

## Report

# Disability-Inclusive EiE:

Key concepts, approaches, and principles for practice



Inter-agency  
Network for Education  
in Emergencies

The Inter-agency Network for Education in Emergencies (INEE) is a global open network of members who are working together within a humanitarian and development framework to ensure that all individuals have the right to a quality, safe, relevant, and equitable education. INEE's work is founded on the fundamental right to education. For more information and to join INEE, visit [inee.org](https://inee.org).

**Published by**

Inter-agency Network for Education in Emergencies (INEE)

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**Suggested citation:**

Inter-agency Network for Education in Emergencies (INEE). (2023). Disability-inclusive Education in Emergencies: Key concepts, approaches, and principles for practice. <https://inee.org/resources/disability-inclusive-education-emergencies-key-concepts-approaches-and-principles>

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A student reading Braille with her teacher, Tajikistan, 2020 © USAID Central Asia

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# ACKNOWLEDGMENTS

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INEE gratefully acknowledges the financial support provided by the Education Cannot Wait Fund to develop this report. The report was written by Dr. Sophia D'Angelo (Lead Consultant) and Giada Costantini (Research Assistant), under the leadership and guidance of Myriam Jaafar (INEE Inclusive Education Coordinator).

The report was developed through a participatory and iterative process, with engagement from diverse stakeholders working in the field of disability-inclusive education in emergencies. Specific contributions were made by the INEE Secretariat and INEE Inclusive Education Working Group (IEWG), especially the following peer reviewers: Arishma Shrestha, Krista Sojo, and Giulia Cappellazzi (People in Need), Carolyn Alesbury (Save the Children), Gwadabe Wada Kurawa (University of Bristol), Kamrus Salam (Sightsavers), Dr. Maha Khochen-Bagshaw (Education Cannot Wait), Meghan Hussey (USAID), Sandrine Bohan Jacquot (Humanity & Inclusion), Veronica Kang (University of Maryland at College Park), and Yasmina Haddad (American Institutes for Research). INEE Secretariat members Andrew Armstrong, Dean Brooks, Martha Hewison, Rachel Smith, Rachel McKinney, and Sarah Montgomery also provided valuable input to ensure that the report is harmonized with other INEE global knowledge products, including the forthcoming updated Minimum Standards.

The report also synthesizes the findings from a virtual survey that called for examples of effective disability-inclusive education interventions. Dissemination of the survey was a collaborative effort that included support from international disability networks, among them the Inclusive Education Initiative, International Disability Alliance, and Global Disability Innovation Hub. Valuable contributions and insights were offered by various international, national, and local organizations, including organizations of persons with disabilities. These contributors' valuable insights are integrated throughout the report in the form of case study examples or callout boxes featuring recommendations from practice. All examples included were shared with survey respondents for verification and approval before publication.

Copyediting provided by Dody Riggs. Design provided by 2D Studio.

# AUTHORS' NOTE

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The INEE Secretariat and IEWG have made significant contributions to promoting the principles, behaviors, and actions necessary to ensure that all excluded and marginalized people are included in education in emergencies. The IEWG supported the [Disability-Inclusive EiE Resources Mapping and Gap Analysis](#) that identified a lack of common understanding about inclusive education, most notably in emergencies and crisis-affected contexts. Building on previous work by INEE and IEWG, this report aims to fill that gap. It defines key terminology and concepts related to inclusive education broadly, and disability-inclusive education in particular. It also provides a set of guiding principles to inform the work of stakeholders who support children and youth with disabilities who are living in emergency or crisis-affected contexts. Although the guiding principles are presented to address disability inclusion in education, many of them are also relevant to supporting the education of other marginalized or vulnerable learners in emergency settings, including girls, refugee and displaced learners, and learners from ethnic and linguistic minorities. While the report is grounded in evidence, diverse global perspectives, and first-hand experiences, the authors recognize that the fields of disability inclusion and education in emergencies are both constantly evolving, and that the guidance provided and examples included should be iteratively modified and updated to keep abreast of new evidence and developments.

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<b>ADHD</b>	Attention-Deficit Hyperactivity Disorder
<b>ASD</b>	Autism Spectrum Disorder
<b>CBO</b>	Community-Based Organization
<b>CEC</b>	Community Education Committee
<b>CFM</b>	Child Functioning Module
<b>CFSS</b>	Child Friendly Spaces and Schools
<b>CRC</b>	Convention on the Rights of the Child
<b>CRPD</b>	Convention of the Rights of Persons with Disabilities
<b>EiE</b>	Education in Emergencies
<b>FCDO</b>	Foreign Commonwealth and Development Office
<b>GBV</b>	Gender-Based Violence
<b>HI</b>	Humanity & Inclusion (formerly Handicap International)
<b>IEP</b>	Individualized Education Program
<b>IEWG</b>	Inclusive Education Working Group
<b>IMP</b>	Information Management Package
<b>INEE</b>	Inter-agency Network for Education in Emergencies
<b>MHH</b>	Menstrual Health Hygiene
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>MS</b>	Minimum Standards
<b>NFE</b>	Non-Formal Education
<b>NGO</b>	Non-Governmental Organization
<b>OPDs</b>	Organization of Persons with Disabilities
<b>SDGs</b>	Sustainable Development Goals
<b>TLM</b>	Teaching and Learning Materials
<b>TVET</b>	Technical and Vocational Education and Training
<b>UDL</b>	Universal Design for Learning
<b>UNHCR</b>	United Nations High Commission for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United State Agency for International Development
<b>WASH</b>	Water, Sanitation, and Hygiene
<b>WGQs</b>	Washington Group Questions
<b>WG-SS</b>	Washington Group Questions Short Set

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# EXECUTIVE SUMMARY

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## INTRODUCTION

This report defines and clarifies key concepts and terminology for disability-inclusive education in emergencies (EiE) and provides seven guiding principles. It is meant to be used as a companion piece to the INEE Minimum Standards, and to support stakeholders' efforts to be more intentional in their design, implementation, monitoring, and evaluation of disability-inclusive EiE interventions. Although the principles address disability inclusion in education, many also are relevant for supporting the education of other marginalized or vulnerable learners in emergency settings, including girls, refugee and displaced learners, and ethnic and linguistic minorities.

## METHODOLOGY

This report was developed collaboratively by the Inter-agency Network for Education in Emergencies (INEE) Secretariat and the INEE Inclusive Education Working Group. Several rounds of review and consultation were conducted with diverse stakeholders who work with learners with disabilities in different EiE settings and geographic contexts, including organizations of persons with disabilities (OPDs). Using an online survey in Arabic, English, French, Portuguese, and Spanish, a mapping of disability-inclusive education approaches was conducted, along with an open call for examples of these approaches. A total of 190 approaches, including policies, projects, programs, and other interventions, were mapped and coded using a framework that was also developed collaboratively. These approaches—and their evidence of impact, reach, scalability, cost-effectiveness, and sustainability—informed the development of the seven guiding principles for disability-inclusive EiE.

## APPROACHES TO DISABILITY-INCLUSIVE EIE

The mapping of disability-inclusive EiE approaches identified several key design components of disability-inclusive EiE interventions, as well as several gaps in the evidence that hamper our knowledge of what makes disability-inclusive EiE interventions most effective, scalable, and sustainable.

The most common design components of the interventions mapped included a focus on:

- Equipping teachers with the skills and knowledge to support learners with disabilities in their immediate teaching and learning environments (57% of the approaches)
- The vital role the government plays in supporting disability-inclusive education initiatives (52%) and how critical it is to engage and collaborate with national or subnational authorities to ensure coordination and accountability across actors, and to create an enabling policy environment that supports disability inclusion in emergency preparedness, response, and recovery
- The importance of the roles played by community members, especially families (49%), and of helping parents gain the information, skills, and attitudes they need to support their children with disabilities
- Providing accessible teaching and learning materials (38%), accessible infrastructure (35%), and modifications—including reasonable accommodations—of the curriculum (24%)
- The identification, referral, and/or assessment of learners with disabilities in EiE settings (26%)
- The importance of providing inclusive health and nutrition services (30%) and ensuring the provision of safe and inclusive child protection services, such as mental health and psychosocial support (26%)

The mapping also highlighted several gaps in the evidence, which indicated a need for:

- Documentation of the role played by civil society in disability-inclusive education initiatives, particularly the role of OPDs (19%)
- More research and evidence from diverse EiE settings, including non-formal education settings (15%), and/or programs supporting learners with disabilities at the post-secondary or technical and vocational education and training levels (12%), and—albeit to a lesser extent—the early childhood level (20%)
- More exploration of age-specific approaches (8%), especially, for adolescents with disabilities
- A greater focus on gender-responsive or gender-transformative programming (14%) to address, for example, gender stereotypes and gender-based violence
- Further evidence on the use of universal design principles and their impact (9%), especially in relation to assessment, which was addressed in only 1 of the 190 approaches coded
- The integration of safe, accessible, and affordable transportation (9%) and inclusive financing (14%) in the education programs
- Emergency preparedness, response, and recovery information that is accessible for persons with disabilities (15%)
- Exploration of the use of disability-inclusive distance education (remote or in person) to support learners with disabilities when schools are closed (15%)
- Strengthening of disability-disaggregated data collection and use, including monitoring and evaluation tools and processes (17%) that measure and document the impact and sustainability of disability-inclusive EiE interventions

To address some of these needs, and to advance the disability-inclusive EiE agenda, the following section presents seven guiding principles to support diverse stakeholders working in EiE settings.

## PRINCIPLES OF DISABILITY-INCLUSIVE EIE

These seven guiding principles, which are based on international evidence and best practices, were designed collaboratively with diverse EiE stakeholders. However, they are not meant to be a prescriptive set of rules. Like the INEE Minimum Standards, they should first be trialed and tested, and then iteratively adapted, contextualized, and localized as needed to fit the cultures and contexts of the communities in which learners with disabilities live and learn. The seven guiding principles for disability-inclusive EiE are as follows:

1. **Encourage local ownership** of inclusive education efforts by meaningfully engaging communities in education efforts, OPDs in particular.
2. **Strengthen disability data collection tools and processes** to enable more informed decision-making across all phases of an emergency.
3. **Support early interventions** for learners with disabilities and ensure that they have access to basic services, including assistive devices and technologies, and specialized services.
4. **Remove barriers to education access and participation** for learners with disabilities, and create safe and inclusive teaching and learning environments.
5. **Provide reasonable accommodations** in the curriculum, instruction, and assessment, and create accessible and inclusive teaching and learning materials (TLM).
6. **Support the wellbeing and motivation of teachers**, including those with disabilities, and help them meet their learners' diverse needs.
7. **Use a rights-based approach** to disability-inclusive EiE and mainstream disability-inclusion into organizational and institutional culture.

Each principle is presented below along with a summary box that contains a list of bullet points to consider in conjunction with the INEE Minimum Standards. Examples from the disability-inclusive EiE approaches mapping conducted during the development of this report are also included to illustrate how the principle is operationalized in diverse EiE contexts and geographic settings, and for different target groups and learners with diverse disabilities.

## CONCLUSION

This report presents seven guiding principles for disability-inclusive EiE. The principles emerged from the mapping of 190 disability-inclusive EiE approaches and are designed to build on the INEE Minimum Standards. Future efforts should explore the process of localizing and adapting these principles across diverse EiE settings. This report also identifies several evidence gaps in disability-inclusive EiE interventions, particularly in relation to adapted assessment tools and processes and inclusive financing. The limited research and evidence on how to improve learning outcomes for children and youth with disabilities in EiE settings impedes progress toward developing more inclusive and equitable education systems and societies. Therefore, there is an urgent need to improve the monitoring and evaluation of disability-inclusive EiE approaches in order to understand more fully what practices and design components lead to the most effective, impactful, scalable, cost-effective, and sustainable disability-inclusive EiE programming.



Safe and healing space for children and mothers who have fled the war in Ukraine in Bulgaria.  
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# 1. INTRODUCTION

Every person has the right to access quality education. Education is a basic human right that should be guaranteed to all children and youth, regardless of their social status, gender, age, ethnicity, race, religion, or disability. However, this right is not always realized, especially during emergencies and in crisis-affected contexts, where children and youth face multiple challenges in accessing education opportunities, due to disrupted schooling, lack of resources, political, social, and economic fragility, displacement, and more. Learners in contexts of emergency or crises have diverse educational needs. They face unique risks, not only to their education but to their overall well-being, due to their gender, age, disability, citizenship/refugee status, ethnicity, language, and other characteristics.

## Quality Education

Understanding of what “quality” means may vary between contexts, and different actors may have their own definitions. Broadly, quality education encompasses seven characteristics.

1. **Rights-based:** Quality education is accessible, equitable, protective, participatory, non-discriminatory, and inclusive of all people.
2. **Contextualized and relevant:** Education systems address the needs of the learners by using culturally and linguistically relevant learning materials.
3. **Holistic development of learners:** Quality education promotes cognitive development, social and emotional skills, mental health and psychosocial wellbeing, values of responsible citizenship, economic sustainability, and peacebuilding.
4. **Teaching and learning:** Teachers receive adequate compensation and relevant training so that they understand pedagogic content and have the knowledge and skills they need to support learners’ holistic development.
5. **Enabling resources:** Quality education includes adequate and relevant resources for teaching and learning and fosters links between the resources available in the school, home, and community to improve holistic learning outcomes.
6. **Learning outcomes:** Quality education allows learners to develop the necessary knowledge, skills, and competencies to meet certification requirements, progress through the education system, and access life-long learning opportunities.
7. **Learning continuity:** Quality education provides sustained learning opportunities across the humanitarian-development-peacebuilding nexus.

## **Right to education**

International human rights law guarantees the right to education. The Universal Declaration on Human Rights, adopted in 1948, proclaims in article 26 “everyone has the right to education.” Since then, the right to education has been widely recognized and advanced by a number of international normative instruments issued by the United Nations (UN), including the International Covenant on Economic, Social and Cultural Rights (ICESCR); the Convention on the Rights of the Child (CRC); and the UNESCO Convention against Discrimination in Education. It has been reaffirmed in other treaties covering specific groups (women and girls, persons with disabilities, migrants, refugees, indigenous people, etc.) or contexts (education during armed conflicts). The 1951 Convention on the Status of Refugees, for example, guarantees a refugee’s right to education as do various instruments on behalf of internally displaced persons (the Kampala Convention and the Cartagena Agreement.) The right to education has been incorporated into various regional treaties and enshrined as a right in the vast majority of national constitutions.

Recent estimates by Education Cannot Wait (2023) suggest that 224 million young people affected by crises are in need of educational support. Given that UNICEF (2021b) estimates indicate that 1 in 10 young people have a disability, this suggests that approximately 22.4 million young persons with disabilities may be living in emergencies and crisis-affected settings.<sup>1</sup> In fact, this figure may be even higher, as children and adolescents living in situations of conflict, environmental emergencies, and political or economic instability are exposed to health and safety risks that can affect their cognitive, motor, or psychosocial development, which ultimately increases the prevalence of disability in humanitarian crises (WHO, 2011).<sup>2</sup>

Despite recent progress in providing access to equal and quality educational opportunities, young persons with disabilities still experience significantly higher rates of exclusion. Many studies have documented the challenges learners with disabilities face in contexts of conflict, crisis, and displacement, including increased risks to their mental and physical health, loss of access to assistive technologies, specialized and rehabilitation services, and a limited number of qualified and motivated teachers (e.g., Wood & Whittaker, 2022; UNICEF, 2023a; Rohwerder, 2023; INEE, 2022, 2023b). And yet, there is still a lack of expertise regarding how to address these challenges effectively and sustainably. A recent mapping of disability-inclusive education in Eastern and Southern Africa found few targeted humanitarian interventions for children and adolescents with disabilities, which indicates “a strong need to develop humanitarian organizations’ technical capacity for disability inclusion and to embed disability-inclusive principles and approaches in all humanitarian action, including preparedness, response, recovery, and resilience” (UNICEF, 2023b, p. 93).

The Inter-agency Network for Education in Emergencies (INEE) Secretariat and Inclusive Education Working Group (IEWG) have made a significant effort to promote the principles, behaviors, and actions needed to ensuring all excluded and marginalized people are included in education in emergencies (EiE). In late 2022, the IEWG supported a tool and evidence mapping that identified the lack of a shared understanding of inclusive education, most notably during emergencies and in crisis-affected countries. Building on previous work by INEE and the IEWG, this report seeks to fill that gap. It defines key terminology and concepts related to inclusive education broadly, and to disability-inclusive education in particular. It also provides a set of guiding principles to inform the work of stakeholders who support children and youth with disabilities in EiE contexts. Although the seven guiding principles address disability inclusion in education, many are also relevant to supporting the education of other marginalized or vulnerable learners in emergency settings, including girls, refugees and displaced learners, and ethnic and linguistic minorities.

1. There is limited accurate and up-to-date data on the actual number of children/adolescents with disabilities in emergency or crisis-affected contexts. The recent Education Cannot Wait (2023) report estimates that the number of learners with functional difficulties who are out of school (approximately 17% of the 72 million who are out of school, or 12.24 million). It does not, however, include estimates of the number of children with functional difficulties or disabilities attending schools in these contexts.

2. Recent country-level data suggests that, in contexts of protracted crises, the proportion of children (under age 18) with disabilities can be as high as 31%, as seen in Afghanistan (UNICEF Afghanistan, 2023)





NRC teams in Syria have installed ramps to make it easier for students with physical disabilities to access school facilities. 2021 © Tareq Mnadili, NRC

## 2. DEFINING INCLUSIVE AND DISABILITY-INCLUSIVE EiE

This section defines key terms and concepts relating to inclusive education and disability-inclusive EiE. The full definitions of all key terms and concepts can be found in the glossary of this report and in [INEE's EiE Glossary](#) which is continually updated. The purpose of the glossary is to promote a common understanding of key EiE technical terms and to support the correct and universal use of these terms.

### INCLUSIVE EiE

**Diversity** refers to difference and/or variety among a group of people in terms of ethnicity, ability/disability, gender, culture, religion, language, and other characteristics. Promoting diversity or diversity approaches necessitates responding positively to the differences between and within groups and taking a unified approach to tackling the causes and outcomes of discrimination.

**Vulnerability** is the extent to which some people may be disproportionately affected by the disruption of their physical environment and social support mechanisms following disaster or conflict. Vulnerability is specific to each person and each situation.

**Vulnerable groups** refers to segments of the population that are more susceptible to experiencing harm, discrimination, or disadvantage due to various factors such as their social, economic, geographic location, or physical circumstances. These groups may face increased risks, have limited access to resources or opportunities, and require specific support and protection to ensure their well-being and equal participation in society. Vulnerable groups can vary across different contexts, but some common examples include children, elderly, persons with disabilities, women and girls, ethnic and racial minorities, LGBTQIA+ individuals, immigrants and migrants, refugees and displaced persons etc. It is important to note that these groups are not mutually exclusive, and individuals can belong to multiple vulnerable groups simultaneously.

**A marginalized group** is a group in any given culture or context where they are at risk of being excluded and discriminated against because of their personal and group characteristics. Such groups may encounter barriers that limit their access to resources, opportunities, and decision-making processes.

**Marginalization** is a form of acute and persistent disadvantage rooted in various factors, including discrimination, prejudice, unequal power dynamics, and systemic inequalities.

**Children and adolescents at risk** are those most susceptible to harm and/or may have limited access to protection and essential services such as education, health care, water, sanitation, and hygiene (WASH), and child protection. While most children in EiE settings face at least some risks, subgroups of children may be more at risk due to their socioeconomic level, gender, ethnicity, language, displacement, citizenship status, or disability. Indeed, the children and adolescents who are most at risk in EiE settings often have intersecting vulnerabilities.

**Intersectionality** recognizes that the many elements of individual identity such as disability, gender, ethnicity, race, age, language, class or caste, citizenship status or religion are not static or one-dimensional characteristics. They are dynamic and complex. They overlap and interact in ways that affect how individuals or groups may experience marginalization or exclusion from education.

Young people are not a homogeneous group, and some may be more marginalized or vulnerable than others in EiE settings. Marginalization is a major cause of vulnerability, which can be the result of various factors, including discrimination, prejudice, unequal power dynamics, and systemic inequalities. However, not all marginalized groups are vulnerable in all contexts, and people may become vulnerable in certain contexts due to their individual characteristics, such as ethnicity, race, gender, or disability. For example, being a person with a disability, a woman or girl, a displaced person, or an ethnic minority does not make someone universally vulnerable. Rather, it is the combination of factors in a given context that can make them vulnerable.

**Inclusion** emphasizes equitable access and participation, and responds positively to the individual needs and competencies of all people. Inclusive approaches work across all sectors and the wider community to ensure that every person, irrespective of gender, language, ability, religion, nationality, or other characteristics, is supported to meaningfully participate alongside their peers.

**Inclusive education** is a process that protects the presence, participation, and achievement of all individuals in equitable learning opportunities. It ensures that education policies, practices, and facilities respect the diversity of all individuals in the education context. Exclusion from education can result from discrimination, or from a lack of support to remove barriers and avoid the use of languages, content, or teaching methods that do not benefit all learners. Persons with physical, sensory, psychosocial/ mental, and developmental disabilities are often among those most excluded from education. Inclusive education acknowledges that all individuals can learn and that everyone has unique characteristics, interests, abilities, and learning needs. Therefore, inclusive education means ensuring that the barriers to participation and learning are removed and that curricula, and teaching and learning materials are adapted, made accessible and appropriate for all learners, in all their diversity to reach their full potential. In relevant contexts, it can also be referred to as 'inclusive education in emergencies'.

**Equality** is based on treating everyone equally and ensuring that all members of a group enjoy the same inputs, outputs, or outcomes relative to their status, rights, and responsibilities.

**Equity** is rooted in the recognition that people are innately different and that each individual requires different resources and/or opportunities in keeping with their personal circumstances. Fairness and justice are achieved by systematically assessing disparities in opportunities, outcomes, and representation, and redressing those disparities through targeted actions.

Inclusive education is a process that helps overcome barriers that limit the equitable presence, participation, and achievement of some learners (UNESCO 2017). It is built on the principle of equity. Equity is often confused with equality, but the two words are not synonyms. They represent two distinct approaches to the way people are treated within society. In education, equality translates into providing the same resources and/or opportunities to everyone. The absence of inclusive processes and approaches means that the resources provided are not adapted to and do not consider the diverse identities and learning needs of young people. For example, if all learners are given the same book to read and blind learners are not given a braille copy, they are excluded from the learning activity. Equity in education can be seen, for example, in the adaptation of curricula and teaching and learning materials or in the provision of targeted support that addresses individual learners' specific needs.

A truly inclusive education system is one that considers the access and participation of all learners in all their diversity. This can be supported through the design and implementation of education policies, curricula, lesson plans, instruction, and assessment across all grades/levels, technical education and vocational training (TVET), formal education, and non-formal education (NFE).

**Access** is defined as an opportunity to enroll in, attend, and complete a formal or non-formal education program. When access is unrestricted, it means that there are no practical, financial, physical, security-related, structural, institutional, or sociocultural obstacles to prevent learners from participating in and completing an education program.

**Participation** refers to a person's involvement in and influence of processes, decisions, and activities. It is a right extended to all, and is the basis for working with communities and developing programs. No group of people should be denied the opportunity to participate because they are hard to reach or difficult to work with. That said, participation is also voluntary, and people should be invited and encouraged to participate, rather than coerced or manipulated. Participation in education may include a range of activities and approaches, starting with the removal of barriers to create a safe and inclusive environment for all learners so that their needs are met and that no child is left behind. It also means ensuring that all learners have the resources and support they need to actively engage with, analyze, or represent learning content, and to express themselves in an education setting. Active and meaningful participation in education also presumes that all learners' voices are heard and considered.

**Universal design** is the design of products, environments, programs and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. "Universal design" shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.

**Universal design for learning (UDL)** is an educational framework that recognizes that all children and adolescents learn in different ways and benefit from differentiated learning techniques in the classroom. Essentially, UDL is applied to educational practices, spaces and materials, seeking to adapt to individual differences and learning styles in flexible school environments. This approach is specially adapted to children and adolescents with different types of disabilities and facilitates their inclusion in the classroom.

Applying universal design principles in education can ensure that all learners have equitable opportunities to access, participate in, and benefit from teaching and learning processes. Universal design principles originated in architectural and infrastructural design, but today they refer more broadly to accessibility, equity, and inclusion in the design of pedagogy, curriculum, assessment, and teaching and learning materials. The principles of UDL call for teachers to provide learners with multiple means of engagement, representation, action, and expression (see Table 1 below).

