or Ministry of Social Development.

NGOs	Other NGOS working in the area of education generally or specifically the education of children with disabilities.
Parents	Any information on parents of children with disabilities or efforts to raise awareness of parents of children without disabilities.
Teacher training	Information on how teachers are prepared in the country to support students with and without disabilities
General teacher training	Information on how teachers in general are trained to support students in the classroom
IE in-service	Information on how gen ed teachers are prepared to educate children with disabilities in their classrooms through in-service supports.
IE pre-service	Information on how gen ed teachers are prepared to educate children with disabilities in their classrooms.
Special Education	Information on how teachers are prepared to provide special education services either in inclusive or segregated settings