**Table 1. UDL Principles: Provide multiple means of engagement, representation, and expression**

PRINCIPLE OF UDL	DESCRIPTION	GOAL
Provide multiple means of engagement	Provide multiple, flexible options that enable learners to deepen their engagement with and interest in the world around them through an array of learning activities that are accessible to learners with different abilities. This principle involves creating interesting learning opportunities that motivate and stimulate learners according to their personal backgrounds and interests.	All learners are motivated and purposeful in their actions
Provide multiple means of representation	Provide multiple, flexible presentation methods to support learners' different ways of acquiring knowledge and information. The teacher can present the learning materials, for example, through various media (visual, auditory, tactile) and provide multiple examples that can be modified to meet a range of learning needs.	All learners are knowledgeable and resourceful
Provide multiple means of action and expression	Provide multiple, flexible methods of action and expression by differentiating the ways learners can express what they know. The teacher may use strategies that allow learners to practice tasks with different levels of support and to demonstrate their knowledge and skills in diverse ways.	All learners are strategic and goal oriented

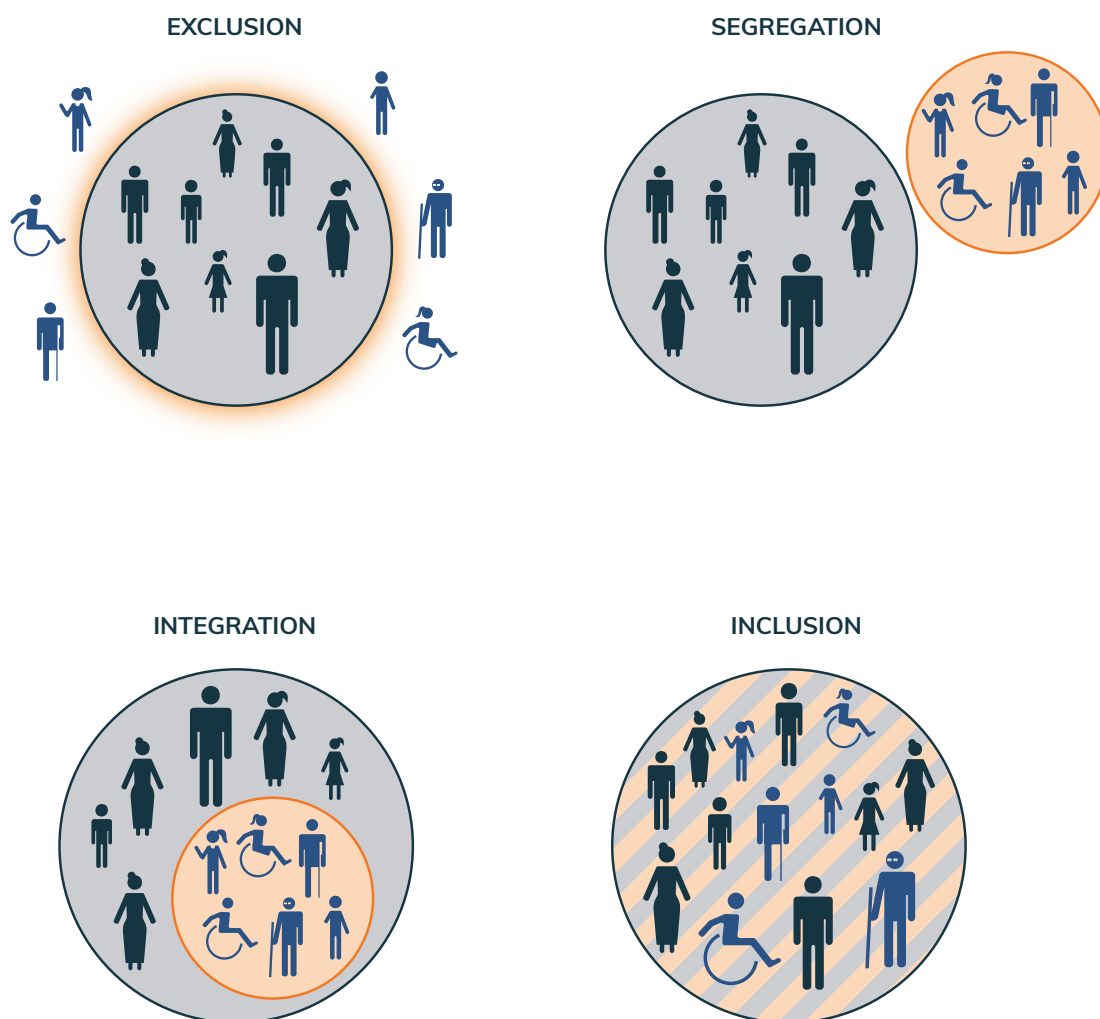
Source: Adapted from Including Disability in Education in Africa (IDEA, 2021) and CAST UDL Guidelines

Inclusive education is not the same as special education, special needs education, or integration. In an inclusive education system, diverse learners can participate alongside one another in the same classroom. Traditionally, "special education" or "special needs education" as referred to in some contexts differs from an inclusive education system (UNESCO, 2017), in that it relies on segregation or integration rather than inclusion. When special education programs take place in separate classrooms or separate schools, it creates an integrated or segregated approach to education rather than one that is truly inclusive (see Figure 1).



**Special education** is designed to facilitate the learning of individuals who, for a wide variety of reasons, require additional support and/or adaptive pedagogical methods in order to participate and meet learning objectives in an educational program. Learners in special education may follow the same or an adapted curriculum, and their individual needs are supported by targeted teaching strategies, and/or specific resources, such as specially trained personnel, specialized equipment, or learning spaces. These programs can be provided for individual learners within already existing educational programs or as separate classes within the same or separate education institutions.

**Figure 1. From Exclusion, Segregation, and Integration to Inclusion**



Source: World Bank, 2021

**Segregation** is the act by which a person separates other persons on the basis of race, color, language, religion, nationality or national or ethnic origin without an objective and reasonable justification. Within the education system, segregation refers to the operation of a school system in which learners are wholly or substantially separated among the schools on the basis of ability, race, color, sex, or national origin, or within a school on the basis of ability, race, color, or national origin. Segregation has been a common approach to disability, among others identifiers mentioned, due to a belief that children and adolescents with disabilities cannot learn alongside their peers due to their diverse needs.

In education settings, **integration** refers to the provision of education services for children and adolescents with disabilities in the same school, but in separate classrooms, or in the same classrooms on the condition that the learners with disabilities adapt to and comply with the same school norms, standards, and requirements as their peers.

Segregated systems further enforce the systematic exclusion of children and youth with disabilities and ultimately reproduce disability-related stigma and discrimination. Learners who do not behave or adapt in accordance with school demands are not able to participate meaningfully in or benefit fully from mainstream education.

It is important to recognize, therefore, that decisions about placing children and youth with disabilities in mainstream schools should not be made without considering whether they can fully participate in the classroom. The World Federation of the Deaf (2018), for example, has argued that learners with hearing disabilities must be provided with an educational environment that offers adequate access to and direct instruction in sign language and thus should not be placed in mainstream schools that cannot offer them direct instruction in sign language, including instruction from deaf teachers. The important decision of where these learners should study, in the least restrictive environment, should be made by their parents or caregiver. Education stakeholders should ensure that the families have the most accurate, unbiased, and up-to-date information on the education service providers available to them so they can make a well-informed decision on their child's behalf. The move from a segregated to an inclusive education system does not happen quickly, nor does it take place at the same pace or in the same manner in all countries. In EiE contexts, disruptions to systems and access to services may further impede or enable progress towards inclusive education (INEE, 2023a). Special education schools can also play an important role in the transformation of education systems by offering, for example, disability-inclusive education support to mainstream schools or school clusters, by providing accessible resources or additional teaching support for learners with disabilities, and providing teacher training for non-specialized teachers or other education personnel. It should be noted, however, that building additional segregated schools is not a recommended practice, as it will ultimately make it more difficult to move toward a truly inclusive education system (UNICEF, 2023b).

The **least restrictive environment** refers to educating children and adolescents with disabilities, including those in public or private institutions or other education facilities, alongside their peers without disabilities to the maximum extent appropriate. Special classes, separate schooling, or other removal of learners with disabilities from the regular educational environment should occur only when the nature or severity of a child's disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Inclusive education is an inherent right that all children and youth deserve and is a commitment enshrined in the UN Sustainable Development Goals (SDG). All 35 countries classified as fragile or conflict-affected are UN member states and thus have committed to the SDGs. SDG 4, which addresses the right to quality education for all, clearly stipulates that all UN member states should “ensure inclusive and equitable quality education and promote lifelong learning for all.” It holds governments accountable for reducing education parity indices on attendance, completion, and learning outcomes relative to gender, household location (rural vs. urban), socioeconomic level, and disability.

## DISABILITY-INCLUSIVE EIE

When discussing disability inclusion, it is important to understand how the concept of ableism has shaped the ways disability has been historically constructed and understood. The way ableist systems are designed has resulted in the reproduction of numerous barriers preventing the full inclusion of individuals with disabilities in society. This results in widespread harmful misconceptions and stereotypes and a tendency to homogenize the experiences of persons with disabilities, which leads to the unfair treatment and segregation. Viewing disability through an ableist lens leads to discrimination and to the idea that persons with disabilities are a burden because they need extra effort or accommodations to meaningfully participate in society. Ableism also affects the education sector, in particular the extent to which children and youth with disabilities are successfully included. For instance, one of children's first and most fundamental experience with their community is through education. The learning environment is where they acquire skills in social interaction, along with academic knowledge. Hence, every young person, including children and youth with disabilities, should have access to this opportunity.

**Ableism** is the unfair treatment, discrimination and social prejudice of persons with disabilities. Ableism is rooted in the assumption and belief that persons with disabilities are inferior to persons without disabilities.

Ableism is reflected in the language we use when speaking about persons with disabilities. **Box 1** provides a brief explanation of person-first and identity-first language, which are two approaches to speaking about disability that can help build our understanding of inclusion.

### Box 1. How to talk about disability: Person-first language vs. identity-first language

Language is shaped by culture, context, and individual preference. Neither person-first language nor identity-first language has been universally accepted as a way to recognize the heterogeneity of persons with disabilities and acknowledge their individual preferences,

The international literature tends to promote **person-first language**, which has been influenced by the social model of disability. Person-first language (e.g., a person with a disability instead of a disabled person) aims to move the focus from the individual and their impairment to the social barriers that prevent persons with disabilities from participating equally in life. Person-first language is "extremely important in societies, predominantly of the [Global] South, where disability continues to be highly stigmatizing" (Singal, 2010, p. 417).

**Identity-first language** is based on a different understanding of disability. It considers disability a natural human attribute that is a positive, distinctive trait, rather than a stigmatized medical condition and/or moral failing (see Ferrigon and Tucker, 2019). Identity-first language is linked to the reappropriation of an identity that has been historically constructed in negative terms. More common in literature from the Global North, identity-first language acknowledges "disability as part of what makes a person who they are" (Ladau, 2021, p. 11).

There is a fundamental need to recognize and address barriers to inclusion in order to ensure that no child is left behind. Table 2 offers an in-depth description of some attitudinal, environmental, and institutional barriers that can affect learners with disabilities in EiE settings, as well as some enablers stakeholders can use to address them.

**Barriers** are factors or obstacles in a person's environment that hamper their participation on an equal basis with others. They limit a person with disabilities' access to and inclusion in society. These barriers can take various forms, such as physical, communication, attitudinal, systemic, institutional, or environmental. If they are put in place intentionally, they may be classified as a threat, but if their occurrence is inadvertent, they may be described as a vulnerability. Barriers lead to exclusion in both cases and make it likely that persons with disabilities will face more or worse threats and be more vulnerable than others affected by a crisis.

**Enablers** are measures that remove barriers or reduce their effects, and thus improve the participation, resilience, and safety of persons with disabilities.

**Table 2. Barriers and Enablers for Disability-Inclusive EiE**

BARRIERS	ENABLERS
<p><b>Informational barriers</b> include strategies, a style of communication, or a language used that fails to make information inclusive and accessible to everyone. Access to information, especially in emergency or crisis-affected contexts, is critical to ensure the safety and wellbeing of all. Not having access to information can have a detrimental effect, especially for persons with disabilities, who are already at a disadvantage. Informational barriers also interact with other types of barriers. Attitudinal barriers, for example, may shape how we choose to communicate with others.</p> <p>Providing accessible information, such as road signs or traffic information, can mitigate the impact of environmental barriers. The same applies at the institutional level, where decisions are made to develop and disseminate information in formats that are, or are not, accessible to persons with disabilities.</p>	<ul style="list-style-type: none"> <li>• Present information in diverse modalities, including text, audio, visual, easy-read, and braille, or interpretation through sign language.</li> <li>• When sharing information, use language that is appropriate and relevant to the local context, attentive to the population targeted, and avoids discriminatory or stigmatizing terminology.</li> <li>• Train the people in charge of delivering information in disability inclusion so they know how to facilitate, rather than hamper, people's access to valuable and sometimes life-saving information.</li> <li>• If important information is not fully accessible and inclusive due to the environment, make sure solutions are in place to accommodate persons with disabilities. For example, persons with disabilities can access an information office on a third floor by using the elevator.</li> </ul>
<p><b>Attitudinal barriers</b> include personal beliefs, culture, status, and style of communication. They can present as prejudice, pity, shame, isolation, and overprotection, and as inefficient communication strategies that are influenced by the above. The negative beliefs and attitudes or stereotypes of teachers, parents, community members, decision-makers, and even young people can hamper disability inclusion in education. Inaccessible modes of communication can reproduce stereotypes and further exclude persons with disabilities. Attitudes also shape behavior, and can lead to inappropriate or discriminatory policies or classroom and teaching practices.</p>	<ul style="list-style-type: none"> <li>• Engage and work with civil society, especially OPDs to promote attitudes that foster a culture of inclusion.</li> <li>• Collaborate closely with the families of children and youth with disabilities to raise awareness about the importance of inclusion as a right.</li> <li>• Organize awareness-raising campaigns about disabilities and inclusive education in the school community.</li> <li>• Train teachers to understand and embrace inclusion and its benefits to learners with and without disabilities.</li> <li>• Organize social activities that bring together children and youth with and without disabilities, such as after school clubs, recreational activities, summer camps, etc.</li> <li>• Help build stronger support networks between teachers and parents.</li> </ul>
<p><b>Environmental barriers</b> include the natural environment, infrastructure, and other aspects of one's surroundings. In terms of the natural environment, the local terrain and climate, safety on the route to and from school, and the distance from home to school are several factors that can influence children's and youth's access to education. For instance, long distances, uneven or unsafe roads, and a lack of accessible transportation can prevent children and youth with disabilities from attending school. Infrastructural barriers refers to accessible buildings, WASH facilities, classrooms, and playgrounds. It also considers the classroom acoustics and other factors that make a school suitable and inclusive.</p>	<ul style="list-style-type: none"> <li>• When developing infrastructure, teaching and learning environments, materials, curricula, assessments, and recreational spaces, adopt universal design principles.</li> <li>• Invest more in accessible health and WASH systems and services.</li> <li>• Provide specific protection tools, resources, and services for learners in need, such as sunscreen or protective covering for albino learners.</li> <li>• Ensure that transportation vehicles and routes to and from school are safe and accessible.</li> <li>• Tailor classroom instruction and teaching-learning materials to all learners' different educational needs, including those with disabilities.</li> </ul>

## BARRIERS

**Institutional barriers** refers to policies, plans, strategies, procedures, and emergency response mechanisms that are—intentionally or unintentionally—discriminatory or unhelpful to persons with disabilities. Persons with disabilities may need additional support, including access to assistive devices and technologies. Lack of targeted funds to cover these costs can hamper their inclusion. Institutional barriers may exist when no inclusion policies are in place or where policies lack clarity. Barriers may also be caused by a lack of knowledge or by the limited capacity of government officials and other political leaders to implement such policies effectively. Institutional barriers can also exist within schools, classrooms, and organizations. Barriers may be found, for example, in institutional culture, leadership, or other areas, such as timetabling, curricula, human resources, training, assessment, etc.

## ENABLERS

- Advocate for and promote disability-inclusive policies, strategies, education sector plans, and emergency response plans.
- Revise and adapt curriculum and assessment to make them more inclusive, and adapt to diverse needs of learners.
- Employ inclusive assessment strategies, such as providing exam texts in braille, ensuring that a sign language or other type of interpreter is available when necessary, providing reasonable accommodations to ensure that every learner has the same opportunity to succeed.
- Make timetabling more flexible.
- Earmark specific budget items and funding for disability-inclusive education.
- Cover disability-related costs through disability-inclusive social protection schemes, cash transfers, stipends, scholarships, or other means.
- Review and update school policies to reflect a more inclusive approach.
- Promote more inclusive teacher training and education.

Although barriers to inclusion have largely remained the same over the decades, the shift in disability models has greatly changed the approach to disability inclusion in education and other sectors. It is important to understand disability models because they often provide the lens through which people perceive and understand disability and inclusion in their work contexts. For instance, the medical model -now criticized in the sector- justifies a segregated approach to education and promotes the institutionalization of persons with disabilities. In contrast, the social model and the rights-based model promote the more active participation of persons with disabilities in the education system, albeit with a slightly different emphasis. Both argue for the need to remove barriers in order to enable historically marginalized people to be more fully engaged and to participate equitably. This translates into a more inclusive education philosophy. The social model notes an important shift in the understanding of disability by presenting the conceptual distinction between “an impairment that people have, and the oppression which they experience ” (Shakespeare, 2002, p. 4). **Box 2** provides a short definition of the disability models mentioned.

### Box 2. Disability models: Medical, human-rights based, and social

Historically, the **medical model** of disability has predominated. This model sees a person’s impairment or health condition as “the problem” and the focus, therefore, is on “fixing” or “curing” the individual. Relying on the medical model alone is considered outmoded and even harmful.

The **human-rights-based model** acknowledges the failure to recognize the rights of persons with disabilities. It includes the barriers they face in gaining access to disaster management initiatives, which can result in further marginalization (Njelesani et al., 2012).

The **social model** of disability, endorsed by the UN CRPD, states that disability is caused by the way society is organized, rather than by a person’s impairment or difference. It looks at ways to remove barriers that restrict life choices for persons with disabilities. When these barriers are removed, persons with disabilities can become more independent and equal in society, and have choices and control over their own lives. The social model of disability is consistent with the related models of neurodiversity and inclusion.

Source: INEE, 2022

The UN CRPD states that “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” (UN, 2006, article 1). Respecting this definition, and recognizing how disability as a concept and a field has evolved over the past two decades, we propose using a similar typology, with two slight changes. First, to allow stakeholders to choose which term is most appropriate for their context and their language, we propose using “psychosocial” and/or “mental” disabilities. “Psychosocial disability” is the term preferred by international human rights actors and the disability community (WHO & OHCHR,

2022), as “mental disabilities” used in some places can be stigmatizing. We also recognize that, in the context of EiE and the humanitarian sector in particular, the terms “psychosocial” or “psychosocial support” are not always disability specific but, rather, programmatic interventions. Many children and youth, including those without disabilities, need access to psychosocial support services to protect their overall wellbeing and ultimately improve their learning experience.

Our second proposed change is to replace “intellectual” disabilities with “developmental” disabilities. The latter encompasses a wide range of impairments or difficulties, including intellectual disabilities, attention-deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), learning or print disabilities such as dyslexia, dyscalculia, or dysgraphia, and communication or language disabilities (CDC, 2022). Table 3 provides a basic explanation of these terms, along with examples of impairments or difficulties that are physical, sensory, psychosocial or mental, and developmental in nature.

**Table 3. Typology of Physical, Sensory, Psychosocial or Mental, and Developmental Disabilities<sup>3</sup>**

DISABILITY TYPE	EXPLANATION AND EXAMPLES
<b>Physical and/ or mobility</b>	A physical disability arises when a person’s mobility and/or motor functions are restricted or limited by external barriers that do not accommodate their physical or motor impairment. In emergencies and crisis-affected contexts, persons with physical disabilities can experience additional exclusion due to inaccessible social spaces, infrastructure, or transportation. Examples of impairments are spina bifida, cerebral palsy, spinal cord injuries, amputation, musculoskeletal injuries, and others. Contexts of war and conflict increase the possibility that a person acquires a physical or motor impairment.
<b>Sensory</b>	A sensory disability arises when a person with a sensory impairment encounters barriers in their environment that prevent their full access to and participation in society. A sensory impairment is one that affects one or more senses, including sight, hearing, smell, touch, taste, and spatial awareness. Sensory impairments include sensory processing disorder, blindness and low vision, deafness and loss of hearing, dual sensory loss (deafblind), and others.
<b>Psychosocial or Mental</b>	A psychosocial or mental disability—also referred to as psychiatric disability or mental health condition—arises when a person’s full access to and participation in society are hindered due to the interaction between their impairment and the barriers present in their environment. Psychosocial or mental impairment is characterized by a range of conditions that affect a person’s cognitive and emotional functioning that can lead to difficulties in thinking, learning, emotional regulation, and/or social interactions. Psychosocial or mental impairments or disorders are typically diagnosed by a clinical evaluation based on specific criteria. They can be the result of brain trauma, substance abuse, biological factors or environmental factors, and more. Emergencies and chronic toxic stress may contribute to new mental health conditions or exacerbate pre-existing conditions. These conditions include depression, post-traumatic stress disorder, bipolar disorder, obsessive compulsive disorder, dissociation and dissociative identity disorder, schizophrenia, and others.
<b>Developmental</b>	Developmental impairments refer to a group of conditions that typically manifest during early childhood and affect an individual’s cognitive functioning and skills, including conceptual, practical, social, communication, or behavioral skills. The most common causes of developmental impairments are genetic conditions, complications during pregnancy or birth, exposure to diseases such as meningitis, or extreme malnutrition. Neurodevelopmental disorders are a group of disorders that affect the development of the nervous system in ways that affect brain function. Chronic food insecurity, a lack of appropriate medical care for pregnant mothers and children, and other detrimental environmental factors in crisis-affected and emergency contexts may increase the likelihood of developmental disabilities. Examples of developmental and neurodevelopmental disabilities include persons with developmental delays, Down syndrome, cerebral palsy, ASD, ADHD, communication/language disorders, learning and/or print-disabilities such as dyslexia, dyscalculia, dysgraphia, and others.

<sup>3</sup> The categories listed in Table 3 do not replace formal, medical diagnosis. The categorizations are imperfect and have their limitations. Moreover, not all disabilities fit neatly into one of the categories.



Persons with disabilities have diverse lived experiences, needs, and priorities. The definitions in **Table 3** do not aim to homogenize people's experiences but to provide some guidance that will help the reader—particularly non-specialists in disability—understand which persons with disabilities may be particularly vulnerable in an emergency context. The type or types of disability an individual has shapes their life experiences. For instance, our literature review found that persons with a physical disability are often prioritized in EiE programming, while persons with psychosocial/mental, developmental, and neurodevelopmental disabilities—which often are less “visible”—are those most at risk of exclusion.

It is important to be aware of complex disabilities, which in some contexts are known as multiple or compound disabilities. An individual with **complex disabilities** has two or more impairments that overlap. Persons with complex disabilities are more frequently neglected and excluded from specialized and rehabilitation services, especially in humanitarian contexts, due to their unique functional, cognitive, and behavioral experiences. Disability can also intersect with other marginalizing characteristics, such as gender, ethnicity, language, displacement, or citizenship/refugee status. Disability-inclusive EiE, therefore, must consider persons with disabilities a heterogeneous group for whom relevant solutions must be put in place in keeping with the type and severity (mild, moderate, or severe) of each individual's disability, along with other aspects of their identity.

The **Washington Group Questions** (WGQs) on functioning are a set of tools designed to collect disability-related data that is internationally comparable. The WGQs are designed to gather information on an individual's ability or challenge to perform basic activities. The questions are used to assess any “functional difficulties” against several age-specific measures, such as seeing, hearing, mobility, cognition, self-care, and communication. The WGQ Short Set on Functioning (WG-SS) focuses only on these six domains. It was designed to be brief so it can be easily incorporated into government surveys or a census. Although it is now used by diverse stakeholders, the WG-SS was found to have several shortcomings. For example, it does not apply to children under age five, and it sometimes misses many children over age five who have developmental disabilities. In response to this, the Washington Group, in partnership with UNICEF, developed the Child Functioning Module (CFM). Two versions of the CFM were created, one for children ages 2-4 years and one for children ages 5-17. Both tools were designed to be administered to the children's primary caregivers. The WGQs can “be used as a screen for referral to a more detailed assessment that can inform service delivery, but by themselves, they cannot and should not be used for assessment at the individual level” (Washington Group on Disability Statistics, 2020, p. 7). The WG-SS and CFM are important tools, especially in EiE contexts: they are concise and practical and they can be used by non-specialists to conduct an initial screening or to collect disability data at different points in the program cycle.

**Disability-inclusive education** means ensuring that informational, environmental, physical, attitudinal, and financial barriers do not inhibit learners with disabilities from participating in education. Achieving quality disability-inclusive education in emergency and crisis-affected contexts depends on:

- Requiring all schools and facilities to meet minimum standards of accessibility, including in emergency settings
- Investing in teacher training that will equip all teachers to respond to diversity in the classroom and disability inclusion in particular
- Ensuring that teaching and learning materials/resources are available in accessible formats and are easily adaptable for specific types of disabilities
- Investing in assistive technology and devices for children with disabilities
- Ensuring the involvement of Organizations of Persons with Disabilities in education planning and monitoring

The **twin-track approach** in inclusive education involves making system-level changes that enable all learners to be included in the mainstream classroom and providing specific adaptations and support to meet the needs of individual learners. This approach, which is recognized by the United Nations Convention on the Rights to Persons with Disabilities (UNCRPD), requires a commitment to the universal design of inclusive systems that remove all barriers (e.g., discriminatory laws or policies, inaccessible infrastructure, or financial) and reasonable accommodation for individual needs.

Figure 2. Twin-Track Approach to Disability Inclusion (UNICEF, 2023d)



Disability-inclusive education often requires supporting a twin track approach to programming (see Figure 2). The first requires actively addressing barriers - both visible and invisible - that prevent learners with disabilities from participating in the same opportunities as their peers without disabilities. The second acknowledges the need for additional accommodations, specialized services (**Box 3**), financial resources, or other materials.

### Box 3. Examples of services that can target persons with disabilities

- Early identification of and early intervention programs for children with disabilities
- Assistive devices and technologies
- Specific rehabilitation interventions and support for families of learners with disabilities
- Personal assistants and caregivers
- Targeted pedagogic support to facilitate access to and participation in quality education
- Hiring experts or making referrals to speech and language therapists, psychologists, special educators, etc.
- Adapting lessons, curriculum, or assessment tools and administration processes for children with disabilities
- Providing financial support for transportation or additional health care for families who have a child with a disability
- Organizing peer-to-peer support or self-help groups that offer coping strategies and help to empower children with disabilities

Source: Adapted from *Christian Blind Mission (n.d.)*





Greece. 2017. © Bastian Seelhofer, Be Aware and Share, NRC

## 3. METHODOLOGY

The principles presented in this report are grounded in evidence and informed by a comprehensive mapping of approaches to disability-inclusive EiE. The researchers reviewed the gray and academic literature, including anything that addressed disability inclusion, education, and emergency settings (see Figure 3). This included education in formal or non-formal settings, as well as school-based health, WASH, nutrition, protection, or mental health and psychosocial support (MHPSS) efforts, which global evidence suggests can help to improve educational outcomes for learners with disabilities in fragile and conflict-affected settings (e.g., Burde et al., 2022). The consultants also mapped the inclusive education resources available on the INEE website, as well as the work of UNICEF and the World Bank. All countries classified by the World Bank as fragile and conflict-affected as of April 2023 were included in the mapping.<sup>4</sup> These countries were also mapped using [UNESCO's Profiles Enhancing Education Reviews \(PEER\)](#) for inclusion.

**Figure 3. Disability-inclusive Education in Emergencies**



<sup>4</sup> Conflict-affected countries include Afghanistan, Burkina Faso, Cameroon, Central African Republic, Democratic Republic of Congo, Ethiopia, Iraq, Mali, Mozambique, Myanmar, Niger, Nigeria, Somalia, South Sudan, Syrian Arab Republic, Ukraine, and Yemen. Countries affected by institutional and social fragility include Burundi, Chad, Comoros, Congo, Eritrea, Guinea-Bissau, Haiti, Kosovo, Lebanon, Libya, Marshall Islands, Federal States of Micronesia, Papua New Guinea, Solomon Islands, Sudan, Timor-Leste, Tuvalu, Venezuela, West Bank and Gaza, and Zimbabwe.

Finally, the consultants released an online survey that was circulated via social media and shared with various disability-focused institutions and organizations. The survey was part of a call for further evidence and examples of disability-inclusive education projects, programs, policies, or interventions. This call was available in English, Spanish, Arabic, French, and Portuguese. A total of 45 responses were collected in just two weeks, including four in Arabic, one in French, and one in Spanish. The survey respondents, who were working with diverse types of public and private organizations, represented projects in 11 regions and 28 countries (including one project in the Latin America and Caribbean region, and one with global programs). Of the 45 respondents, 7 identified as having a disability and 7 preferred not to answer the question (see [Appendix A](#) for a full summary of the survey sample). The survey also captured respondents' insights, lessons learned, or "promising practices", many of which have been integrated into this report. All contributions from survey respondents were verified with the respondents themselves to ensure their accuracy and address any issues of confidentiality. Additional examples (approximately 4) were received by email and coded with the literature collected during the desk-based research.

The survey responses and desk-based research together identified 190 approaches to disability-inclusive EiE. These approaches were mapped into an Excel database using a coding framework that was designed in consultation with INEE, including members of the IEWG. This coding framework captured key elements of the interventions, including characteristics of the target learners (e.g., type of disability, gender, grade level), whether the project was in a formal or non-formal setting, the type and phase of the emergency in which it occurred, and the design components, such as capacity-strengthening for teachers, the use of universal design, infrastructure, assistive devices and technologies, and engagement with OPDs (see [Appendix B](#) for the entire coding framework). Evidence on scale, impact, and sustainability also were collected, although this was observed as a major gap in the literature. The full database of coded approaches can be downloaded [here](#).

This report synthesizes the evidence and insights collected from the 190 approaches. It draws from two main examples: (1) approaches from the literature that provide evidence of scale, impact, or sustainability; and (2) survey responses that provide insights and recommendations from practice. This methodology encourages participation and co-creation, and has helped make this report a collaborative effort by INEE, including the IEWG, the research team, and the diverse education actors working in humanitarian settings.



School supplies for a grade one class are laid out on a table at a pimray school in Puok District in Siem Reap, Cambodia.  
2022 © GPE, Roun Ry

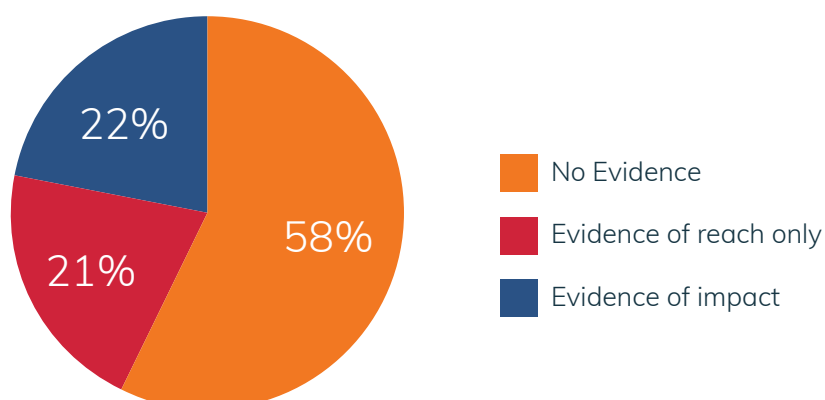
## 4. APPROACHES TO DISABILITY INCLUSION IN EIE SETTINGS

This section presents the quantifiable results of the literature review, including a synthesis of the 190 coded approaches. This includes the types of learners and disabilities targeted, the geographic locations and emergency contexts covered, the most common design elements of the various projects, policies, and interventions, the evidence gaps, and, finally, the overall strength of the evidence.

### EVIDENCE OF SCALE, IMPACT, AND SUSTAINABILITY

Evidence of scale, impact, and sustainability was lacking in the literature reviewed. As Figure 4 demonstrates, of the 190 disability-inclusive EiE approaches coded, only 41 (22%) provided some evidence of impact. Evidence of impact was determined by any observable or measurable change or improvement resulting from an intervention. This included quantitative evidence of increased enrollment or improved learning outcomes (as seen in 12 approaches), but it more often included anecdotal evidence of transformational change among learners with disabilities or the wider community (in 19 approaches). In other words, there is not only limited data but a lack of rigorous evaluations of disability-inclusive EiE approaches. The lack of reliable evidence and data on the impact of interventions will hamper the design and development of future relevant disability-inclusive interventions. Additionally, just 39 of the 190 approaches (21%) provided evidence of reach, which is the number of young persons with disabilities receiving assistive devices, the number of learners with disabilities participating in an education project, and the number of teachers trained in disability-inclusive pedagogies.

Figure 4. Evidence



More than half (110) of the disability-inclusive EiE approaches did not provide any evidence of scale, impact, or sustainability. However, the literature review, and the survey in particular, captured projects and programs that were still in their early stages of implementation, so evaluation plans may have been in place but not yet been conducted. One bright spot is that the survey did identify evaluations and further evidence not located by the online literature review. This reaffirms that disability-inclusive EiE stakeholders are willing and able to share data and evidence when given the space or opportunity. It also points out the need to create such spaces and opportunities in order to encourage knowledge-sharing and collaboration within the disability-inclusive EiE community.

Several additional evidence gaps should be noted. For example, only a limited number of approaches reported on financial details or the cost-effectiveness of their approaches, and few studies were longitudinal or provided data for more than one or two years of implementation. This hinders our understanding of which disability-inclusive EiE approaches are most sustainable over time.

## EMERGENCY AND CRISIS-AFFECTED CONTEXTS

The disability-inclusive EiE approaches coded cover diverse contexts and types of emergencies. More than half (51%) took place in a conflict-affected area, 41% took place during an economic crisis, 37% were in politically fragile settings, and 22% were in places affected by health emergencies, including the lower- and middle-income countries affected by the COVID-19 pandemic.<sup>5</sup> A notable gap is seen in the number of disability-inclusive EiE approaches that took place in contexts of environmental emergencies (only 22 of 190, less than 12%). In 14 of the 190 approaches reviewed (7%), details of the emergency context either were not stated or were unclear from the context provided in the literature. This data is presented in **Figure 5**. Importantly, the data also points to the fact that many of the disability-inclusive education interventions took place in contexts with overlapping and compounded crises, including an economic and a political crisis, and a health emergency in the midst of a conflict.

**Figure 5. Type of Emergency**

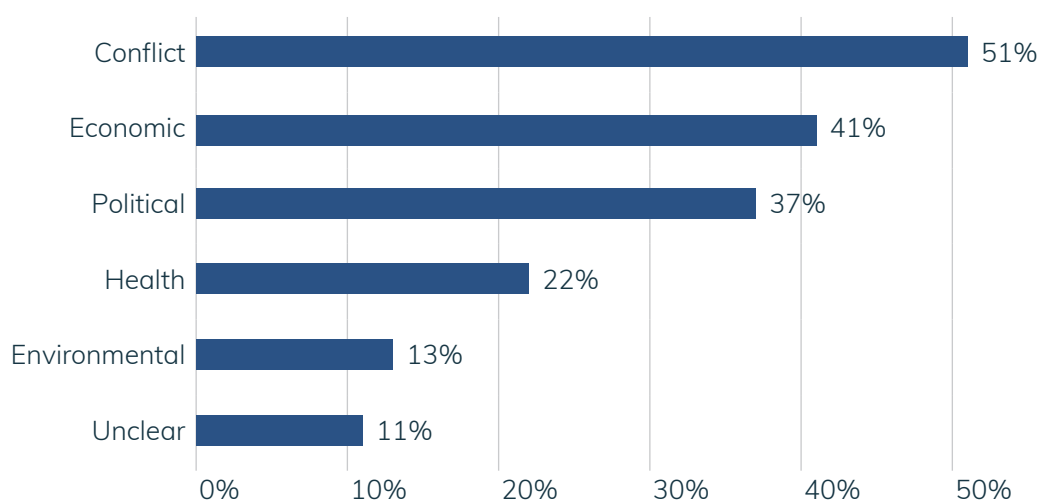
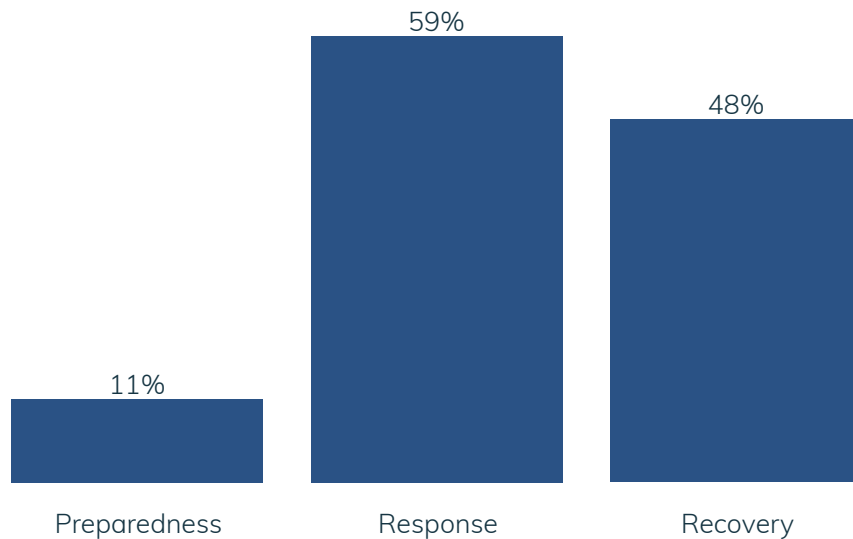


Figure 6 illustrates what phase of an emergency—preparedness, response, or recovery—the approaches took place in across contexts. While most disability-inclusive EiE approaches were either a direct response to an emergency (59%) or took place during longer-term recovery efforts (48%), only 11% (about 1 in 10) were designed to prepare for a crisis proactively. This suggests an important gap in the approaches, as more disability-inclusive EiE related efforts, resources, and coordination should focus on ensuring that systems and individuals have the necessary skills, tools, and policies in place before a humanitarian crisis strikes so that, if an emergency arises, they will be able to respond adequately to the needs of children and youth, including those with disabilities.

<sup>5</sup> Importantly, this mapping did not include disability-inclusive COVID-19-related education response or recovery efforts in high-income countries. This decision was to ensure the relevance of the findings for the wider INEE community working in emergency contexts.

Figure 6. Emergency Phase



## COUNTRY AND REGIONAL REPRESENTATION

The 190 disability-inclusive EiE approaches spanned 82 countries and all world regions, except North America. This lack of approaches was likely due to the design of the research, as the review did not include disability-inclusive approaches in higher-income countries that had not experienced emergencies other than the COVID-19 crisis. The most disability-inclusive EiE approaches were reported in **Bangladesh** (15 approaches), which may not be surprising, given that the world's largest refugee camp, Cox's Bazar, is located in Bangladesh and currently is home to more than 900,000 Rohingya refugees (UNHCR, 2022). Bangladesh is followed by **Kenya** (11 approaches), **Uganda** (10), **Jordan** (9), **Nepal** (8), **Lebanon** (7), and **Rwanda** (7). Six approaches each were found in **Chad, Indonesia, Pakistan, Syria, and Tanzania**; five in **Ethiopia, India, Mozambique, and Palestine** (including the **West Bank and Gaza**); and four in **Somalia** and **Yemen** (see [Appendix C](#) for a full list of countries). Aligned with these findings is the fact that representation was highest in East Africa (53 approaches), South Asia (49), and the Middle East (37). Following far behind these regions were Oceania (14), Central Africa (12), and Southern Africa (11). All other regions had fewer than nine approaches each. It will be important for future mappings of disability-inclusive EiE approaches to include non-English literature, and to ensure that all evidence is being accounted for, including the Hispanophone and Lusophone countries of Latin America and the Caribbean, and the Francophone and Arabic-speaking countries in Africa and the Middle East.<sup>6</sup>

## TYPE OF DISABILITY OF TARGETED LEARNERS

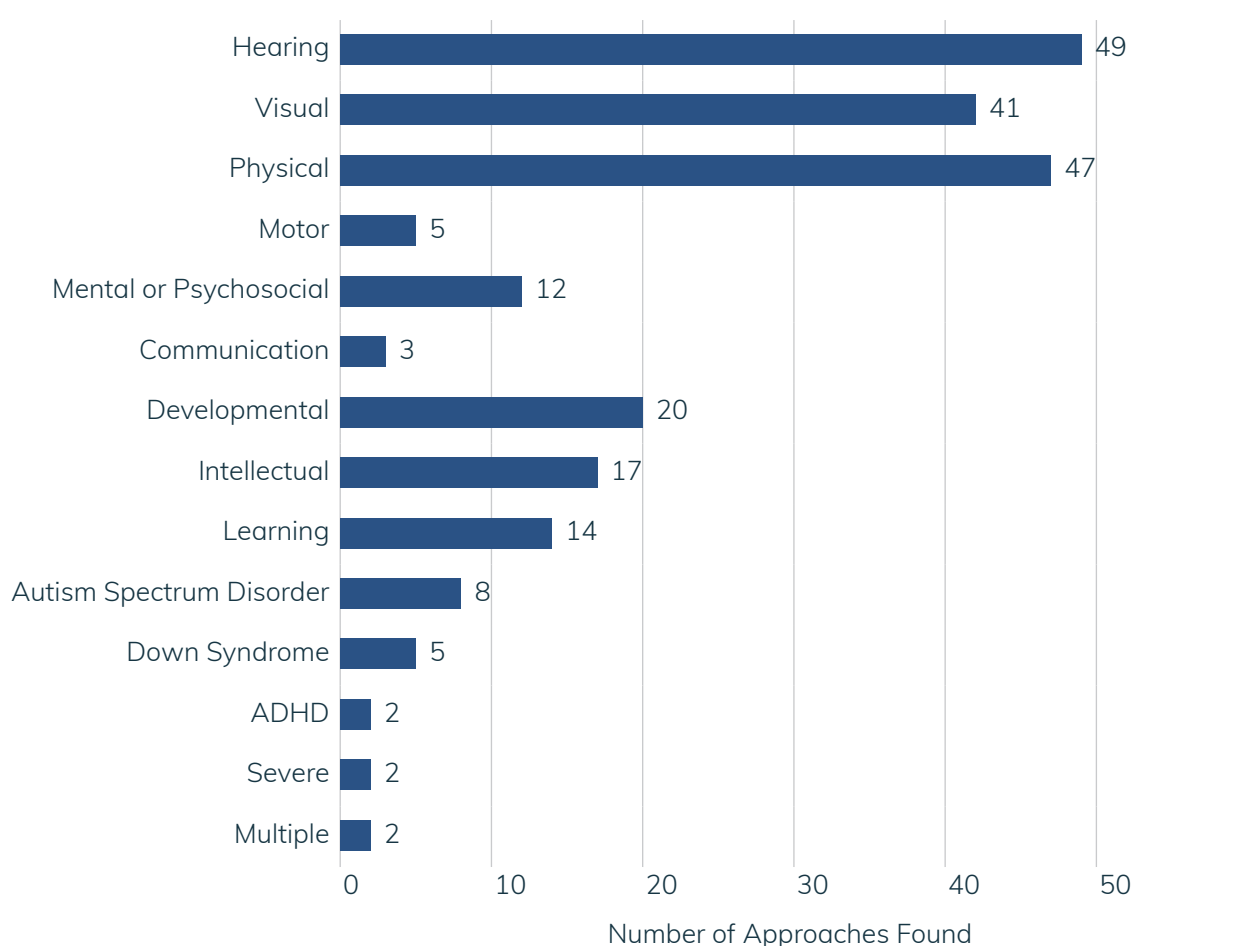
The coding framework helped capture the language used to describe the types of disabilities targeted in the literature and survey responses. UNESCO PEERs were not included in this coding category, so the results presented in this section are from just 170 coded approaches. Of the 170, more than one-third (34%) did not specify what types of learners with disabilities the program was targeting, and another 6% reported that the approach was designed to support learners with "all" types of disabilities.

**Figure 7** illustrates the types of disabilities targeted by the 170 disability-inclusive EiE approaches reviewed. As expected, learners with physical and sensory impairments were among those most often targeted: 49 approaches addressed learners who were deaf or hard of hearing, 47 targeted learners with physical disabilities, and 41 addressed learners who are blind or have low vision. Only five approaches looked specifically at motor disabilities.

<sup>6</sup> "Lusophone" refers to countries where Portuguese is spoken.



**Figure 7. Types of Disabilities Targeted**



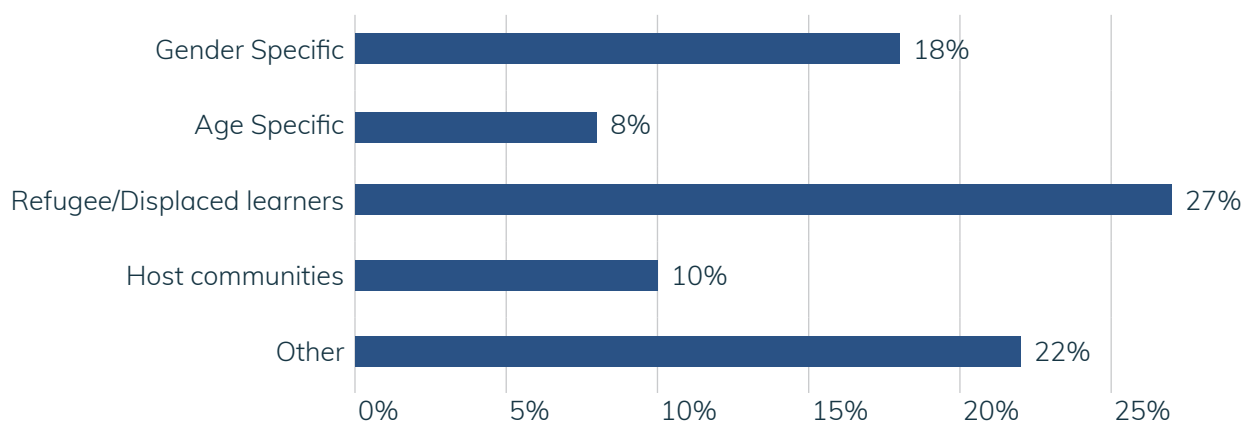
After physical and sensory impairments, learners with developmental disabilities were the next largest category covered. Still, only 20 of the 170 approaches (12%) targeted learners with developmental disabilities. This included explicit mention of 17 approaches for learners with intellectual disabilities, 14 with learning disabilities such as dyslexia or dyscalculia, 5 with Down syndrome, and 2 for learners with ADHD.

Several gaps are observed in the findings as shown in **Figure 7**. For example, only 12 approaches addressed learners with mental health or psychosocial disabilities such as post-traumatic stress disorder, which is critical for learners in EiE settings, and only three addressed learners with communication disabilities. Two other noticeable gaps are the fact that only two approaches explicitly mentioned supporting learners with “severe” disabilities, and only two explicitly addressed learners with “multiple” disabilities. This finding points to an urgent need to increase support for learners with disabilities, in particular efforts to support the most marginalized and excluded learners. The exclusion of children and youth with severe disabilities can reproduce the same stigmatizing and ableist attitudes found in the broader society.

## INTERSECTIONALITY OF TARGET LEARNERS

Intersectionality, as defined in the introduction of this report, refers to how disability intersects with other characteristics to shape the experiences of children and youth with disabilities who are living in emergency settings. The coding framework captured whether the 190 disability-inclusive EiE approaches addressed these other aspects of the targeted learners' identities with, for example, gender- or age-specific programming, or special considerations made for refugees and displaced learners or those living in host communities. The results indicated that fewer than 1 in 5 approaches (18%) were gender specific. They most often addressed the needs of girls with disabilities in EiE settings, due to their increased risk and vulnerability. Fewer than 1 in 10 approaches (8%) were designed for a specific age group, most often early learners but sometimes also adolescents and youth. More than one-quarter (27%) of all approaches addressed the needs of displaced learners, especially refugees, with disabilities; however, only 10% addressed learners with disabilities who are living in host communities. Our review also found that nearly one-quarter (22%) of the approaches were designed to address “other” characteristics, such as urban/rural households or socioeconomic level. Some approaches did not address any of these intersecting elements and some addressed multiple elements, which is why the numbers in **Figure 8** do not add up to 100%.

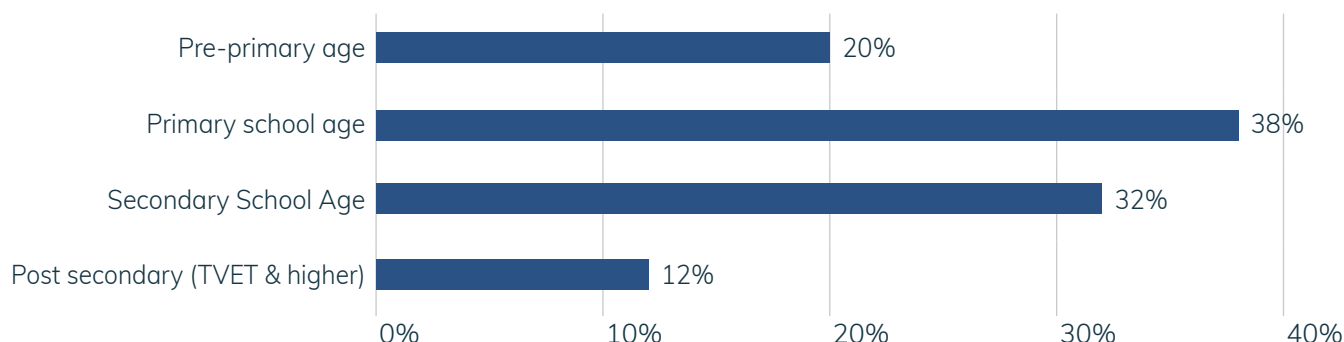
**Figure 8. Intersectionality of Target Learners**



## AGE OR EDUCATION LEVEL OF TARGETED LEARNERS

The 190 approaches targeted learners of different ages and/or grades. The most common were approaches targeting learners of primary school age (38%) and secondary school age (32%). Only 1 in 5 (20%) approaches targeted learners at the pre-primary level, including early childhood care, development, and education, and only 12% targeted learners at the post-secondary level, including higher education and formal or non-formal TVET. Importantly, several approaches addressed multiple education levels and/or age groups, which is why the numbers in **Figure 9** add up to more than 100%. Some of the literature reviewed did not specify the grade level or education setting.

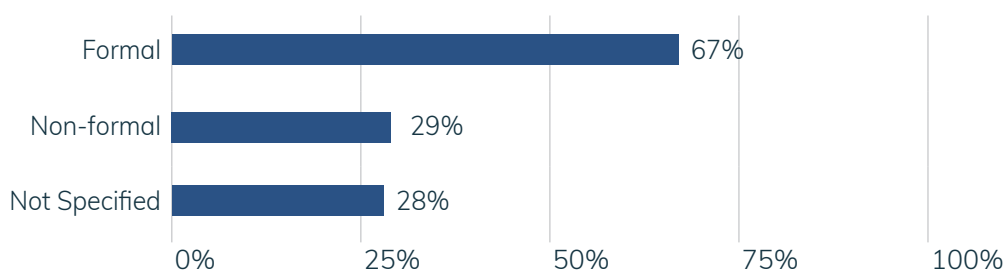
**Figure 9. Education Level / Age of Learners**



## EDUCATION SETTINGS

The approaches analyzed took place in both formal and non-formal education settings. More than two-thirds (67%) of the disability-inclusive EiE approaches analyzed took place in formal education settings, primarily public government schools; this included in-person and remote teaching and learning environments. Only 29% took place in NFE settings, such as alternative education programs or accelerated basic education programs. Some education programs were provided in refugee camps and settlements by international, regional, and national non-governmental organizations (NGOs). Some approaches (28%) did not provide enough information to determine what type of setting the intervention took place in, and some approaches took place in multiple settings, including both formal and non-formal education environments, which is why the numbers in **Figure 10** do not add up to 100%.

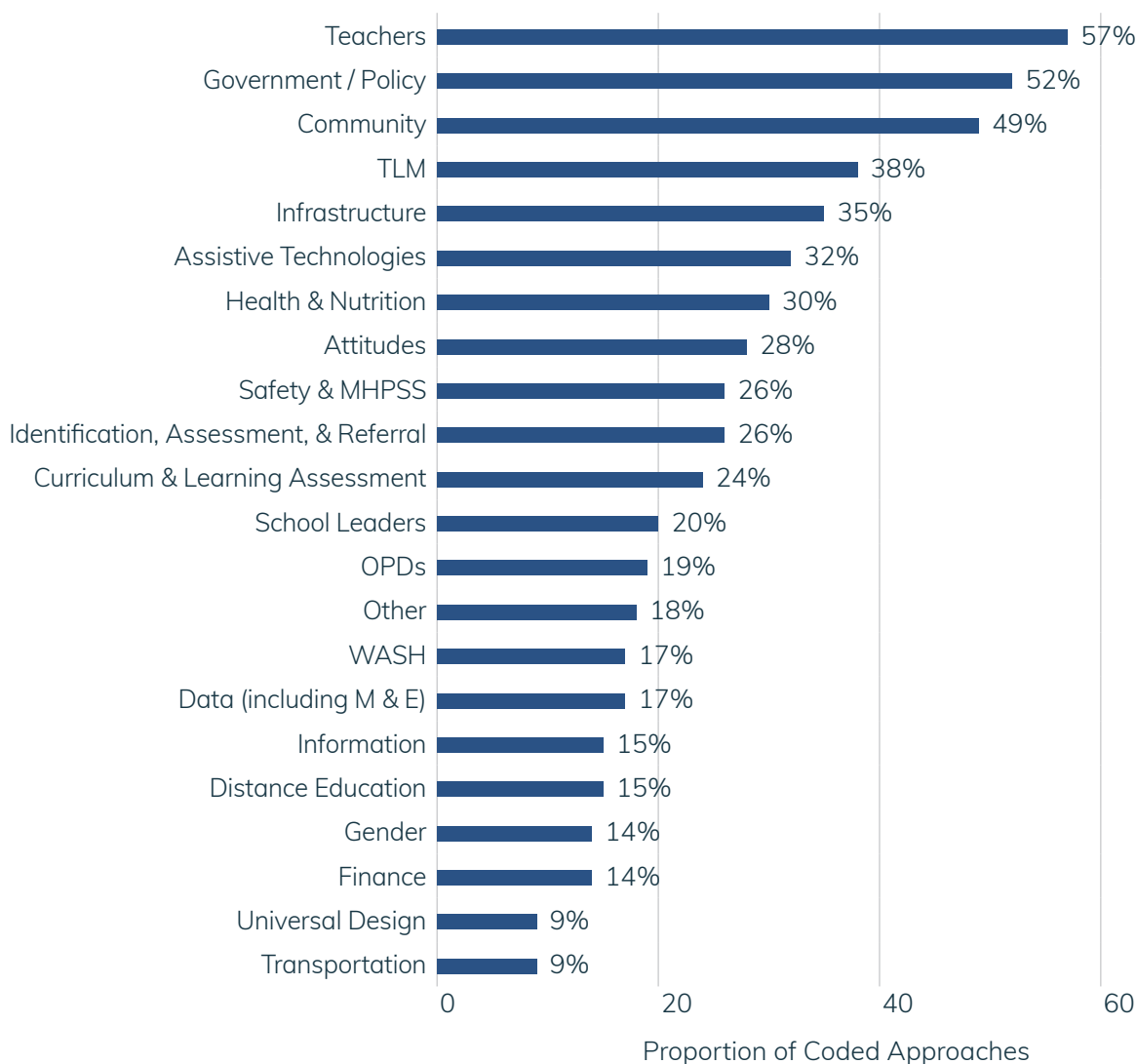
**Figure 10. Education Setting**



## DESIGN ELEMENTS

The coding framework captured various design elements for each disability-inclusive EiE approach. This included key actors (e.g., teachers, governments, community members, school leaders, and OPDs) and key activities (e.g., adaptation of the curriculum and TLM, provision of assistive devices and technologies, integration of the health, child protection, MHPSS, and WASH sectors). **Figure 11** illustrates the most common design components of the disability-inclusive EiE approaches collected.

**Figure 11. Design Components of Disability-Inclusive EiE Approaches**





Teachers were mentioned most frequently in the 190 disability-inclusive EiE approaches: 57% involved teachers in some way, usually through developing or implementing training and capacity-strengthening for in-service teachers, but sometimes also for pre-service teachers. This was followed closely by the role of the government or policy-level factors, such as education sector or emergency response planning and broader coordination or accountability efforts, which appeared in 52% of the disability-inclusive EiE approaches reviewed. Community members, including parents/caregivers and families, appeared in 49% of the approaches. School leaders and OPDs only appeared in 20% and 19% of the approaches, respectively, which points to an important gap that must be addressed. Indeed, this finding helps reiterate the important role diverse actors play across all tiers of an education system—from national to sub-national—and the need to collaborate across service providers and beneficiaries, with civil society actors, and especially with OPDs.

The most common activities in the disability-inclusive EiE approaches included adapting TLM (38%), constructing or refurbishing accessible infrastructure (35%), procuring and providing assistive devices and technologies for learners with disabilities (32%), and integrating health and nutrition activities into disability-inclusive education programming (30%). Addressing attitudinal barriers such as stigma and discrimination—for example, through awareness-raising campaigns or sensibilization workshops—was an element of programming design in 28% of the approaches reviewed. In 26%, child protection or safeguarding activities were integrated into educational programming in order to create safe teaching and learning environments, or to provide MHPSS to children and youth with disabilities. More than one-quarter (26%) of the approaches employed screening, identification, assessment, and referral processes to identify and make visible the needs of learners with disabilities in EiE settings.

Evidence gaps are particularly noticeable in the fact that less than one-quarter (24%) of the 190 disability-inclusive EiE approaches included activities related to adapting curricula or learning assessments. Only 17% focused on integrating WASH activities or constructing new WASH facilities. Of those focused on data and on strengthening data collection and analysis, 17% included monitoring and evaluation, 15% accessible information, and 15% distance or remote education. Even more noticeable gaps include the limited number (14%) of gender-specific approaches, such as those that addressed gender-based violence (GBV) or teacher training in gender-responsive pedagogies; those providing disability-inclusive financing mechanisms or stipends, scholarships, or other social protection, such as cash transfers, to learners with disabilities (14%); or those that used universal design principles (9%) and accessible transportation (9%) for learners with disabilities in EiE settings.

## SUMMARY OF KEY FINDINGS AND EVIDENCE GAPS

“Education in emergencies” is defined as quality learning opportunities for all ages in situations of crisis, along with the provision of physical, psychosocial, and cognitive protection that can sustain and save lives (INEE, 2023a). Implicit in this definition is a holistic and integrated education approach that provides protective services, such as MHPSS; that ensures that learners’ basic needs are met, such as healthcare, nutrition, WASH, and menstrual health hygiene (MHH) for adolescent girls; and that uses adapted and accessible curricula and TLM for all learners. Disability-inclusive EiE must have a similar goal specifically for learners with disabilities. It must provide reasonable accommodations in teaching and learning; adapt the curricula, instruction, and assessment and provide assistive devices and technologies; and protect the safety, health, and wellbeing of all learners. Our mapping of disability-inclusive EiE approaches identified several key design components of disability-inclusive EiE interventions, as well as several evidence gaps that hamper our understanding of what makes disability-inclusive EiE interventions most effective, scalable, and sustainable.

Some of the most common design components among the interventions mapped are:

- A focus on teachers (57%), including equipping them with the skills and knowledge to support learners with disabilities in their immediate teaching and learning environments
- The vital role the government plays (52%) and how critical it is to engage and collaborate with national or sub-national authorities, to ensure coordination and accountability across actors, and to create an enabling policy environment that supports disability inclusion in emergency preparedness, response, and recovery
- The importance of the roles community members play, especially families (49%), and of providing parents with the information, skills, and attitudes they need to support their children with disabilities
- A focus on accessible teaching and learning materials (38%), accessible infrastructure (35%), and modifications to the curriculum (24%), including reasonable accommodations
- The identification, referral, and assessment of learners with disabilities in EiE settings (26%)
- The importance of providing inclusive healthcare and nutrition services (30%) and safe and inclusive MHPSS (26%)

The mapping also highlighted several evidence gaps that suggest a need for:

- Better documentation of the role played by civil society in EiE contexts, particularly OPDs(19%)
- More research and evidence from diverse EiE settings, including NFE settings (15%), programs that support learners with disabilities at the post-secondary or TVET levels (12%), and at the early childhood level (20%)—albeit to a lesser extent
- More exploration of age-specific approaches (8%), especially for adolescents with disabilities
- More focus on gender-responsive or gender-transformative programming (14%) to address, for example, the intersection of disability- and gender-based violence or gender stereotypes in EiE
- Further evidence on the use of universal design principles and their impact (9%), especially in relation to assessment, which was addressed in only 1 of the 190 approaches coded
- Integrating of safe, accessible, and affordable transportation (9%) or inclusive financing (14%) into EiE programming
- Ensuring that emergency preparedness, response, and recovery information is accessible for persons with disabilities (15%)
- Exploring the use of disability-inclusive distance education (remote or in person) to support learners with disabilities when schools are closed (15%)
- Strengthening the collection of disability-disaggregated data, including monitoring and evaluation tools and processes (17%) that go beyond reach or scalability to measure and document the impact and sustainability of disability-inclusive EiE interventions

To meet some of these needs, and to advance the disability-inclusive EiE agenda, the following section presents seven guiding principles to support diverse stakeholders working in EiE settings.



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## 5. PRINCIPLES FOR DISABILITY-INCLUSIVE EiE

The principles presented in this report are meant to guide stakeholders working on disability-inclusive education projects in emergencies and crisis-affected contexts. They align with the 2024 edition of the INEE Minimum Standards and with other disability-inclusive education guidelines that have been developed by humanitarian and development partners, including UNICEF, USAID, and the World Bank. Like the INEE MS (2024), the principles of disability-inclusive EiE presented in this report aim to enhance the quality of educational preparedness, response, and recovery; to increase access to safe and relevant learning opportunities; and to ensure accountability in providing these services, specifically to children and youth with disabilities. This report can be used as a companion piece to the INEE MS to inform projects and efforts that aim to be more intentional in how they address disability-inclusive EiE. The seven disability-inclusive principles broadly address the following INEE MS domains:

- Domain 1, Foundational Standards for a Quality Response (Principles 1-2),
- Domain 2, Access and Learning Environment (Principles 3-4),
- Domain 3, Teaching and Learning (Principle 5),
- Domain 4, Teachers and Other Education Personnel (Principles 6), and
- Domain 5, Education Policy (Principle 7).

Like the INEE MS, these principles complement and reinforce one another. Additional resources that explain how to operationalize each of the seven principles are provided in [Appendix D](#).

Although the principles are presented to address disability inclusion in emergency or crisis-affected contexts, several also include guidance for supporting the education of other marginalized and vulnerable learners in emergency and crisis-affected contexts, including girls, refugees and displaced children, and ethnic and linguistic minorities. **Table 4** provides a snapshot of each principle in relation to the approaches collected and coded.

**Table 4. Summary of Disability-Inclusive EiE Principles in Relation to the Coded Literature**

<b>1. Encourage local ownership of inclusive education efforts by meaningfully engaging communities in Education, OPDs in particular.</b>	Nearly half (49%) of all 190 approaches engaged families and/or communities, while approximately just 1 in 5 (19%) engaged OPDs. Disability-inclusive EiE is more effective and sustainable when led by communities, families, and OPDs. This is an area that requires more coordinated efforts, especially from governments and humanitarian partners.
<b>2. Strengthen disability data collection tools and processes to enable more informed decision-making across all phases of an emergency.</b>	Only 17% of all approaches focused on data collection tools or monitoring and evaluation processes, which is a noteworthy gap in the literature. Disability-disaggregated data is important in any education setting, and especially in EiE contexts, where the emergency response requires having to quickly identify young people at risk or those with newly acquired disabilities resulting from a disaster, attack, illness, injury, or harmful treatment. Furthermore, less than half of all approaches (22%) provided evidence on the impact of emergencies and crises on either learners with disabilities or the broader education community. The reporting and dissemination of the positive and the unintended negative effects of an intervention must be improved in order to strengthen the global evidence base on effective and sustainable disability-inclusive EiE.
<b>3. Support early interventions for learners with disabilities and ensure that they have access to basic services, including assistive devices and technologies, and specialized services</b>	Early intervention and integrated approaches were common in the literature: 32% of coded approaches worked on early identification, assessment, and/or referral services, 26% provided assistive devices, and nearly half provided either basic health and nutrition (30%) or WASH (17%) services in schools or NFE settings. Fewer approaches (15%) provided accessible information on the availability of these services, and/or basic information on the emergency or emergency response protocols.
<b>4. Remove barriers to education access and participation for learners with disabilities, and create safe and inclusive teaching and learning environments.</b>	Access to education is still a challenge for many learners with disabilities, especially in EiE settings. Many approaches addressed environmental (35%) or attitudinal (28%) barriers to schooling. Only 14% addressed financial barriers, a gap that has already been noted in the literature. Only 9% provided safe and accessible transportation. More than one-quarter (26%) of all approaches also focused on creating safe and inclusive teaching and learning environments—for example, by addressing child protection and GBV, developing learners' social-emotional skills, and/or providing MHPSS services.
<b>5. Provide reasonable accommodations in the curriculum, instruction, and assessment, and create accessible and inclusive TLM.</b>	Reasonable accommodations include modifications to the curriculum, instruction, or assessments. All of these were common design components in the coded approaches. Accessible and inclusive teaching and learning materials were used in 38% of the approaches analyzed. Inclusive educational technology was often used, including through remote education (15%) or using low- to high-tech tools, such as accessible textbooks and e-books, online games, and apps. Approximately one-quarter (24%) of the approaches made modifications to the curriculum, often to ensure that materials were aligned with national frameworks. Only 1 of the 190 projects described inclusive learning assessments, which is a critical gap in the literature, given the need for quality learning data to monitor learner progress.
<b>6. Support the wellbeing and motivation of teachers, including those with disabilities, and help them meet their learners' diverse needs.</b>	Teachers were the most common theme coded from the literature, appearing in more than half (57%) of all the approaches analyzed. Policies and interventions are most effective at improving learning outcomes when they support teachers and teaching, including providing opportunities for teachers to collaborate with their peers and develop their skills in disability-inclusive EiE teaching. Only 3 of the 190 approaches mentioned anything about teachers with disabilities, which points to a critically important evidence gap and a lack of accessible workforce pathways for teachers with disabilities. Given the increased vulnerability of teachers in situations where they are expected to complete unique and multifaceted roles under high pressure, this is an area that requires further investigation and programmatic or political attention.
<b>7. Use a rights-based approach to disability-inclusive EiE, and mainstream disability inclusion into organizational and institutional culture.</b>	Efforts that aim to remove political barriers for children and youth with disabilities were the second most common theme in the literature, appearing in more than half (52%) of the 190 approaches. Examples of these activities include advocacy or political reform, improved governance, and stakeholder coordination, as well as technical assistance to strengthen education systems through multi-sectoral collaboration in the provision of integrated education and health services. Some of these approaches also looked to integrate disability into mainstream institutional cultures, human resources policies, or workplace protocols.

Each principle is presented in more detail in the following pages, with illustrative examples from the literature. Where possible, the examples include approaches that support learners with various types of disabilities in a range of geographic contexts and EiE settings. Each principle also features a box with a list of additional tools and resources and callout quotes with recommendations from survey respondents. The examples selected are those that prioritized evidence of scale, impact, or sustainability. Survey examples were used to provide insights and recommendations from diverse humanitarian actors working in the field of disability-inclusive EiE.

## PRINCIPLE 1. Encourage local ownership of inclusive education efforts by meaningfully engaging communities in Education, OPDs in particular

Principle 1 addresses INEE MS Domain 1, “Foundational Standards for a Quality Response,” Standard 1 (Participation), Standard 2 (Resources), and Standard 3 (Coordination)

Inclusive education efforts are more effective and sustainable when there is local ownership and meaningful participation from members of the community. Involvement of and collaboration with communities has been shown to be an effective mechanism for improving the quality of service delivery globally, and especially in contexts affected by fragility, conflict, or violence. Learners with and without disabilities, their parents and caregivers, community leaders, and civil society should be directly involved in the decision-making, planning, and implementation of inclusive education activities. This aligns with the UN CRPD, which establishes that “all States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.” It encourages persons with disabilities of all ages to become autonomous. Meaningful consultation by EiE stakeholders with persons with disabilities will also help to ensure that the design and implementation of policies or programs are culturally and contextually relevant to the communities they serve. The ways disabilities are perceived and addressed in education and other public services are shaped by culture and local context. Thus it is vital to ensure that participatory approaches are used to engage local actors in co-designing interventions that are contextually relevant and tailored to their communities. Local actors can help build understanding of local challenges and solutions for learners with disabilities, mobilize disability support networks, and help foster meaningful connections with the populations affected. As a result, they render the humanitarian response more disability inclusive and, ultimately, more effective, efficient, and sustainable.

**Localization** is a process of recognizing, respecting and strengthening the independence of leadership and decision making by local and national actors in humanitarian action, in order to better address the needs of affected populations.

Localization also can be used as a lens or framework to ensure that approaches to disability-inclusive education in emergency settings are contextually relevant and culturally appropriate. In disability-inclusive education, therefore, localization involves meaningfully engaging learners with disabilities and their representatives, including parents and caregivers, families, and disability-focused community-based organizations (CBOs) or OPDs at the local and national levels. Localization focuses on centering the diverse strengths and knowledge of national and local actors, not just as a way to make responses more effective but as a necessity and a central requisite for sustainable and equitable responses. Localization requires acknowledging power imbalances between international, national, and local actors and working intentionally to shift power to local actors and communities. It means building on equitable partnerships, mutual learning, and on principles of respect and trust.

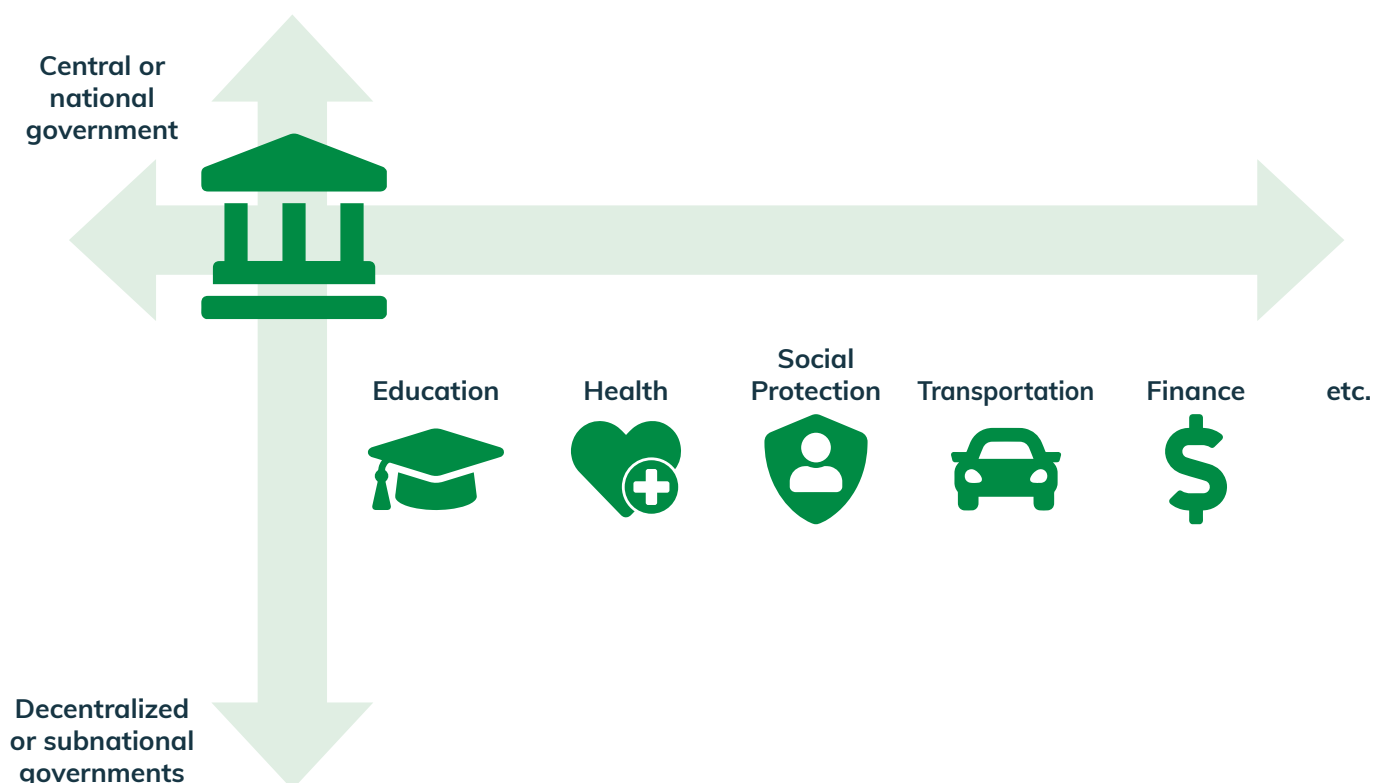
At the household level, effective disability-inclusive EiE enhances caregivers’ self-confidence and self-esteem, and equips them with relevant skills and information that enable them to support their children with disabilities more fully. This may include training on disability-related topics, such as how to use assistive devices and technologies or to build children’s and youth’s independence in their activities of daily living. It may include skills related to inclusive and quality education more broadly, such as building connections between schools, teachers, and households, or developing parents’ skill in using positive discipline or play-based learning for learners with and without disabilities (see more on inclusive instruction in **Principle 5**). Parents and caregivers may also volunteer as classroom assistants to provide support for learners with disabilities, if and when they are trained in safeguarding, disability inclusion, and gender-responsive education (see more on safe learning environments in **Principle 4**). Parent-teacher associations, school boards, and community education councils should include representation by children and youth with disabilities and their families. Learners with disabilities also should have opportunities to participate in decision-making processes or take on leadership roles—for example, as disability-inclusion champions in their school or in the development of individualized education programs (IEPs) (see more on IEPs in **Principle 5**).

OPDs and other disability-focused CBOs play a particularly important role in disability-inclusive EiE, as they often have firsthand experience with the barriers to and enablers of disability inclusion in the local context, and the skills and knowledge to deal with them. OPDs can help reach learners with disabilities during an emergency response, help ensure that disaster preparedness plans are disability inclusive, provide support for disability-inclusive data collection, analysis, and dissemination, and help to mobilize the human and material resources needed to support young persons with disabilities throughout the stages of a crisis (see



**Box 4).** In contexts of fragility, conflict, and violence, it is critical to identify OPDs and other potential partners early. It also is important to strengthen relationships and coordination horizontally—that is, between OPDs and civil society, NGOs, other local actors, and communities—and vertically—that is, with local and national authorities or government officials (see Figure 10). When preparing for consultations or choosing venues for meetings with persons with disabilities, it is important to provide reasonable accommodations to those who need them, and to provide safe and accessible infrastructure and transportation.

**Figure 12. Horizontal and Vertical Coordination Structures**



**Organizations of Persons with Disabilities (OPDs)** are organizations and associations that are led, directed, and governed by persons with disabilities; that are committed to the CRPD; and that fully respect the principles and rights affirmed therein. They also include organizations for the families and relatives of persons with disabilities, which represent groups that in some contexts may not have the legal capacity to form organizations, such as children (i.e., minors) with disabilities and individuals with intellectual disabilities. Some OPDs represent persons with all types of impairments, while others focus on a particular impairment, gender, or sectoral issue. They may represent people in a particular geographic area or those who belong to an international or national network. While OPDs can be direct responders, they also play a critical role in representing the perspectives and priorities of crisis-affected persons with disabilities throughout the humanitarian program cycle. In order to achieve an effective locally led response, their role must be recognized and supported.



## **Box 4. Examples of how stakeholders can engage OPDs as partners in emergency preparedness, response, and recovery**

The list below provides some examples of how stakeholders can collaborate with OPDs during different phases of an emergency. While these examples are pulled from the literature reviewed, the role of OPDs should be discussed with organization members. OPDs can best define their roles and how they can support different actors most effectively in keeping with their context and expertise.

### **When preparing for an emergency, OPDs can**

- Inform or review inclusive education policies, disaster/crisis risk reduction plans, or response strategies to ensure that the needs of learners with disabilities are adequately considered
- Serve as members of community education committees (CECs)
- Provide capacity-strengthening in an area where they have expertise, such as disability-inclusive education or disability-inclusive emergency response, raising awareness, or using a rights-based approach and language to address bias that affects persons with disabilities

### **When responding to an emergency, OPDs can**

- Conduct assessments, monitor, or evaluate disability-inclusive education
- Ensure that data collection mechanisms are accessible for persons with disabilities, and that the reporting/dissemination mechanisms are provided in accessible formats
- Conduct audits of the physical terrain or infrastructure to determine accessibility
- Mobilize resources and support, including accessible information, assistive devices and technologies, specialized and/or rehabilitation services, or education support
- Inform the design, implementation, and monitoring of education response programs; support the development of accessible TLM (e.g., sign language materials); or provide input on curriculum adaptation and delivery

### **When recovering from an emergency, OPDs can**

- Conduct analyses of the education or other humanitarian sectors to identify learners with disabilities who are at risk, and address their needs
- Review, revise, and update disaster/crisis risk reduction plans or response strategies
- Actively participate in drafting disability-inclusive education policies or strategies

## **Box 5. Disability-Inclusive EiE Principle 1 and the INEE Minimum Standards**

Disability-Inclusive EiE Principle 1 addresses INEE MS 1-3. The bullet points below are guidelines that support Principle 1. They should be used in conjunction with the full INEE MS in order to target learners with disabilities in EiE settings more intentionally.

### **Standard 1: Participation**

- Meaningfully engage learners who have disabilities and their representatives, including parents and caregivers, OPDs and other disability-focused CBOs, and national and international NGOs, in order to ensure participatory, co-creative, and localized approaches to disability-inclusive EiE.
- Consult community members with disabilities when planning, implementing, monitoring, and evaluating education and emergency preparedness, response, or recovery activities. This will help to ensure that the programming is inclusive, that it protects and upholds the safety and wellbeing of learners with disabilities, and that it promotes their full participation.
- Ensure that OPDs and other representatives of minorities and vulnerable groups, those with and without disabilities, are included in CECs, village councils, parent-teacher associations, or other working groups.
- Provide training and capacity-strengthening activities for community members, including those with disabilities. This can include awareness-raising campaigns and sensitization workshops, informational sessions, and/or skills-focused training, such as providing parents and caregivers with strategies to support their children with disabilities.

## Standard 2: Resources

- Work with OPDs and disability-focused NGOs or CBOs to identify, mobilize, and develop local human and material resources to contribute to disability-inclusive education activities. This can include recruiting adults who use sign language to support interpretation, and engaging stakeholders who have expertise in disability-inclusive education curriculum, teacher training, or materials development.
- Engage the parents and caregivers of learners with disabilities and adults with disabilities as classroom assistants or volunteer teachers, and train them in safeguarding and the principle of do no harm.
- Provide opportunities for learners with disabilities to participate in decision-making processes or take on leadership roles, such as being a disability-inclusion champion in their school or in developing IEPs.
- Prioritize assistive devices and technologies as important disability-inclusive EiE resources that will provide continuity of access in times of crisis. Be sure that users know how to maintain, clean, and care for their devices.
- Draw from and create disability-inclusive resources for education and emergency preparedness, response, and recovery, including information in braille or easy-read formats, providing sign language interpretation, or audio and visual supports that also can support persons with low literacy levels.
- When designing accessible infrastructure using universal design principles, consider using local resources and ensure that the resources are climate resistant and sustainable in the local environment.
- Encourage the coordination, distribution, and sharing of resources among key stakeholders, including community members and OPDs, national or local education authorities, and humanitarian stakeholders.

## Standard 3: Coordination

- Map key stakeholders, including government authorities, OPDs, and disability-focused CBOs or NGOs; create a directory of key stakeholders, in consultation with community members.
- Ensure that national and local stakeholders, including persons with disabilities and OPDs, can participate meaningfully on inter-agency coordination committees and contribute to the decision-making process.
- Provide transparent, accessible, and inclusive mechanisms for sharing information on response planning and coordination, both within the coordination committee and across coordination groups.
- Work collaboratively with OPDs when focusing on inclusive emergency education in order to assess and identify capacities and gaps in the education response.

## Examples of how to encourage local ownership of inclusive education efforts by meaningfully engaging communities in Education, OPDs in particular

The following approaches exemplify how disability-inclusive EiE stakeholders have meaningfully engaged community members in inclusive education initiatives, such as parents and caregivers and families.

**Name:** Network of Caregivers of Autistic People and People with Special Needs Related to Neurodevelopment in Chile and Latin America

**Organization:** Established by the *Fundación Educativa Creatividad, Aprendizaje & Innovación (CAI)* (Educational Foundation Creativity Learning and Innovation)

**Country/Region:** Latin America and the Caribbean, with global partners

**Years of Implementation:** Initially established in 2010, formalized as a foundation in 2018, operating virtually since 2020 due to COVID-19 (ongoing)

**Brief Description:** This is an international online support network for caregivers of children and young people with ASD or other special education needs. As a result of the pandemic, the CAI Foundation moved its activities to an online virtual platform to support caregivers overseeing the at-home learning of their children with ASD and other neurodevelopmental disabilities. What began as a pilot in response to the crisis is now an international network that includes the participation of people from Chile and several other Latin American countries. It also collaborates with international specialists from Brazil, Italy, England, Germany, and Spain.

**Evidence of Impact:** An impact evaluation conducted during the second year of project development found that participants felt their needs were being met and that they had received valuable tools to care for their children with disabilities and for themselves, which empowered their position as caregivers. Participants described having a feeling of community and of having a safe space where they felt heard, welcomed, and supported.

**Source:** Marcelo Maira (Executive Director, CAI Foundation)

## PRINCIPLE 2. Strengthen disability data collection tools and processes to enable more informed decision-making across all phases of an emergency

Principle 2 addresses INEE MS Domain 1, “Foundational Standards for a Quality Response,” Standard 4 (Assessment), Standard 5 (Response Strategies), Standard 6 (Monitoring), and Standard 7 (Evaluation)

There is an urgent need to strengthen the use of disability-disaggregated data or disability-related indicators when designing, implementing, monitoring, and evaluating disability-inclusive EiE. Disability-disaggregated data is critical, even in stable contexts, to the design of effective disability-inclusive education approaches, for improving planning and budgeting for reasonable inclusion, and for reviewing education policies and legislation. In emergency contexts, the need becomes even more pronounced, as communities struggle to quickly locate vulnerable young people affected by the crisis and identify new cases of illness, injury, or personal harm that are a result of the crisis and could be disabling. To ensure their inclusion in an emergency response, children and youth with congenital or acquired disabilities must be identified as early as possible by the initial rapid assessments, and by subsequent comprehensive assessments. Data should be collected continually in order to monitor whether these young people’s needs are being met by basic services, including having access to protection, MHPSS, nutrition, WASH, assistive devices and technologies, specialized and/or rehabilitation services (**Principle 3**), and education (**Principle 4**). Various data tools and sources are needed to obtain a holistic picture of children and youth with disabilities, including their lived experiences with education, health, safety, and their broader wellbeing. Data may come from a census, survey, or administrative system managed by a variety of partners, including different levels of government actors. Importantly, data collection tools should capture diverse types of disabilities, including complex and multiple disabilities. In order to develop targeted actions, data also should be disaggregated by intersecting vulnerabilities, such as gender, displacement, refugee, or citizenship status, ethnicity, language, and household location (rural vs. urban).

At a systems level, efforts to improve disability data collection tools and procedures should reinforce the partnerships among the various actors who are supporting children and youth with disabilities. A country’s ministry of education should collaborate closely with other relevant line ministries—including health, WASH, social protection, and transportation—and with OPDs and other local and international organizations. Ways to collaborate may include strengthening data sharing and developing a comprehensive and holistic understanding of the disability-inclusive EiE landscape. In EiE settings, it is particularly important to track learners, both with and without disabilities, as they transition from non-formal to formal education, or if they are displaced by an acute crisis. Learners with disabilities and other marginalized young people, such as refugees, are likely to access education through non-formal and sometimes temporary learning centers (e.g., accelerated learning centers or child-friendly spaces and schools [CFSS]). When limited data is available on the retention of learners who transition from the non-formal to the formal education system, it is difficult to identify and address potential challenges for vulnerable learners and their families. This can include remaining in school or transitioning from an emergency short-term or temporary education program to a more sustainable learning program.

Disability-disaggregated data can help in monitoring disability parity indexes on learner access, participation, and learning outcomes. The relevant SDGs should be considered when designing frameworks for monitoring disability-inclusive EiE. This can include disability-disaggregated data on learner enrollment, attendance, and completion or learning outcomes; the percentage of teachers who have received in-service training in the previous 12 months on teaching learners with special educational needs; or the percentage of schools with accessible facilities, classrooms, WASH facilities, and TLM for learners with disabilities (see also **Principles 4** and **5**). In the absence of disaggregated data, disability-related indicators can also be used. Examples of disability-related indicators include the development of an inclusive education policy, a disaster risk reduction or response plan, disability-accessible feedback mechanisms (including grievance mechanisms), or a disability-inclusive education working group or focal person. Another indicator is the number of meetings and consultations with disability-focused humanitarian partners (see **Box 7** for an example of a comprehensive monitoring and evaluation framework from Syria). Progress in reaching the desired outcomes should also be monitored, and qualitative tools should explore the experiences and perceptions of beneficiaries, those with and without disabilities. Moreover, to efficiently integrate disability inclusion into monitoring and evaluation frameworks or data collection tools and processes, it is fundamental to collaborate with disability experts, especially persons with disabilities and OPDs.

Informed consent forms also should be made accessible, especially when working with children and youth with disabilities and other marginalized young people. After a data analysis has been completed, dissemination strategies, knowledge-sharing activities, and assessment reports should be made accessible for persons with disabilities. This may include presenting the findings and evidence in easy-read formats or multi-modal approaches (e.g., audio, visual, etc.). The key findings in assessment and evaluation reports, particularly recommendations and lessons learned, should be shared in a form understandable and accessible to all stakeholders. This includes persons with disabilities and other marginalized community members, such as those who are illiterate or are not proficient in reading the local or national language.

## Box 6. Disability-Inclusive EiE Principle 2 and the INEE Minimum Standards

Disability-Inclusive EiE Principle 2 addresses INEE MS 4-7. The bullet points below are guidelines that support Principle 2. They should be used in conjunction with the full INEE MS in order to target learners with disabilities in EiE settings more intentionally.

### Standard 4: Assessment

- Identify learners with disabilities and their needs, using both rapid and comprehensive assessments. Ensure that the assessment tools capture diverse disabilities (including invisible, complex, and severe disabilities, and newly acquired disabilities resulting from a crisis), as well as other characteristics of marginalization (e.g., gender, displacement, refugee status, etc.) to support intersectional data analysis.
- Strengthen assessment tools and mechanisms, and ensure that they are contextually and culturally relevant by engaging OPDs and other disability-focused CBOs or NGOs in the assessment design and facilitation.
- Design comprehensive assessment strategies that capture whether the needs of learners with disabilities are being met, not just in terms of disability-inclusive education but access to basic services, including disability-inclusive child protection, MHPSS, nutrition, WASH, MHH for adolescent girls, access to assistive devices and technologies, specialized services, rehabilitation services, and more.
- Ensure that representatives of the populations affected by the crisis, including those with disabilities, and local or national education authorities participate in the design and implementation of data collection. Provide reasonable accommodations (e.g., sign language interpretation) to ensure the full and inclusive participation of persons with disabilities in the data collection process.
- Ensure that the dissemination of assessment findings are accessible to all stakeholders, such as by presenting results in easy-read formats, braille, through sign-language interpretation, etc.

### Standard 5: Response Strategies

- Meaningfully engage persons with disabilities and their representatives, especially OPDs, in the design of emergency response plans, school reopening plans, village contingency plans, and other relevant response strategies and policies.
- Ensure that emergency response routes and safety locations are accessible for learners with disabilities.
- Earmark adequate funding for disability inclusion in an emergency response in order to ensure that inclusion is achieved and that every learner's needs are met, including those with disabilities. This includes considering the disability-related resources needed and the additional costs (e.g., for assistive devices and technologies).

### Standard 6: Monitoring

- Ensure that representatives of the communities affected, including OPDs and other representatives of persons with disabilities, are consulted regularly and included in monitoring activities. Provide reasonable accommodations (e.g., sign language interpretation) as needed to ensure the full and inclusive participation of persons with disabilities in the data collection process.
- Include disability-disaggregated data (e.g., disability parity indices on enrollment, attendance, or learning outcomes) and/or disability-related indicators (e.g., the development of a disability-inclusive education response strategy, the number of meetings or consultations held with OPDs, etc.) in monitoring and results frameworks.
- Analyze and share results of the data collected with key stakeholders and the communities affected, especially persons with disabilities and their representatives, such as parents and caregivers, OPDs, and other disability-focused CBOs.

### Standard 7: Evaluation

- Ensure that OPDs and other representatives of persons with disabilities are involved in evaluation activities on a regular basis, including the analysis of findings and the creation of meaningful insights and reporting. Reports should highlight successes, challenges, and areas for improvement.
- Provide reasonable accommodations (e.g., sign language interpretation) as needed to ensure the full and inclusive participation of persons with disabilities in the data collection and analysis process.
- Ensure that evaluation findings and lessons learned are produced and shared in inclusive formats (e.g., easy-read, braille, sign language interpretation) so they can be used to inform future disability-inclusive EiE advocacy or the adaptation and design of disability-inclusive EiE programs and policies.

## Examples of how to strengthen disability data collection tools and processes to enable more informed decision-making across all phases of an emergency

The following approaches exemplify how disability-inclusive EiE stakeholders have used disability data collection tools and processes for more informed decision-making across the preparation, response, and recovery phase of an emergency.

**Name:** Needs Assessment on COVID-19 Pandemic's Impact on Children and Adults with Disabilities

**Organizations:** Uganda Federation of the Hard of Hearing, a national OPD, with funding from the [Disability Rights Fund](#)

**Country/Region:** Uganda (East Africa)

**Year of Implementation:** 2022

**Brief Description:** The study found that many learners were excluded from education opportunities due to the limited availability of accessibility digital or non-digital teaching and learning materials. It also found that their health and wellbeing had been affected by the disruption of school meal programs and recreational activities.

**Evidence of Impact:** The report on the needs assessment has been used as an advocacy tool to include persons with disabilities in pandemic recovery measures and beyond. Local authorities in the districts where the needs assessment was conducted now have a heightened awareness of the educational needs of learners with hearing difficulties and other types of disabilities. During meetings where the report was disseminated, government officials acknowledged the importance of providing sign language interpretation and closed captions on mainstream media, of catering to the hard-of-hearing community, and their right to accessible information. These efforts have increased the political will and commitment to improving disability inclusion, with some stakeholders committing to cover the cost of providing social protection for people with invisible disabilities.

**Source:** Moses Serwadda (Program Director, Uganda Federation of the Hard of Hearing)

**Name:** Improving Equity in Learning for Refugee Children

**Organizations:** Humanity & Inclusion (HI), with funding from Porticus

**Country/Region:** Kakuma refugee camp, Kenya (East Africa)

**Years of Implementation:** December 2022–November 2023 (ongoing)

**Brief Description:** HI technical assistance and support to Kenya's Ministry of Education and UNHCR's implementing partners in disability data collection and the development of an inclusive education management information system. This includes the adaptation and administration of the WGQ's CFM, as well as training teachers, school leaders, community members, and government officials in data collection, analysis, and use for informed decision-making, as well as the design and development of disability-inclusive education interventions for refugees in Kakuma refugee camp. HI also is working with partners who are implementing education interventions at the national level to establish an inclusive education network that will be pivotal in advocacy and planning. Another important aspect of this project is developing a national inclusive education teacher training module (see **Principle 6**).

**Insights and Lessons Learned:** The experience in Kakuma will be documented and used for national-level advocacy to improve the national education management information system. Using evidence collected while implementing this project, HI will generate case studies, lessons learned, and best practices to inform systemic change at the local and national level. The resources produced will be shared to inform the practices needed in the implementation of the Sector Policy for Learners and Trainees with disabilities.

**Sources:** Gerhard Pulfer (Portfolio Manager, Education in Displacement, Porticus), Simeon Mawanza (Program Manager, Porticus), and Margaret Ngui (Country Manager, HI)

**Name:** Together for Inclusion

**Organizations:** Funding from the [Norwegian Association of Disabled](#), [Save the Children](#), and the [Stromme Foundation](#), with implementing partners including [Central Broadcasting Services Limited–Project to Empower Women through Savings](#), [Community Empowerment for Rural Development](#), [African Evangelistic Enterprises](#), and support from the following OPDs: [National Union of Disabled Persons in Uganda](#), [Spina Bifida and Hydrocephalus Association Uganda](#), and [Inclusion Uganda](#)

**Country/Region:** Uganda (East Africa)

**Years of Implementation:** 2020-2024 (ongoing)

**Brief Description:** The project aims to improve the participation of children with disabilities in the education system by promoting inclusive teaching and learning environments. This includes access to learning resources and training for teachers and other education personnel in topics such as child protection or positive classroom management, as well as mechanisms for school leaders to respond to cases of abuse of learners with disabilities. As part of the project, an inclusive education assessment was conducted using a standardized tool to measure the inclusivity of teaching and learning environments across schools.

**Insights and Lesson Learned:** The result of this assessment indicates that 19 of 57 targeted schools (33%) received a “moderate-very high” inclusion score and thus are considered to have inclusive teaching and learning environments ([The Atlas Alliance, 2021](#)). These results will be used to make significant improvements in areas associated with low scoring modules, including support to learners with disabilities, policy and administrative support, school leadership and management, teacher skills, knowledge, attitudes, as well as resources, infrastructure, and pedagogy. Having access to accurate, up-to-date data that is consistent and comparable between schools will provide schools with important information for their own programming and planning, and to advocate for greater support from the ministries of education and other donors.

**Source:** Seera Leah Dianah (Program Officer, National Union of Disabled Persons in Uganda)

## Box 7. Spotlight on Monitoring and Evaluation Access for Learners with Disabilities

In Amman, Jordan, in July 2016, country delegations from Syria and five refugee-hosting countries developed the Syria crisis education Information Management Package (IMP), a consistent and coherent list of EiE indicators that is accompanied by clear guidance on activities and means of verification. The education sectors in Jordan and Syria used the IMP in their respective education response plans to ensure greater harmonization and comparability of indicators. Disability and gender are given consideration throughout. One of the short-/medium-term strategic directions is to “ensure access for children and youth with disabilities, both in formal and non-formal settings, thus mitigating and addressing multiple barriers that hinder their full participation in the learning process, including those grounded in social norms” (p. 15). This is monitored through various indicators, including the number of:

- Learners enrolled, disaggregated by, age, sex, and disability, at the pre-primary, primary, secondary, TVET, and tertiary level, and for general education, non-formal and non-accredited education programs, and self-learning programs
- Learners receiving tertiary education scholarships, disaggregated by age, sex, disability, and type of education program
- Learners receiving education supplies, disaggregated by age, sex, and disability
- Learners receiving other forms of support for enrollment, by age, sex, and disability
- Schools implementing safe school protocols, which include ways to make school sites safe and accessible to all learners, including girls and children with disabilities
- Classrooms constructed, established, or rehabilitated with accessible infrastructure
- Schools or learning spaces benefitting from gender- and disability-sensitive WASH facilities
- Children (girls and boys ages 5-17) provided with school transportation support, disaggregated by age, sex, and disability, with a caveat to ensure that “all vehicles should meet [the] highest level of the relevant national vehicle safety standards compliant to COVID-19 physical distancing and be disability-friendly.”



The IMP also draws from the INEE MS, and it identifies how the indicators above are relevant to the SDGs. Although most of the indicators relate to access to facilities and learning supplies or equipment, another strategic direction notes to “involve volunteers from the community in supporting overcrowded classrooms (especially those including children with disabilities) to ensure adequate attention to the needs of individual children.” Lastly, an indicator on teacher and education personnel professional development (IMP section 2.1) tracks the number of teachers and education personnel trained, and explicitly recognizes educators of children with disabilities.

Despite the comprehensiveness of this monitoring and evaluation framework, the indicators noted do not cover all the relevant indicators needed to support learners with disabilities in EiE settings. Indeed, the IMP was designed to align with SDG 4 on providing access to quality and lifelong learning opportunities. If it were also to align with SDG 3, which addresses health and wellbeing, it could include other relevant indicators, such as young people’s access to rehabilitation services or assistive devices and technologies that are critical for their education, learning, and broader wellbeing.

Source: No Lost Generation (2021)

### **PRINCIPLE 3. Support early interventions for learners with disabilities and ensure that they have access to basic services, including assistive devices and technologies, and specialized services.**

Principle 3 addresses INEE MS Domain 2, “Access and Learning Environment,” Standard 8 (Equal and Equitable Access), Standard 9 (Protection and Wellbeing), and Standard 10 (Facilities and Services). It specifically relates to access to basic services, such as health, nutrition, WASH, and MHH for adolescent girls, as well as child protection and safeguarding from GBV. It also includes access to assistive devices and technologies, which is particularly important for learners with disabilities.

Supporting early interventions for learners with disabilities is vital to helping them develop independence and resilience in the face of an emergency. In contexts affected by fragility, conflict, or other crises, children and youth with disabilities become more vulnerable to their already restricted access to basic services such as health, nutrition, WASH, and MHPSS. Their health and wellbeing are more at risk, given their need for rehabilitation services and/or specialized services or resources, such as occupational, physical, or speech and language therapy, nutritional supplements, medications, special education, or assistive devices and technologies. When a crisis strikes, persons with disabilities often lose access to assistive technologies or other products and services that they may have regularly used. Additionally, the number of children and youth with disabilities who need support from these specialized and rehabilitation services is likely to increase, due to injury or harm caused by the crisis itself. The provision of services for all learners, including accessible MHH for pubescent girls and school nutrition for example, remains an essential part of holistic support for learners, including those with disabilities. Therefore, to meet these diverse needs of learners, education and humanitarian actors must work in close collaboration and coordination with other sectors, such as health, WASH, and protection, and within the development-humanitarian nexus.

**Early intervention** refers to the early identification of children and adolescents with disabilities and the provision of effective support services, such as devising an individualized family support plan, procuring assistive devices and technologies, or referring a young person with disabilities to rehabilitation and other specialized services. In an EiE setting, early intervention refers to the need to respond quickly to a crisis, to identify needs, and to mobilize data or resources to respond to those needs. In disability-inclusive EiE, early intervention means both of these things: responding quickly to an emergency, and to the needs of learners with disabilities of any age, but especially in the early years, where and when possible.

**Assistive devices and technologies** are external products (devices, equipment, instruments, software), specially produced or generally available, that help to maintain or improve an individual's functioning and independence, participation, or overall well-being. They can also help prevent secondary impairments and health conditions. Examples of assistive devices and technologies include wheelchairs, prostheses, hearing aids, visual aids, and specialized computer software and hardware that improve mobility, hearing, vision, or the capacity to communicate.

In emergency contexts, access to resources and qualified specialists is limited. To address this gap early on, stakeholders should map key resources and potential partners, such as community health clinics, hospitals, and individual specialists. The creation and dissemination of a directory of disability-focused health professionals and service providers can help to establish referral processes and mechanisms, particularly when resources need to be mobilized during an emergency response. Referral mechanisms offer a mutually supportive mechanism between local education systems and programs, disability-focused health professionals, and service providers. Identification of the needs and guidance provided to families and individuals can be offered through education programs (directing children and youth to relevant service providers), and through service providers (directing to available education programs).

OPDs can also provide valuable input and support, and it is important that they work closely with health and medical experts to ensure that screening, identification, and assessment tools are not only aligned with international standards but are also culturally and linguistically appropriate for the context. Partnerships between the private sector, NGOs, and donors can be important in procuring assistive devices and technologies. It is also important to train children and youth with disabilities, their caregivers, and their teachers how to use, maintain, and clean the assistive devices and technologies they are provided with. Depending on the emergency context, stakeholders may also want to consider diversifying the modality of health services provision to include house visits, mobile clinics, or telehealth, as long as these methods can be made accessible for persons with disabilities, and as long as the health providers are adequately trained. The quality of services is just as important as access to these services. Continuous support and capacity strengthening of service providers to provide disability-inclusive and child- or youth-friendly health services is essential in keeping with the principle of **do no harm**. Throughout all stages of an emergency, health and WASH facilities and infrastructure should be built following the principles of **universal design**, to ensure access for persons with disabilities.

## Box 8. Disability-Inclusive EiE Principle 3 and the INEE Minimum Standards

Disability-Inclusive EiE Principle 3 addresses INEE MS 8-10. The bullet points below are guidelines that support Principle 3, and they should be used in conjunction with the full Minimum Standards to target learners with disabilities in EiE settings more intentionally. The guidelines focus particularly on access to health services, such as MHPSS, WASH, sexual and reproductive health and rights, and MHH; to assistive devices and technologies; to specialized services; and to rehabilitation services.

### Standard 8: Equal and Equitable Access

- Identify barriers to access as soon as possible and throughout the preparedness, response, and recovery stages, and identify learners with disabilities across all age levels. Where possible, prioritize early grade learners and learners with newly acquired disabilities (i.e., caused by a crisis) for early intervention.
- Work with health professionals and experts, including OPDs, to create and validate screening tools, or to establish identification, referral, and assessment systems.
- Collaborate with disability-focused NGOs, OPDs, and the private sector (i.e., tech companies) to procure and distribute assistive devices and technologies to learners with disabilities, and train the learners, their families, and their teachers how to use, clean, and maintain the equipment.

### Standard 9: Protection and Wellbeing

- Ensure that learners with disabilities have access to basic services, including health, nutrition, and WASH. For learners with disabilities, this may include dietary considerations and medicine for health conditions, or accessible information on how to take care of oneself (e.g., administering medicine, using assistive devices and technologies for daily functioning, and self-care such as feeding, bathing, etc.).
- Create disability-inclusive child protection mechanisms and processes, including grievance mechanisms; ensure that child protection mechanisms address the intersection of disability and gender, including addressing GBV for girls with disabilities.

- Train health and MHPSS staff on disability inclusion, including how to respond properly to and care for learners with diverse disabilities. Ensure that child protection mechanisms address the intersection of disability and gender, including addressing sexual and reproductive health and rights, and MHH for girls with disabilities.
- Earmark funding or budgets to cover additional protection and health costs for learners with disabilities.

#### **Standard 10: Facilities and Services**

- Ensure that health, MHPSS, and WASH facilities are accessible, and provide specialized services and resources (e.g. medication, assistive devices and technologies, rehabilitation, etc.), as needed, to promote the protection, health, and wellbeing of learners with disabilities.
- Train health, MHPSS, and WASH personnel in the provision of disability-inclusive services and child safeguarding, including how to respond properly to and care for learners with diverse disabilities.

### **Examples of how to support early interventions for learners with disabilities and ensure that they have access to basic services, including assistive devices and technologies, and specialized services**

The following approaches exemplify how disability-inclusive EiE stakeholders have supported early interventions for learners with disabilities and ensured that they have access to basic health and WASH services, as well as specialized services and assistive devices and technologies.

**Name:** Back to the Future 4: Protective environments and educational opportunities for vulnerable out-of-school children in Lebanon

**Organizations:** [AVSI Foundation](#) and [Terres de Hommes \(TDH-Italy\)](#)

**Country/Region:** Lebanon (Middle East)

**Years of Implementation:** November 2022–November 2023 (ongoing)

**Brief Description:** The Back to the Future 4 inclusive education programs identify children with disabilities throughout NFE learning cycles, using the WGQs, classroom observations, and key informant interviews. Children receive specialized screening and intervention services based on their individual needs, as well as assistive devices to facilitate their learning and independence. Service mapping exercises, parental engagement and awareness sessions, and collaboration with local OPDs and CBOs are ongoing activities that aim to empower the community and promote sustainable inclusion. Inclusion officers working with AVSI Foundation provide capacity-sharing and guidance to NFE teachers on how to overcome attitudinal barriers related to inclusive education, provide reasonable accommodations, adapt learning materials, and modify lesson objectives within a UDL framework.

**Insights and Lesson Learned:** More than 100 children with disabilities have benefitted from the Back to the Future 4 inclusive education programs. While it is still too early to evaluate the impact of the program, tracking of IEPs, as well as pre- and post-test scores, will be used to measure learners' progress. Focus group discussions will be held with learners and their caregivers to gather feedback on the provision of specialized services and to evaluate their impact on health and wellbeing. Among the lessons learned are that in-house service providers are most effective for multi-disciplinary coordination between specialists, teachers, caregivers, and children, and that it is important to provide learners and caregivers with follow-up training on the maintenance and cleaning of assistive devices. Community engagement is also essential for sustainability, widespread disability mainstreaming, and meaningful accessibility.

**Source:** Cheryl Moawad (Inclusion Specialist, AVSI Foundation)

**Name: The “Spynka” Program****Organizations:** Implemented by the *Fundacja Rozwoju Dzieci* and *Plan International Poland***Country/Region:** Poland (Central Europe)**Years of Implementation:** Since April 2023 (ongoing)

**Brief Description:** The project aims to provide an inclusive and nurturing early childhood care and education programs to refugee families from Ukraine. The program provides educator training for refugees from Ukraine to become certified as full-day nursery and pre-school (childcare) providers in Poland, and provides them with jobs. Refugee families are offered childcare free of charge. Since Russia invaded Ukraine, 75 Spynka programs have been opened in Poland, with support from a variety of funders. The program recently received funding from Plan International to create more inclusive classrooms by adapting physical spaces and learning materials in ten locations. This funding will enable educators to receive additional training in disability inclusion. Children will be screened using the WGQ, and those identified as having a possible delay or disability will be sent for further evaluation. Specialists will be hired to provide targeted therapies for children, and parents will receive training and support e.g., for children found to have a difficulty or disability.

**Evidence of Impact, Insights and Lessons Learned:** Since 2022, the project has reached 10,750 children and trained 227 early childhood educators. However, it is still too early to have evidence of the program's impact on learners with disabilities. Initial data suggests that up to 23% of the children who have participated in the program have been identified as having a possible developmental delay or disability.

**Source:** Suzanne Zuidema (Fundacja Rozwoju Dzieci volunteer and former Plan International Poland education technical specialist)

## PRINCIPLE 4. Remove barriers to education access and participation for learners with disabilities, and create safe and inclusive teaching and learning environments.

Principle 4 addresses INEE MS Domain 2, “Access and Learning Environment,” Standard 8 (Equal and Equitable Access), Standard 9 (Protection and Wellbeing), and Standard 10 (Facilities and Services). It specifically focuses on providing access to education, as well as safe and inclusive teaching and learning environments, in both formal and non-formal education settings and during in-person or remote teaching and learning.

Addressing barriers to education access for children and youth with disabilities is a fundamental part of the UN CRPD. Children and youth with disabilities who live in emergency settings face multiple and compounded barriers to accessing formal or non-formal education. **Barriers** may be institutional (e.g., financial or political), environmental, or attitudinal. To address these barriers, education policy should include a rights-based approach (**Principle 7**). This means promoting **universal access** to education for all and, more explicitly, inclusiveness for children and youth with all types of disabilities and other vulnerable groups, such as girls, refugees or displaced learners, and ethnic or linguistic minorities. Accommodations should be in place when necessary, including providing financial support to cover educational costs through stipends, scholarships, or cash transfers, as well as social protection benefits, transportation, and assistive devices and technologies. Even in contexts where education is free, families often have to incur education-related expenses, such as for uniforms, school supplies, textbooks, and transportation. Children and youth with disabilities may need specialized services, rehabilitation services, or assistive devices and technologies that require additional funds, for the service itself, for example, or for transportation to and from the service provider. These costs must be considered and budgeted for when designing inclusive EiE policies and programs.

To address attitudinal barriers, EiE stakeholders should organize community campaigns, awareness-raising, and sensitization efforts that emphasize the right of all children and youth to quality and lifelong education, in accordance with SDG 4. It is important that these sessions are held in the early stages of designing or planning an intervention in order to encourage community support. These efforts should encourage parents, families, community and religious leaders and other “influencers,” teachers and other education personnel to support inclusive education. This involves addressing the stigmatizing of or discrimination against learners with disabilities and other marginalized groups. To foster the safety and inclusion of all learners, including those with disabilities, any efforts to address attitudinal barriers should also take place in schools and non-formal and remote teaching and learning environments. This also includes providing internet safety training for learners with disabilities, their parents, and their families, in contexts of online education.

## Box 9. Menstrual Health Hygiene (MHH) needs for girls with disabilities

“Menstruating girls and women with different types of disabilities may have different needs. Those with physical impairments in their upper body and arms may have difficulties placing their sanitary protection materials in the correct position and washing themselves, their clothes, and the menstrual materials. Those with vision impairments (blind or low vision) may face challenges knowing if they have fully cleaned themselves, and those with intellectual and developmental impairments may need accessible and easy-to-read materials tailored to support them to communicate about pain and their needs and to learn about MHH.”

Source: UNICEF (2021)

It is also essential to include positive representations of diverse characters in books and other TLM, and to remove all stereotypes of persons with disabilities and other marginalized groups, such as girls, refugees or displaced learners, and ethnic or linguistic minorities. The curriculum (see **Principle 5**) should be designed to raise awareness of human rights, global citizenship, and respect for diversity and the environment, which are all vitally important topics in the EiE context. OPDs and NGOs can be important partners in advocating for curricular reform or textbook development.

Safety and accessibility must also be addressed in the physical environment. This can be done by ensuring that school facilities or temporary learning centers have boundary walls, that they are designed in keeping with UDL principles, and that they are climate resilient. All areas of the school should be accessible to all learners, including the schoolyard, recreational spaces, and cafeteria. Moreover, the latrines, health, and WASH facilities should be not only accessible but built with gender-responsive considerations, such as gender-specific latrines to ensure girls' safety, and accessible MHH support and resources for girls with disabilities (see **Box 9**).

The principle of **do no harm** in the context of disability-inclusive EiE, means ensuring that all project staff and volunteers are adequately trained in disability inclusion and inclusive safeguarding, and ensuring that grievance mechanisms are made accessible to all learners, teachers, and others with disabilities. **Child-friendly spaces and schools** are inclusive, healthy, friendly, protective, and rights-based environments established for learners in EiE settings). Preparation for disasters and risk reduction drills should also be disability inclusive. This requires ensuring that information is accessible to all, as well as facilitating trainings, exercises, and simulations for learners with disabilities, and their peers, to prepare for future emergencies. Teaching and learning environments must have disability-inclusive warning mechanisms, such as providing flashing warning lights for learners with hearing difficulties or vibrating wrist watches to alert learners who are both blind and deaf or hard of hearing. When selecting or designing safe zones and evacuation routes, the accessibility of the terrain and infrastructure should be a main consideration. OPDs, NGOs, and researchers can offer valuable input to the design of disability-inclusive disaster risk reduction or response plans. The Sendai Framework for Disaster Risk Reduction (UN, 2015) is a tool that calls on governments, development partners, and civil society organizations to ensure that persons with disabilities participate in the design and implementation of policies, plans, and standards for disaster risk reduction, and that full consideration is given to accessibility, universal design, and providing reasonable accommodations for persons with disabilities, along with their peers.

**Child-Friendly Spaces and Schools** are supportive educational and community environments that are inclusive, healthy, friendly, protective and rights based. The Child-Friendly School model, developed by UNICEF, promotes inclusiveness, gender-sensitivity, tolerance, dignity and personal empowerment.

## Box 10. Disability-Inclusive EiE Principle 4 and the INEE Minimum Standards

Disability-Inclusive EiE Principle 4 addresses INEE MS 8-10. The bullet points below are guidelines that support Principle 4 and should be used in conjunction with the full Minimum Standards in order to target learners with disabilities in EiE settings more intentionally. The guidelines specifically focus on access to education and providing safe and inclusive teaching and learning environments in formal or non-formal education settings, as well as during in-person and remote teaching and learning.

### Standard 8: Equal and Equitable Access

- Conduct community awareness-raising campaigns, sensitization training, and informational workshops to address attitudinal barriers to education access and strengthen stakeholders' understanding of learners with disabilities' right to education.
- Promote access to quality education by engaging with OPDs and local communities to raise awareness and develop accessible informational materials on the rights of learners with disabilities
- Conduct school enrollment campaigns with a particular focus on children and youth with disabilities and other vulnerable groups.
- Ensure that policies promote universal access to education so that no social groups, including persons with disabilities, are denied access to schools or other learning opportunities.
- Ensure that learners with disabilities have equal opportunity to succeed in education, facilitating the continuity of their learning experiences both in transitioning from NFE to formal education, and their retention throughout the formal education system.
- Strengthen schools' capacity to meet the needs of every learner, including those with disabilities, and provide the resources needed. This includes earmarking funds or providing grants to cover the additional costs incurred by learners with disabilities.
- Provide safe, accessible, and affordable transportation for learners with disabilities and ensure that routes to and from school are safe and accessible. This may involve providing mobility devices for learners with physical disabilities or addressing disability-based discrimination and harassment in their communities.

### Standard 9: Protection and Wellbeing

- Engage OPDs and other disability-focused CBOs or NGOs to evaluate teaching and learning facilities to ensure that they are safe and accessible, and to inform the planning of safe and accessible emergency routes.
- Engage the families of children and youth with disabilities and other community members in the development of protection policies or in the creation of safe and inclusive teaching and learning environments.
- Train teachers and other education personnel in disability-inclusive safeguarding and child protection, including how to respond properly to and care for learners with disabilities.
- Create disability-inclusive grievance reporting mechanisms and ensure that all learners with disabilities can safely and anonymously report cases of abuse or misconduct. This may require providing information in accessible formats for learners with disabilities so they know how to access the reporting mechanisms.
- Prevent school-related violence against learners with disabilities. Be aware of the intersectional discrimination some learners may face, and train teachers and other education personnel how to respond to discrimination, abuse, harassment, or disability-based bias and stereotypes.

### Standard 10: Facilities and Services

- Ensure that education facilities are built in safe and accessible sites and that school infrastructure—including all areas of the school grounds and WASH and other facilities—are accessible for learners with disabilities. Apply the principles of universal design in designing school infrastructure and ensure that it is resilient to climate change.
- Work with OPDs to identify the local services that can support learners with disabilities most effectively. Develop referral procedures that include training education personnel on how to screen and refer learners with disabilities to school-based or external specialized or rehabilitation services, such as special education, speech and language therapy, and occupational therapy.



## Examples of how to remove barriers to education access and participation for learners with disabilities, and create safe and inclusive teaching and learning environments

The following approaches exemplify how disability-inclusive EiE stakeholders have removed financial barriers, environmental and infrastructural barriers, and attitudinal barriers that may impede access to education for learners with disabilities. The last example provides an approach creating safe and inclusive teaching and learning environments for learners with disabilities.

**Name:** HOPE

**Organization:** Save the Children

**Country/Region:** Bangladesh (South Asia)

**Years of Implementation:** Between 2016 and 2019

**Brief Description:** Save the Children works closely with local governments to ensure that sufficient funds are allocated to improve school accessibility, such as building ramps and accessible bathrooms, and for providing transportation and assistive devices to learners with disabilities. The project established the Union Disability Service Centre, where out-of-school children with disabilities are prepared for school by being referred for rehabilitation therapy and counseling services. HOPE also offers teacher training and awareness campaigns for parents and caregivers, which include information about the specialized support services available. The HOPE model is currently being implemented with children between ages 6 and 14 in 45 schools in three rural districts.

**Evidence of Impact:** The school enrollment rate of children with disabilities increased from 52% in 2016 to 74% in 2019.

**Source:** Zero Project (2020)

**Name:** Addressing environmental and attitudinal barriers to access for children with disabilities

**Organization:** UNICEF Uganda

**Country/Region:** Uganda (East Africa)

**Years of Implementation:** Not specified

**Brief Description:** UNICEF Uganda conducted a pilot program across five districts in host and refugee communities. The program used an integrated, multi-sectoral approach to address environmental and attitudinal barriers to access for children with disabilities. The project provided capacity-building for caregivers and trained preschool teachers to support young children with disabilities. Frontline workers were trained to identify children with disabilities through health screenings at 9 months and 18 months. It also focused on raising awareness of the importance of inclusion, addressing stigma, and stimulating behavior change within communities. To address the lack of limited early grade learning centers, UNICEF supports its local partners in Uganda, including community and faith-based organizations, by establishing safe early learning spaces.

**Evidence of Impact:** The intervention helped improve access to early childhood care and development at the village level from approximately 10%-15% to 30% (KII, UNICEF Uganda staff member, June 2022). When asked what worked well, a UNICEF staff member pointed to “the village level of engagement, expanding reach, and opening up access to disability-inclusive early childhood care and development.” Participating parents confirmed this, noting that the communities are now more accepting. Parents also said they are now better able to support and stimulate their children.

**Source:** INEE (2022)

## Box 11. Adapting universal design construction standards to local contexts

The construction or refurbishment of education infrastructure must take into account both global standards of accessibility and local and contextual factors, such as the availability of construction materials, natural resources, and environmental issues. An evaluation of the WASH in Schools project in Afghanistan found that the newly constructed WASH facilities were “highly inadequate and, in some locations, even dangerous” (UNICEF Afghanistan, 2017, p. 239). Several challenges were identified for children with physical disabilities in particular. This included ramps and doorways that were too narrow, which made it difficult for wheelchair users to move without restrictions, and handlebars mounted out of reach on the walls of the toilet stalls. There were also environmental and sustainability challenges. For example, ramps’ iron fences were made of hollow iron that corroded easily, the iron handles fell off in the absence of commercially available “dry toilet” seats. Thus, contractors made the seats from concrete rings which made it difficult to maintain good hygiene. The evaluation also noted that errors in planning the construction resulted in the cost to build ramps being 30%-40% of the total construction cost. Ultimately, there was no data on children with disabilities in schools to measure the project’s impact on enrollment.

## PRINCIPLE 5. Provide reasonable accommodations in the curriculum, instruction, and assessments, and create accessible and inclusive TLM.

Principle 5 addresses INEE MS Domain 3, “Teaching and Learning,” Standard 11 (Curricula), Standard 12 (Teaching and Learning Processes), and Standard 13 (Assessment of Holistic Learning Outcomes). It specifically highlights the importance of TLM and of accessible TLM as a cost-effective approach to support learners with disabilities throughout the various stages of emergency preparedness, response, and recovery.

The concept of reasonable accommodation is aimed at promoting inclusivity and equal opportunities for individuals with disabilities and others who may face discrimination. In disability-inclusive education, this concept means providing the necessary and appropriate modifications and adjustments to the curriculum, teaching strategies, assessment, and learning materials and environments to ensure that learners with disabilities have every opportunity to fully participate, access, attend, and achieve within the learning environment. Every learner is unique and requires support, therefore curricula and assessment practices should be flexible enough to reach all learners, regardless of their learning needs. Learners with disabilities, in particular, often require special accommodations, such as sign language interpretation, note-taking assistance, and assistive technologies and devices. Assistive devices can include a wide array of tools and aids, such as braille machines, slates, rulers, large print materials, pen grippers, communication boards, audio recorders, or magnifying glasses. Learners with disabilities also may need additional time to complete a test or an assignment, or alternate modalities for the administration of written assessments (e.g., verbal or oral). Teachers can, with the right support and skills, adapt an inclusive curriculum to support learners with diverse learning needs, including those with disabilities. Accommodations should also be made with assessment tools and administration processes, which seems to be an underexplored area (see **Box 12**). OPDs and NGOs can play an important role in advocating for changes to curricula and evaluation systems with the aim of enhancing learning experience for all learners, including those with disabilities.

## Box 12. Spotlight on inclusive assessments

The literature review identified a major evidence gap in terms of inclusive learning assessment, with only 1 of the 190 approaches clearly explaining how modifications or adaptations were made to learning assessment tools or practices. Ensuring that learning assessment tools and practices are inclusive and that they adequately reflect the needs of all learners, including those with disabilities, is vital in any context, and especially in situations of conflict or crisis. Learning assessments can be used to identify learners’ need for support and monitor their progress. In emergency settings and during times of fragility or uncertainty, children may become displaced, transfer schools, or have their education disrupted by other causes. Learning evaluation systems often determine a young person’s opportunity to progress through the formal education system. If reasonable accommodations are not provided to allow every child to succeed on formative or summative assessments, they may be more disadvantaged when trying to advance through the next grades and, ultimately, higher education.

Sign language is a particularly important reasonable accommodation for learners who are deaf or hard of hearing. These learners require access to a sign-language-rich teaching and learning environment that caters to their unique needs. This entails various support mechanisms, such as a sign-language interpreter who serves as a classroom assistant, sign-language video lessons, or other assistive devices and technologies. On a broader scale, developing a country's national sign language should be a government priority, and ensuring that an adequate number of teachers are trained and proficient in sign language to ensure that all learners have the support they need. In contexts of displacement, providing sign-language support may require host communities to mobilize resources such as identifying refugee teachers or other adults who can provide adapted sign-language interpretation for refugee learners with hearing difficulties. OPDs or other individuals with disabilities may play a pivotal role in identifying these resources within refugee or host communities.

An **Individualized education plan (IEP)** is part of planning, monitoring, and evaluating a learner's progress in accordance with an adapted education program. In some countries, an IEP is a legal document developed for each learner with a disability or special education needs. In crisis-affected contexts and during emergencies, where a comprehensive assessment or diagnosis of a disability or health condition is often difficult to conduct, an IEP can be developed to inform modification to curriculum, assessments, or instruction. An IEP should be individualized and designed with a single learner in mind through a participatory approach, whereby the young person, their family, teacher(s), and other key personnel, such as therapists, are actively involved in the process of selecting the appropriate reasonable accommodations and in making decisions about necessary adaptations or modifications.

It is important to include learners with disabilities in developing all aspects of their individualized education plan, extending beyond the classroom to encompass extracurricular activities, such as sports, recreation, creative arts activities, and MHPSS. In fact, some learners with mental or psychosocial disabilities, or those belonging to traditionally vulnerable groups, or even those who have experienced trauma or adverse childhood events may need clinical support (psychotherapy or other). In some cases, extracurricular activities can alone or in addition to clinical assistance, serve as valuable tools for providing MHPSS support to learners. Therefore, teachers or facilitators need to be aware of and understand the specific needs and challenges of their learners and adapt MHPSS activities accordingly (INEE, 2018). Although extracurricular activities are often reduced or scrapped altogether in EiE and crisis-affected contexts, educators must consider ways to incorporate MHPSS into classroom management strategies and SEL skills and activities into the existing curricula while ensuring the necessary attention to gender and cultural sensitivity (INEE, 2018).

Quality teaching strategies represent a cornerstone in responding to the diverse needs of learners. Good teachers respect and prioritize the dignity of all learners and use a range of strategies to enable them to engage with, represent, and express what they learn. Teachers should not just develop learners' knowledge and skills in basic subjects, such as literacy and numeracy. They also should foster their development of soft skills, such as critical thinking, collaboration, digital skills, and global citizenship. The UDL framework is an approach that caters not only to children and youth with different types of disabilities but also to those with diverse cognitive, socioemotional, cultural, or linguistic needs.

In emergencies and crisis-affected contexts, children and youth are exposed to traumatic events that can have an impact on their wellbeing and disrupt their cognitive process and functioning (memory, attention, planning, and problem solving). Therefore, the use of multiple learning models (visual, auditory, kinesthetic etc.), and diverse teaching and learning materials, such as recycled bottle caps or sticks for counting, or the use of pictures, manipulatives, group work, or project-based learning are all UDL practices that can support learners with and without disabilities in EiE settings, especially those that are low-cost or free. All teachers should be supported and encouraged (see **Principle 6**) to innovate with pedagogical models such as UDL, play-based learning, and learner-centered instruction. Scripted lesson plans can support volunteer teachers or others who would benefit from additional training and certifications. Accessible TLM should be designed in accordance with the principles of UDL, and be free of stereotypical images and language in textbooks and other instructional materials (see **Principle 4**). Disability-inclusive TLM, such as at-home learning kits, have been identified as a cost-effective approach to mainstreaming disability inclusion in development and humanitarian contexts.<sup>7</sup> Importantly, however, the development of new TLM should be done in close consultation with the government in order to ensure that the learning content and objectives align with the national curriculum.

<sup>7</sup> UNICEF reported securing US\$70,000 from the ministry of education in the Dominican Republic to enable the graphic design, printing, and distribution of accessible education kits during the COVID-19-related school closures (UNICEF, 2022).

## Box 13. Disability-Inclusive EiE Principle 5 and the INEE Minimum Standards

Disability-Inclusive EiE Principle 5 addresses INEE MS 11-13. It also specifically highlights the importance of accessible teaching and learning materials as a cost-effective approach to support learners with disabilities throughout the various stages of emergency preparedness, response, and recovery. The bullet points below are guidelines that support Principle 5 that should be used in conjunction with the full Minimum Standards in order to target learners with disabilities in EiE settings more intentionally.

### Standard 11: Curricula

- Design and implement curricula for diversity and inclusion to enable teachers and other education personnel help learners challenge misconceptions, biases, and prejudices against specific groups of people, based on their disability, religion, gender, nationality, language, etc., and to explicitly address stereotyping persons with disabilities in the school curricula.
- Engage OPDs and other disability-focused CBOs and NGOs in the design of accessible curricula.
- Ensure that the curriculum is accessible and contextually relevant to learners with diverse types of disabilities. This may involve providing guidance on how teachers can modify the content or delivery of learning and teaching resources in order to provide reasonable accommodations for learners with different disabilities.

### Standard 12: Teaching and Learning Processes

- Promote disability-inclusive teaching and learning processes, including the provision of reasonable accommodations, IEPs, or the use of adapted TLM.
- Engage learners with disabilities in making decisions about their learning. This may include creating IEPs or identifying reasonable accommodations in consultation with these learners and their families.
- Engage OPDs and other disability-inclusive CBOs and NGOs in the design of disability-inclusive teaching and learning processes, pedagogies, or accessible TLM.
- Remove disability-related stereotypes from TLM and ensure that these materials include positive representations of persons with disabilities.

### Standard 13: Assessment of Holistic Learning Outcomes

- Ensure that reasonable adjustments are made to learning assessment tools and administration processes in order to promote and enhance the participation of learners with disabilities. Consult with learners with disabilities and their families to identify appropriate assessment accommodations.

## Examples of how to provide reasonable accommodations in the curriculum, instruction, and assessments, and create accessible and inclusive TLM

The following approaches exemplify how disability-inclusive EiE stakeholders provide reasonable accommodations in the curriculum, instruction, assessments, and TLM.

**Name:** COVID-19 E-Learning Intervention

**Organizations:** Implemented by Festus Fajemilo Foundation, Lagos State Joint National Association of Persons with Disabilities, and Daughters of Charity of St. Vincent De Paul Nigeria, with funding from the Liliane Foundation

**Country/Region:** Nigeria (West Africa)

**Years of Implementation:** June-August 2020 (in response to COVID-19 pandemic)

**Brief Description:** The program was implemented to support the Lagos State government as it commenced virtual learning for children in the state public primary and secondary schools. An initial assessment indicated that children with disabilities were being left out. In response, four intervention strategies were established: (1) translate audio-visual instructions into sign-language instructions for children with hearing disabilities; (2) develop appropriate infographics and simplified content for children with intellectual or learning disabilities; (3) strengthen the capacity of the online class instructors to use disability-inclusive language that meets the needs of children with visual and developmental (intellectual and learning) disabilities; and (4) raise awareness among parents and guardians of the availability and use of the media to deliver classes. The goal was to facilitate the equal participation and inclusion of children and youth with disabilities in remote learning during the COVID-19-related school closures.

**Evidence of Impact:** The Festus Fajemilo Foundation produced a documentary on good inclusive education practices to use at home during emergencies. In the documentary, children with disabilities who took part in the e-learning program confirmed the benefit of receiving education remotely. Furthermore, the mothers of children with disabilities appeared to be enthusiastic about the project, affirming that “the academic growth of their children would have receded if such opportunities were not provided.”

**Source:** Afolabi Fajemilo (Co-Founder and Executive Director, Festus Fajemilo Foundation)

**Name:** Inclusive Learning

**Organization:** Uptyke

**Country/Region:** Africa

**Years of Implementation:** Established April 2021 (ongoing)

**Brief Description:** This project aims to ensure that all learners—including those with disabilities—have time and resources available to regularly practice reading, both in and outside the classroom. To accomplish this, Uptyke supports curriculum and e-learning developers in Africa who make educational content accessible by translating it into formats that primary school learners with disabilities can access.

**Evidence of Impact, Insights and Lessons Learned:** The practices that yielded positive results drew from learning science, the interdisciplinary field that studies how people learn, and how to design effective learning environments and interventions accordingly. Effective instructional practices include using spaced repetition to help learners remember key concepts and facts, developing interactive teaching and learning materials, and encouraging collaboration in teaching and learning. Effective assessment practices include using retrieval practice to test learners’ knowledge and skills in various formats, such as quizzes and games.

**Source:** Lillian Mutegi (Founder and Managing Director, Uptyke, South Africa)

**Table 5. Examples of Curricular Adaptations for Learners with Diverse Types of Disabilities**

Type of Disability	Example of Curriculum Adaptation
<b>Learners who are blind or low vision</b>	Modified the curriculum to be in accessible formats, including audio materials and high-resolution or large-font print materials, with text-to-speech software or screen readers (example from COVID-19 pandemic in Bhutan; UNICEF, 2021a)
<b>Learners who are deaf or hard of hearing</b>	Developed separate curriculum that was delivered using the local sign language; selected key learning areas and instruction/assessment techniques (example from COVID-19 pandemic in Bhutan; UNICEF, 2021a)
<b>Learners with intellectual disabilities</b>	Modified the curriculum to focus on less or simpler content, with the plan that learning content could become gradually more complex as learners' skills grew (e.g., started with fewer vocabulary words or simpler vocabulary than their peers); used pictures, graphics, objects, or videos to enhance learners' comprehension (example from USAID UDL toolkit, 2019)

## Principle 6. Support the wellbeing and motivation of teachers, including those with disabilities, and help them meet their learners' diverse needs.

Principle 6 addresses INEE MS Domain 3, "Teaching and Learning," Standard 14 (Training, Professional Development, and Support), and Domain 4, "Teachers and Other Education Personnel."

A good teacher has the power to improve learning for all learners. In the EiE context, teachers play diverse roles and often are responsible not just for academics but for learners' social and emotional development, and their broader wellbeing. In the particular context of disability-inclusive EiE, teachers play important roles that transcend teaching and instruction. For example, teachers may be expected to screen and identify learners with disabilities, to work closely with those learners' families, to mobilize awareness or support their inclusion in the community, or to provide life-saving and accessible information in times of crisis. Teachers must be helped to fulfill these multiple and diverse roles effectively. This includes providing them with high-quality, tailored, school-based training in disability inclusion, along with systems and structures for providing ongoing support and collaboration with peers, school leaders, and other education personnel. Giving teachers as many tools and strategies as possible is key to making them feel well-equipped and ready to support every learner, including those with disabilities. This requires teaching disability-inclusion and learner-centered pedagogies in pre- and in-service teacher education and training, as well as providing opportunities for teachers to upskill and expand their repertoire of practices through refresher training. Disability inclusion and EiE are both evolving fields, so teacher education and training content must align with the most up-to-date evidence and international standards possible, while at the same time ensuring that the methods are locally and contextually appropriate.

Teachers should be treated as partners and active change agents in their classrooms, schools, and communities. They should be consulted and actively involved in the co-creation of training materials, curricula, and the policies that affect them (see **Principle 1** for more on teacher engagement and **Principle 8** for more on policy). The EiE contexts teachers work in are extremely challenging, the pay is often poor, and they may have limited opportunities to develop their practice, learn new skills, or experiment and collaborate with their peers. These challenging conditions are felt more profoundly in large and heterogeneous classrooms, where learners often have complex and multiple disabilities, and the teaching and learning environment is not conducive to learning for all. When teachers feel supported, they are more likely to feel motivated to do their jobs well, even in such challenging environments, and are most likely to have a positive impact on the learning experience of all learners, including those with disabilities.

Importantly, in the context of disability-inclusive EiE, the term "teachers" refers to all types of educators working with learners, including those with disabilities. This may include mainstream or special education teachers, resource room staff, polyvalent or itinerant teachers, teacher and classroom assistants, as well as uncertified teachers, contract teachers, or community volunteers. Disability inclusion in EiE settings often requires limited human resources and few qualified specialists, which makes peer-to-peer support models an attractive option for teachers. Teachers who are trained specifically in disability-inclusive education can support their colleagues in the classroom, when developing lesson plans, or in adapting teaching and learning materials (i.e., task-shifting). Supporting teachers (and learners) requires refurbishing and modernizing the teaching and learning environment, and equipping them with materials, teachers, and education personnel who support inclusion. Coaches, mentors, school leaders, and district or local authorities often play an important role in supporting teachers and teaching.

Lastly, teachers should also be provided with comprehensive compensation packages, as noted in the INEE Teacher Wellbeing Guidance Note. It is important that vulnerable teachers, including teachers with disabilities, women, and



refugees, are provided with **reasonable accommodations** or necessary **assistive technologies**, and with safe and accessible transportation to and from the workplace. MHPSS systems must be in place for all teachers and other education personnel, and these services must be accessible for teachers with disabilities. Having teachers with disabilities in EiE settings is important, not only for their individual empowerment but because it fosters a more diverse classroom and workplace culture and sends the message to other marginalized groups that their experiences are valued by the community. Teachers with disabilities in particular provide important role models for children and youth with disabilities. More work must be done, especially in collaboration with OPDs, to ensure that teachers with disabilities are recruited, trained, and retained in EiE settings. For deaf learners specifically, national associations of the deaf and hard of hearing can help recruit native sign-language users to be trained as teachers.

## Box 14. Disability-Inclusive EiE Principle 6 and the INEE Minimum Standards

Disability-Inclusive EiE Principle 6 addresses INEE MS 14-17. The bullet points below are guidelines that support Principle 6, and they should be used in conjunction with the full Minimum Standards in order to target learners and teachers with disabilities in EiE settings more intentionally.

### Standard 14. Training, Professional Development, and Support

- Provide ongoing support for teachers of learners with disabilities, when possible through school-based coaching or mentoring, through virtual support systems, and by establishing remote or in-person communities of practice.
- Create safe spaces and a professional culture for teachers who work with learners with disabilities in EiE settings. These settings should enable them to reflect, discuss, and collaborate with their peers, share experiences, and brainstorm solutions to common challenges.
- Provide all teachers with training and professional development in disability inclusive education, including topics such as UDL, using assistive devices and technologies, inclusive assessment, and screening and identifying learners with disabilities.
- Ensure that teacher trainers are qualified in disability-inclusive education. Collaborate with OPDs or other local actors to organize trainings and professional development sessions. Prioritize working with experts who have direct experience with the community, and with the challenges encountered both by educators and learners. This may include, for example, hiring teachers with disabilities to support learners with disabilities, or hiring refugee teachers to teach in host communities.
- Create opportunities for the recognition and accreditation of teacher training, including upskilling, or provide access to micro-credentials for specialized certifications, including in special education, sign language, or other disability-inclusive skills.
- Build teachers' confidence in promoting and using pedagogies that facilitate the inclusion of learners with disabilities in the classroom with their peers without disabilities.

### Standard 15. Recruitment and Selection

- Ensure that there is a non-discriminatory recruitment and selection process in place for hiring teachers and other school personnel, including teachers with disabilities, refugee teachers, teachers who are members of ethnic minority groups, women, gender minorities, etc.
- Establish safe and inclusive workplaces to ensure that teachers' personal safety is secure and that, once on the job, no teacher will be discriminated against due to their gender, ethnicity, citizenship status, or disability.

### Standard 16. Conditions of Work

- Create inclusive compensation packages and conditions of work. For example, include benefits for teachers with disabilities, such as access to transportation, specialized health services, assistive technologies and devices, or reasonable accommodations.
- Consider providing financial or other incentives for teachers who may be taking on additional work to support learners with disabilities, such as itinerant or polyvalent teachers.

### Standard 17. Support and Supervision

- Provide teachers with adequate teaching and learning resources to support learners with disabilities, including assistive technologies and devices (see also **Principle 2**).
- Provide ongoing professional development and support to teachers, and ensure that teachers of learners with disabilities, teachers with disabilities, and other marginalized teachers, such as women and refugees, are meaningfully included in consultations.

- Provide inclusive, culturally relevant, and gender responsive MHPSS for all teachers, including teachers of learners with disabilities and teachers with disabilities. Also ensure that reasonable accommodations are provided for teachers with disabilities (e.g., sign language interpreters for deaf teachers).
- When collecting feedback from learners, ensure that reasonable accommodations are in place so learners with disabilities can participate. Collect feedback in an inclusive manner so that girls, ethnic minorities, refugees, and learners with disabilities all have a voice and can actively participate.

## Examples of how to support the wellbeing and motivation of teachers, including those with disabilities, and help them meet their learners' diverse needs and teaching

The following approaches exemplify how disability-inclusive EiE stakeholders have supported teachers of learners with disabilities.

**Name:** Adolescent Girls Empowerment in Somalia (AGES)

**Organizations:** Jointly funded by USAID and the UK Foreign, Commonwealth and Development Office (FCDO), implemented by CARE International with diverse local partners, including WARDI, Gargaar Relief and Development Organization, and KAASHIE, working in partnership with the Federal Ministry of Education, Culture and Higher Education of Somalia, State Ministries of Education in Hirshabelle, Jubaland, and South West, and the Banaadir Regional Administration

**Country/Region:** Somalia (East Africa)

**Years of Implementation:** 2018-2024 (ongoing)

**Brief Description:** Adolescent Girls Empowerment in Somalia (AGES) targets girls who face the intersection of multiple barriers to education, including girls with disabilities, displaced girls, girls who are members of ethnic or linguistic minority groups, and adolescent mothers or wives. The project offers three education modalities—formal primary schools (including regular and special education schools), accelerated basic education, and NFE—in combination with financial literacy, youth savings groups, life skills, and mentoring. The project works with Somali education ministries to develop teachers' skills in delivering subject content, to provide remedial support, and to use inclusive classroom management practices. Additional disability-focused activities include training CECs across 234 schools to identify different type of disabilities; assessing girls with disabilities for placement in regular schools or referrals to special education facilities; working with CECs to liaise with the parents of girls with disabilities and other out-of-school girls to provide targeted social support and track their attendance; and training teachers and ministry of education staff members to identify and support girls with disabilities. Using a girl-centered approach, the project supports learners' participation in girls' empowerment forums, which provide participants with access to mentors, psychosocial first aid, and opportunities to engage in civic action, including addressing discrimination against girls with disabilities and other minority girls. The project also facilitates the process of changing social norms.

**Evidence of Impact:** The project's midline evaluation found that 26% of the girls enrolled in the first cohort (5,262 girls) had diverse types of disabilities, especially mental health disabilities (Madden et al., 2022, p. 74). With USAID support, the project also enrolled 3,103 adolescent girls and female youth with disabilities other than mental health issues; this corresponds with 17% of the participants in 2021-2022 and 6% of those enrolled in 2023 (Consilient, 2023, pp. 195, 136). The midline evaluation found that girls with disabilities had higher gains in literacy than girls without disabilities (26.5 percentage points vs. 16.7); a similar pattern was observed on numeracy (10 percentage points vs. 5) (Madden et al., 2022, p. 48). A qualitative study explored the project's impact on gender and social norms. In focus group discussions, girls with disabilities and other minority groups explained how they gained self-confidence and overcame their fear of participating in class, and expressed how their participation in the project increased social cohesion and reduced discrimination against them in school spaces. Girls with disabilities unanimously described their teachers as being very supportive and acting as a "second parent," and explained how their teachers provided them with remedial support when needed. Some girls without disabilities also mentioned how their teachers adjusted the pace of the lesson to meet the needs of girls with disabilities. In interviews, girls with disabilities indicated that their families also supported their attending school, and the midline evaluation found a decline of 32 percentage points in the proportion of caregivers of girls with disabilities who agreed that cost was a valid reason for keeping a girl out of school; this compares to an average decline of 17 percentage points among all caregivers (Madden et al., 2022, p. 128). The proportion of caregivers of girls with disabilities who reported that it was "unsafe for a girl to attend school" decreased from 8% to zero (p. 117). These results indicate a major shift in the inclusion of girls with disabilities.

**Sources:** Care International in Somalia, USAID/Somalia, FCDO

**Name:** Improving Equity in Learning for Refugee Children

**Organizations:** Humanity & Inclusion, with funding from Porticus

**Country/Region:** Kakuma refugee camp, Kenya (East Africa)

**Years of Implementation:** December 2022-November 2023 (ongoing)

**Brief Description:** The project aims to develop a national inclusive education teacher training module. To do this, HI will conduct a review of existing teacher training modules, develop and pilot the first iteration of the training module, and validate the module with stakeholders, including teachers. The project also aims to create school environments that are responsive to the needs of children with disabilities, which includes providing a school accessibility toolkit, along with capacity-building on the use of inclusive teaching and learning materials. This also involves reviewing existing local and international school materials, and continuing to consult and collaborate with education stakeholders, such as the Ministry of Education, Ministry of Public Works, the National Construction Authority, and other government partners. Another important aspect of this project is providing technical assistance to the government to strengthen data collection (see **Principle 2**).

**Insights and Lessons Learned:** While it is still too early to gauge impact, a key component of this intervention has been continual engagement with teachers to monitor the relevance and quality of the training content. Spot checks and feedback from teachers and learners will inform the inclusive education module content and delivery. A key outcome of the project will be to provide “support to educational partners, local and national stakeholders for inclusion,” thus ensuring that coordination is sustained over the project lifecycle.

**Sources:** Gerhard Pulfer (Portfolio Manager, Education in Displacement, Porticus), Simeon Mawanza (Program Manager, Porticus), and Margaret Ngui (Country Manager, HI)

**Name:** Resource rooms and disability-inclusive teachers

**Organization:** UNHCR

**Country/Region:** Yemen (Middle East)

**Years of Implementation:** Not specified

**Brief Description:** UNHCR worked closely with Yemen’s Ministry of Education and partners to establish fully equipped resource rooms, with the aim of enrolling children with disabilities in primary schools. The resource rooms were installed in each of the ten UNHCR-supported schools and staffed by teachers trained in working with children with disabilities. The teachers adapt the curriculum to the capacities of each child and, when they are ready, re-integrate the children into regular classes with their peers. The teachers continue to provide additional assistance to the children with disabilities, as needed.

**Evidence of Impact:** In the ten schools taking part in the program, the resource rooms have provided extra support to 501 refugee and host community children. The children’s self-esteem has increased, thanks to their mastery of tasks in a supportive environment, and they have become much more capable of studying in regular classes. Resource room teachers continue to work closely with regular classroom teachers after the learners are reintegrated. This all has resulted in an improvement in children’s grades and educational levels.

**Source:** UNHCR (2020)

## Principle 7. Use a rights-based approach to disability-inclusive EiE, and mainstream disability inclusion into organizational and institutional culture.

Principle 7 addresses INEE MS Domain 5, “Education Policy,” Standard 18 (Law and Policy Formulation) and Standard 19 (Planning and Implementation). It emphasizes the importance of a rights-based approach to policy design and implementation at the national, subnational, and local levels in terms of institutional culture, frameworks, or policies.

A rights-based approach means ensuring that all children and youth—in all their diversity—have equitable opportunities to access quality education, health, protection, and other services (see definition of rights-based approach below). For learners with disabilities living in emergency settings, this requires mainstreaming disability inclusion and non-discrimination in all education and emergency preparedness, response, and recovery plans. Article 24, 2(b) of the UN CRPD, an international human rights treaty, ensures that “persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live.” The CRPD can help to design and advocate for new policies and legislation. OPDs are often well-versed in the contents of this document and can support local or national authorities, NGOs, or humanitarian partners in determining how its articles can be appropriately contextualized to a country’s geopolitical context. They also can help to ensure that governments and other stakeholders are held accountable, and that progress includes mainstreaming rather than segregating or separating learners with disabilities from their peers. The placement of learners with disabilities in the least restrictive environment possible should be promoted, with the goal that education systems will gradually transition to a truly inclusive model, wherein learners with disabilities can study alongside their peers and actively participate in a safe and inclusive environment, one in which all learner’s academic, social-emotional, and broader wellbeing needs are met.

A **rights-based approach to education** rests on the human rights principles of non-discrimination and equality, accountability and transparency, participation, empowerment, and the right of education to guide and organize all aspects of learning, from policy to the classroom. Duty bearers, such as parents, teachers, education authorities, and politicians, are bound to meet their obligations and to support children, as rights holders, in claiming their rights. For example, they must ensure that the education they provide does not discriminate, is open to the scrutiny of others, and allows the active participation of learners and other stakeholders. Learners have a right to influence decision-making and achieve change, and they are entitled to know their rights, including the right to participate in all decisions that concern them, both directly and indirectly. Teachers are key agents in transmitting this knowledge to their learners.

A rights-based approach also means that stakeholders recognize the heterogeneous nature of disability, that not all disabilities are easily seen, and that many children and youth, especially in humanitarian settings, have complex and multiple disabilities that affect their learning and wellbeing. To ensure that the rights of these young persons are upheld, policies must be designed to promote flexible and holistic education models and practices that support all learners’ access to quality education, healthcare, protection, and wellbeing. There is no one-size-fits-all approach to disability inclusion in EiE settings, and policies should address the ways disability intersects with other characteristics of vulnerability, such as gender, displacement, citizenship or refugee status, ethnicity, and language. For example, Article 11 of the CRPD is often referred to in relation to asylum-seekers and refugees with disabilities, as it reinforces the obligations of states to provide protection and safety in situations of risk, including armed conflict, humanitarian emergencies, and natural disasters. When addressing intersectionality, stakeholders may want to engage with OPDs and other civil society actors, including women’s rights or indigenous rights groups.

Policies must be monitored to mitigate gaps in implementation at both the government and the programmatic level. A policy should have clearly defined objectives and relevant indicators that relate to disability-inclusive education (see **Principle 2** for more on data). In all contexts, and EiE settings in particular, it is critical that the roles of humanitarian and development actors in the education, health, and other sectors are clearly defined and that coordination and accountability mechanisms are in place. This includes, for example, vertical coordination across levels of government, from national to local authorities, and ensuring that schools and communities are equipped with the data, skills, and information they need to make informed decisions about learners with disabilities and all marginalized learners. They also must have the tools and resources to act accordingly. Budgets and financial plans must earmark funds for disability-inclusive education. This includes educational and other related costs (e.g., assistive devices and technologies) of supporting the meaningful inclusion and participation of children and youth with disabilities. Funding for disability inclusion must be available from the inception of a policy or program

in order to ensure that the needs of the targeted young people are being considered in the design and implementation. Funding mechanisms and sources also need to consider the long-term costs of disability inclusion in EiE settings and ensure that financing is sustained, even beyond the completion of a donor-funded project. Long-term costs to consider include the ongoing need for short- and long-term specialized and/or rehabilitation services for learners with disabilities, ongoing medical assessments to monitor and evaluate the progress and development of their skills, and the need to ensure that assistive devices and technologies are maintained on a regular basis as each child grows and their needs evolve.

OPDs often have the knowledge and vernacular to advocate for inclusive education and the rights of children and youth with disabilities and thus should be meaningfully engaged in lobbying activities and policy discussions. In EiE settings especially, where local capacity may be limited, members of parent teacher associations, community education councils, or other local stakeholders can be brought on board and trained to oversee the implementation of a project or policy. This may include auditing the use of school funds or grants, tracking data on student enrollment or learning, monitoring the facilitation of a new education strategy, or establishing accountability systems at the local level.

## **Box 15. Disability-Inclusive EiE Principle 7 and the INEE Minimum Standards**

Disability-Inclusive EiE Principle 7 addresses INEE MS 18-19. The bullet points below are guidelines that support Principle 7, and they should be used in conjunction with the full Minimum Standards to target learners with disabilities in EiE settings more intentionally. They emphasize the importance of a rights-based approach to policy design and implementation at the national, subnational, and local levels in terms of institutional culture, frameworks, or policies.

### **Standard 18: Law and Policy Formulation**

- Ensure that national and local education laws, regulations, and policies protect and uphold the right to education, universal access, and non-discrimination for every learner, including those with disabilities.
- Engage children and youth with disabilities and their representatives, including OPDs and parents, in the formulation of education laws and policies.
- Monitor and evaluate laws and policies to assess their impact on learners with disabilities, adapt and amend laws and policies accordingly, mitigate implementation gaps, and hold governments accountable.
- Coordinate efforts across education and line ministries to support the education, health, protection, and wellbeing of learners with disabilities.
- Mainstream disability-inclusive training into institutional culture, train education staff and others on the right of persons with disabilities to access education and other services, and to the provision of disability-inclusive services.

### **Standard 19: Planning and Implementation**

- Reflect international and national disability-inclusive legal frameworks, such as the CRPD, in formal and non-formal education systems by emphasizing universal access, non-discrimination, and the removal of the barriers faced by learners with disabilities.
- Link disability-inclusive emergency education plans to national inclusive education plans and strategies, and integrate them into longer-term disability-related development plans.
- Develop and implement national and local education plans that are disability inclusive and prepared to respond to current and future emergencies.
- Engage learners with disabilities and their representatives, especially OPDs and other disability-focused CBOs or NGOs, in the planning and implementation of disability-inclusive education programs.

## Examples of how to use a rights-based approach to disability-inclusive EiE, and mainstream disability inclusion into organizational and institutional culture

**Name:** Aarambha-Leave No Girl Behind

**Organizations:** People in Need ([Aasaman](#) and [Social Organization District Coordination Committee](#), funded by the FCDO)

**Country/Region:** Nepal (South Asia)

**Years of Implementation:** since 2018 (ongoing)

**Brief Description:** Aarambha seeks to improve the life choices and opportunities of out-of-school adolescent girls in the Bara and Rautahat districts of Madhesh Province, the region of Nepal with the highest rates of illiteracy and early marriage. The project provides literacy, numeracy, and life skills training to support girls' transition into the formal education system and other life changes, such as setting up a small business. It also mitigates the adverse effects of early marriage by addressing harmful social and gender norms with community and religious leaders, as well as family members. "Change champions" are mobilized to interact with parents, caregivers, and members of the community on a regular basis and to support changing attitudes toward girls' education and employment. In keeping with the Government of Nepal's School Education Sector Plan (2022-2023–2031-2032), Aarambha supports the Center for Education and Human Resource Development in institutionalizing and operationalizing girls' and inclusive education networks at the national and subnational levels. They also support the formulation of child protection policies and 10-year education plans for promoting inclusive and gender-responsive education, and to reduce the adverse effects of harmful social norms, climate change, and disasters. The project uses the WGQ to screen and identify girls with disabilities, and conducts regular health camps to diagnose and address the health needs of participating girls with disabilities. They provide assistive devices, referral support, and access to government services, such as disability allowances.

**Insights and Lesson Learned, Evidence of Impact:** Through the project, 252 girls with disabilities were identified. A longitudinal assessment conducted in February 2023 indicated that 86% of all participating girls are now regularly attending formal schools (this translates into 2,885 girls, including 107 girls with disabilities). Another 1,460 girls (including 47 girls with disabilities) transitioned onto a business development pathway, and 88% of these girls started their own businesses and are earning an average monthly income of 3,200 NPRs (approximately US\$24). An endline evaluation of one of the three cohorts of participating girls also found that literacy levels increased: the number of girls classified as "non-learners" significantly declined, from 34% to 10.5% in Nepali, 55.8% to 23% in English, and 19.5% to 10.5% in mathematics. An endline evaluation of cohort three in particular showed that community perceptions have also changed; more people now agree that girls and young women should not marry before the legal age (20 years in Nepal), as indicated by a 15% increase (from 76% to 91%). The evaluation also found positive changes in the attitudes of caregivers; the proportion of caregivers who reported supporting the girls' participation in formal schooling increased from 95% to 98%.

**Source:** Arishma Shrestha (Gender Equality, Disability, and Social Inclusion & Protection Lead, People in Need, Nepal)



**Name:** Equitable Access and participation to Education for Children with Disabilities of Rohingya refugee and host community project

**Organizations:** Humanity and Inclusion and UNICEF (donor), with implementing partners including [Bangladesh Rural Advancement Committee](#), [Community Development Center](#), [COAST Foundation](#), [Friendship](#), [Multi-Cox's Bazar](#), and [Plan International Bangladesh](#)

**Country/Region:** Bangladesh (South Asia)

**Years of Implementation:** August 2022-August 2023

**Brief Description:** HI and UNICEF launched the project to address the right to education for children with disabilities in Bangladesh. They took a twin-track approach that combined the direct provision of specialized support to learners with disabilities with technical support to mainstream education service providers. In the first year of action, the direct delivery of specialized education supports had empowered children with disabilities to access mainstream education services, and ten implementing partners improved their understanding of the barriers affecting the participation of children with disabilities in the services of learning centers, as well as their duty to include children with disabilities in education services. Master trainers at each implementing partner have been trained to understand the use of UNICEF's CFM, the specialized services available and the relevant referral pathways, and the concept of reasonable accommodations, including modifications to make classrooms accessible and the provision of accessible education materials.

**Insights and Lesson Learned:** More than 1,000 teachers in the Rohingya refugee camps have been trained in inclusive education, and an increase in school access and retention for learners with disabilities has been reported. An important element of the project has been sustained collaboration with the age and disability working group, local OPDs, and local women's organizations or gender specialists to ensure that disability, gender, and their intersection are reflected in all technical resources. At the community level, HI will continue to actively participate in the education working group, and will coordinate with the age and disability working group and OPDs to advocate for the right of children with disabilities to access and participate in mainstream education.

**Sources:** Survey Respondent, Md. Sohel Rana (Inclusive Education Technical Specialist, HI)

# CONCLUSION

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This report has elaborated on seven guiding principles for disability-inclusive EiE. The guiding principles are the result of a mapping of 190 disability-inclusive EiE approaches, including policies, programs, projects, and other interventions in formal and non-formal EiE settings. The principles are designed to build on the INEE Minimum Standards so that stakeholders working in disability-inclusive education can target learners with disabilities, in all their diversity, more intentionally. While the guiding principles are based on international evidence and best practices and were designed collaboratively with diverse EiE stakeholders, they are not meant to be a prescriptive set of rules. Rather, like the INEE MS, they should be trialed and tested and iteratively adapted as needed to fit the culture and context of the communities in which learners with disabilities live and learn. Future efforts should explore the process of localizing, contextualizing, and adapting these principles across diverse EiE settings.

This report also has identified several evidence gaps relative to disability-inclusive EiE interventions. These include gaps in the evidence on adapted assessment tools and processes, inclusive financing, and other areas. The report also addressed the urgent need to improve the monitoring and evaluation of disability-inclusive EiE approaches in order to better understand what practices and design components lead to the most effective, impactful, scalable, cost-effective, and sustainable disability-inclusive EiE programming. The limited research and evidence on how to improve learning outcomes for children and youth with disabilities in EiE settings hampers progress toward developing more inclusive and equitable education systems and societies.

# KEY TERMINOLOGY

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The key terminology below are important for disability-inclusive education in emergencies as well as the broader inclusion of other subgroups of marginalized/vulnerable children, such as girls, displaced children or refugees, ethnic and linguistic minority groups, and others. All definitions can be found in INEE's [EiE Glossary](#).

## **Ableism**

The unfair treatment, discrimination and social prejudice of persons with disabilities. Ableism is rooted in the assumption and belief that persons with disabilities are inferior to persons without disabilities.

## **Access**

The opportunity to enroll in, attend, and complete a formal or non-formal education program is known as access. When access is unrestricted, it means that there are no practical, financial, physical, security-related, structural, institutional, or sociocultural obstacles to prevent learners from completing an education program.

## **Accessibility**

Entails the removal or mitigation of barriers to people's meaningful participation. These barriers and the measures needed will vary according to disability, age, illness, literacy level, status of language, legal and/or social status, etc.

## **Assistive devices and technologies**

External products (devices, equipment, instruments, software), specially produced or generally available, that help to maintain or improve an individual's functioning and independence, participation, or overall well-being. They can also help prevent secondary impairments and health conditions. Examples of assistive devices and technologies include wheelchairs, prostheses, hearing aids, visual aids, and specialized computer software and hardware that improve mobility, hearing, vision, or the capacity to communicate.

## **Barriers**

Factors or obstacles in a person's environment that hamper their participation on an equal basis with others. They limit a person with disabilities' access to and inclusion in society. These barriers can take various forms, such as physical, communication, attitudinal, systemic, institutional, or environmental. If they are put in place intentionally, they may be classified as a threat, but if their occurrence is inadvertent, they may be described as a vulnerability. Barriers lead to exclusion in both cases and make it likely that persons with disabilities will face more or worse threats and be more vulnerable than others affected by a crisis.

## **Child-friendly spaces and schools**

A supportive educational and community environment that is inclusive, healthy, friendly, protective and rights based. The Child-Friendly School model, developed by UNICEF, promotes inclusiveness, gender-sensitivity, tolerance, dignity and personal empowerment.

## **Children and adolescent at risk**

Children and adolescents at risk are those more susceptible to harm and/or may have limited access to protection and essential services such as education, health care, water, sanitation, and hygiene (WASH), and child protection. While most children in EiE settings face at least some risks, subgroups of children may be more at risk due to their socioeconomic level, gender, ethnicity, language, displacement, citizenship status, or disability. Indeed, the children and adolescents who are most at risk in EiE settings often have intersecting vulnerabilities.

## **Convention of the Rights of the Child**

The Convention of the Rights of the Child is an international legally-binding agreement adopted in 1989 and signed by 169 countries. It sets out children's rights, as well as governments' responsibilities in ensuring and promoting these rights for every child, without any discrimination. Article 2 establishes that States Parties respect and ensure the rights "to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status." Article 22 of the CRC states that State Parties have the duty to ensure appropriate protection and humanitarian assistance for refugee children. Article 23 encourages States Parties to recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community. Article 28 of the CRC states that "States Parties recognize the right of the child to education based on equal opportunity", and take all the measures to make educational and vocational opportunities available and accessible to every child.

## **Convention on the Rights of Persons with Disability (CRPD)**

The CRPD is an international human rights treaty ratified by an overwhelming majority of States, which commits States Parties to promote, protect, and ensure the full enjoyment of all human rights by persons with disabilities. Article 24 of the CRPD focuses on persons with disabilities' right to education and it ensures that States Parties recognize this right, and work towards its realization on the basis of equal opportunities, without discrimination. Article 11 reinforces the obligations of states to ensure protection and safety of asylum-seekers and refugees with disabilities in situations of risk, including armed conflict, humanitarian emergencies and natural disasters.

## **Disability**

Disability is an evolving concept. It results from the interaction between a physical, psychosocial or mental, developmental, or sensory impairment that a person has and barriers in the environment that hinder their full and effective participation in society on an equal basis with others.

## **Disability-inclusive education**

Disability-inclusive education means ensuring that informational, environmental, physical, attitudinal, and financial barriers do not inhibit learners with disabilities from participating in education. Achieving quality disability-inclusive education in emergency and crisis-affected contexts depends on:

- Requiring all schools and facilities to meet minimum standards of accessibility, including in emergency settings
- Investing in teacher training that will equip all teachers to respond to diversity in the classroom and disability inclusion in particular
- Ensuring that teaching and learning materials/resources are available in accessible formats and are easily adaptable for specific types of disabilities
- Investing in assistive technology and devices for children with disabilities
- Ensuring the involvement of Organizations of Persons with Disabilities in education planning and monitoring

## **Diversity**

The difference and/or a variety in a group of people, in terms of ethnicity, ability/disability, gender, culture, religion, language, and other characteristics. Promoting diversity or diversity approaches necessitates responding positively to the differences between and within groups and taking a unified approach to tackling the causes and outcomes of discrimination.

## **Do no harm**

Do no harm is an approach which helps to identify unintended negative or positive impacts of humanitarian and development interventions in settings where there is conflict or risk of conflict. It can be applied during planning, monitoring, and evaluation to ensure that the intervention does not worsen the conflict, but rather contributes to improving it. Do no harm is considered an essential basis for the work of organizations operating in situations of conflict.

## **Early intervention**

Refers to the early identification of children and adolescents with disabilities and the provision of effective support services, such as devising an individualized family support plan, procuring assistive devices and technologies, or referring a young person with disabilities to rehabilitation and other specialized services. In an EiE setting, early intervention refers to the need to respond quickly to a crisis, to identify needs, and to mobilize data or resources to respond to those needs. In disability-inclusive EiE, early intervention means both of these things: responding quickly to an emergency, and to the needs of learners with disabilities of any age, but especially in the early years, where and when possible.

## **Education in emergencies**

Refers to the quality learning opportunities for all ages in situations of crisis, including early childhood development, primary, secondary, non-formal, technical, vocational, higher and adult education. Education in emergencies provides physical, psychosocial and cognitive protection that can sustain and save lives.

Common situations of crisis in which education in emergencies is essential include conflicts, protracted crises, situations of violence, forced displacement, disasters, and public health emergencies. Education in emergencies is a wider concept than 'emergency education response' which is an essential part of it.

## **Enablers**

Measures that remove barriers or reduce their effects, and thus improve the participation, resilience, and safety of persons with disabilities.

## **Equality**

A principle based on treating everyone equally and ensuring that all members of a group enjoy the same inputs, outputs, or outcomes relative to their status, rights, and responsibilities.

## **Equity**

Rooted in the recognition that people are innately different and that each individual requires different resources and/or opportunities in keeping with their personal circumstances. Fairness and justice are achieved by systematically assessing disparities in opportunities, outcomes, and representation, and redressing those disparities through targeted actions.

## **Impairment**

A personal characteristic that limits an individual's functional capacity. It can be temporary or permanent. An impairment can be developmental, physical, sensory, psychosocial or mental, or other.

## **Inclusion**

Inclusion emphasizes equitable access and participation, and responds positively to the individual needs and competencies of all people. Inclusive approaches work across all sectors and the wider community to ensure that every person, irrespective of gender, language, ability, religion, nationality, or other characteristics, is supported to meaningfully participate alongside their peers.

## **Inclusive education**

A process that protects the presence, participation, and achievement of all individuals in equitable learning opportunities. It ensures that education policies, practices, and facilities respect the diversity of all individuals in the education context. Exclusion from education can result from discrimination, or from a lack of support to remove barriers and avoid the use of languages, content, or teaching methods that do not benefit all learners. Persons with physical, sensory, psychosocial/ mental, and developmental disabilities are often among the most excluded from education. Inclusive education acknowledges that all individuals can learn and that everyone has unique characteristics, interests, abilities and learning needs. Therefore, inclusive education means ensuring that the barriers to participation and learning are removed and that curricula, and teaching and learning materials are adapted, made accessible and appropriate for all learners, in all their diversity to reach their full potential. In relevant contexts, it can also be referred to as 'Inclusive education in emergencies'.

## **Individualized education plan (IEP)**

Individualized Education Plan (IEP) is a part of planning, monitoring, and evaluating a learner's progress in accordance with an adapted education program. In some countries, an IEP is a legal document developed for each learner with a disability or special education needs. In crisis-affected contexts and during emergencies, where a comprehensive assessment or diagnosis of a disability or health condition is often difficult to conduct, an IEP can be developed to inform modification to curriculum, assessments, or instruction. An IEP should be individualized and designed with a single learner in mind through a participatory approach, whereby the young person, their family, teacher(s), and other key personnel, such as therapists, are actively involved in the process of selecting the appropriate reasonable accommodations and in making decisions about necessary adaptations or modifications.

## **Integration**

In education settings, integration refers to the provision of education services for children and adolescents with disabilities in the same school, but in separate classrooms, or in the same classrooms on the condition that the learners with disabilities adapt to and comply with the same school norms, standards, and requirements as their peers.

## **Intersectionality**

Intersectionality recognizes that the many elements of individual identity such as disability, gender, ethnicity, race, age, language, class or caste, citizenship status or religion are not static or one-dimensional characteristics. They are dynamic and complex. They overlap and interact in ways that affect how individuals or groups may experience marginalization or exclusion from education.

## **Least restrictive environment**

Seeking the least restrictive environment refers to educating children and adolescents with disabilities, including those in public or private institutions or other education facilities, alongside their peers without disabilities to the maximum extent appropriate. Special classes, separate schooling, or other removal of learners with disabilities from the regular educational environment should occur only when the nature or severity of a child's disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

## **Localization**

A process of recognizing, respecting and strengthening the independence of leadership and decision making by local and national actors in humanitarian action, in order to better address the needs of affected populations.

## **Marginalization**

A form of acute and persistent disadvantage rooted in various factors, including discrimination, prejudice, unequal power dynamics, and systemic inequalities.

## **Marginalized groups**

Groups in any given culture or context where they are at risk of being excluded and discriminated against because of their personal and group characteristics. Such groups may encounter barriers that limit their access to resources, opportunities, and decision-making processes.

## **Organizations of persons with disabilities**

Organizations of persons with disabilities (OPDs) are organizations and associations that are led, directed, and governed by persons with disabilities; that are committed to the Convention on the Rights of Persons with Disabilities (CRPD); and that fully respect the principles and rights affirmed therein. They also include organizations for the families and relatives of persons with disabilities, which represent groups that in some contexts may not have the legal capacity to form organizations, such as children (i.e., minors) with disabilities and individuals with intellectual disabilities. Some OPDs represent persons with all types of impairments, while others focus on a particular impairment, gender, or sectoral issue. They may represent people in a particular geographic area or those who belong to an international or national network. While OPDs can be direct responders, they also play a critical role in representing the perspectives and priorities of crisis-affected persons with disabilities throughout the humanitarian program cycle. In order to achieve an effective locally led response, their role must be recognized and supported.

## **Participation**

Participation refers to a person's involvement in and influence of processes, decisions, and activities. It is a right extended to all, and is the basis for working with communities and developing education programs. No group of people should be denied the opportunity to participate because they are hard to reach or difficult to work with. That said, participation is also voluntary, and people should be invited and encouraged to participate, rather than coerced or manipulated.

Participation in education may include a range of activities and approaches, starting with the removal of barriers to create a safe and inclusive environment for all learners so that their needs are met and that no child is left behind. It also means ensuring that all learners have the resources and support they need to actively engage with, analyze, or represent learning content, and to express themselves in an education setting. Active, meaningful participation in education also presumes that all learners' voices are heard and considered.

## **Quality Education**

Understanding of what "quality" means may vary between contexts, and different actors may have their own definitions. Broadly, quality education encompasses seven characteristics.

1. **Rights-based:** Quality education is accessible, equitable, protective, participatory, non-discriminatory, and inclusive of all people.
2. **Contextualized and relevant:** Education systems address the needs of the learners by using culturally and linguistically relevant learning materials.
3. **Holistic development of learners:** Quality education promotes cognitive development, social and emotional skills, mental health and psychosocial wellbeing, values of responsible citizenship, economic sustainability, and peacebuilding.
4. **Teaching and learning:** Teachers receive adequate compensation and relevant training so that they understand pedagogic content and have the knowledge and skills they need to support learners' holistic development.
5. **Enabling resources:** Quality education includes adequate and relevant resources for teaching and learning and fosters links between the resources available in the school, home, and community to improve holistic learning outcomes.
6. **Learning outcomes:** Quality education allows learners to develop the necessary knowledge, skills, and competencies to meet certification requirements, progress through the education system, and access lifelong learning opportunities.
7. **Learning continuity:** Quality education provides sustained learning opportunities across the humanitarian-development-peacebuilding nexus.



### **Reasonable accommodation**

In inclusive education, ensuring the right to reasonable accommodation entails a transformation in culture, policy and practice in all formal and non-formal educational environments to accommodate the differing requirements and identities of individual learners, together with a commitment to removing the barriers that impede that possibility. It involves strengthening the capacity of the education system to reach out to all learners. It focuses on the necessary and appropriate modification and adjustments where needed to ensure to persons with disabilities full and effective participation, accessibility, attendance and achievement, especially to those who, for different reasons, are excluded or at risk of being marginalized.

### **Right to education**

International human rights law guarantees the right to education. The Universal Declaration on Human Rights, adopted in 1948, proclaims in its article 26: “everyone has the right to education.” Since then, the right to education has been widely recognized and developed by a number of international normative instruments elaborated by the UN, including the International Covenant on Economic, Social and Cultural Rights, the Convention on the Rights of the Child, and the UNESCO Convention against Discrimination in Education. It has been reaffirmed in other treaties covering specific groups (women and girls, persons with disabilities, migrants, refugees, indigenous people, etc.) or contexts (education during armed conflicts). The 1951 Convention on the Status of Refugees, for example, guarantees a refugee’s right to education as do various instruments on behalf of internally displaced persons (the Kampala Convention and the Cartagena Agreement). The right to education has been incorporated into various regional treaties and enshrined as a right in the vast majority of national constitutions.

### **Rights-based approach to education**

A rights-based approach to education rests on the human rights principles of non-discrimination and equality, accountability and transparency, participation, empowerment, and the right of education to guide and organize all aspects of learning, from policy to the classroom. Duty bearers, such as parents, teachers, education authorities, and politicians, are bound to meet their obligations and to support children, as rights holders, in claiming their rights. For example, they must ensure that the education they provide does not discriminate, is open to the scrutiny of others, and allows the active participation of learners and other stakeholders. Learners have a right to influence decision-making and achieve change, and they are entitled to know their rights, including the right to participate in all decisions that concern them, both directly and indirectly. Teachers are key agents in transmitting this knowledge to their learners

### **Segregation**

Segregation is the act by which a person separates other persons on the basis of race, color, language, religion, nationality or national or ethnic origin without an objective and reasonable justification.

Within the education system, segregation refers to the operation of a school system in which learners are wholly or substantially separated among the schools on the basis of ability, race, color, sex, or national origin, or within a school on the basis of ability, race, color, or national origin. Segregation has been a common approach to disability, among others identifiers mentioned, due to a belief that children and adolescents with disabilities cannot learn alongside their peers due to their diverse needs.

### **Special education**

Special education is designed to facilitate the learning of individuals who, for a wide variety of reasons, require additional support and/or adaptive pedagogical methods in order to participate and meet learning objectives in an educational program. Learners in special education may follow the same or an adapted curriculum, and their individual needs are supported by targeted teaching strategies, and/or specific resources, such as specially trained personnel, specialized equipment, or learning spaces. These programs can be provided for individual learners within existing educational programs or as separate classes within the same or separate education institutions. Traditionally, the vision of ‘Special Education’ differs from an inclusive education system, since it relies on segregation or integration, instead of inclusion.

### **Special education needs**

Children have special education needs if they have an impairment, learning difficulty, or situational challenge which calls for special educational provisions to be made for them.

### **Twin-track approach**

The twin-track approach in inclusive education involves making system-level changes that enable all learners to be included in the mainstream classroom and providing specific adaptations and support to meet the needs of individual learners. This approach, which is recognized by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), requires a commitment to the universal design of inclusive systems that remove all barriers (e.g., discriminatory laws or policies, inaccessible infrastructure, or financial) and reasonable accommodation for individual needs.

**Universal design**

The design of products, environments, programs, and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. “Universal design” shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.

**Universal design for learning**

An education framework that recognizes that all children and adolescents learn in different ways and benefit from differentiated learning techniques in the classroom. Essentially, UDL is applied to educational practices, spaces, and materials, seeking to adapt to individual differences and learning styles in flexible school environments. This approach is specially adapted to children and adolescents with different types of disabilities and it facilitates their inclusion in the classroom.

**Vulnerability**

The extent to which some people may be disproportionately affected by the disruption of their physical environment and social support mechanisms following disaster or conflict. Vulnerability is specific to each person and each situation.

**Vulnerable groups**

Refer to segments of the population that are more susceptible to experiencing harm, discrimination, or disadvantage due to various factors such as their social, economic, geographic location, or physical circumstances. These groups may face increased risks, have limited access to resources or opportunities, and require specific support and protection to ensure their well-being and equal participation in society. Vulnerable groups can vary across different contexts, but some common examples include children, elderly, persons with disabilities, women and girls, ethnic and racial minorities, LGBTQIA+ individuals, immigrants and migrants, refugees and displaced persons etc. It is important to note that these groups are not mutually exclusive, and individuals can belong to multiple vulnerable groups simultaneously.

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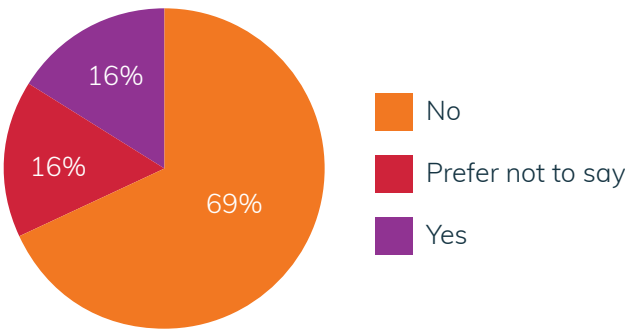
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# APPENDICES

## A. SURVEY SAMPLE

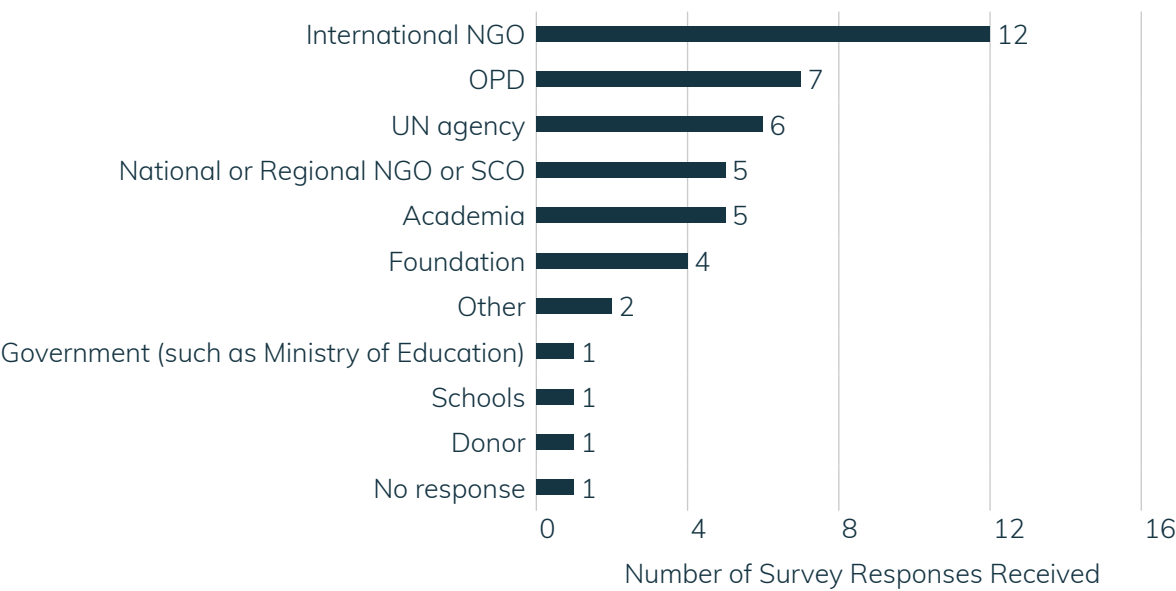
The figure below presents information on how survey respondents (n = 45) self-identified: 69% report not having a disability, 16% report having a disability, and the remaining 16% preferred not to say.

Do you consider a with disability?



The next figure provides information on the type of organizations or institutes represented by survey respondents. Most survey respondents work in either international NGOs (12), OPDs (7), UN agencies (6), national or regional NGO or CSOs (5), academia (5), or foundations (4). One (1) survey respondent worked for the government, one (1) was a school practitioner, and one (1) was a donor. Two (2) survey respondents worked for a different type of organization/institute, and one (1) did not identify their organization or institute.

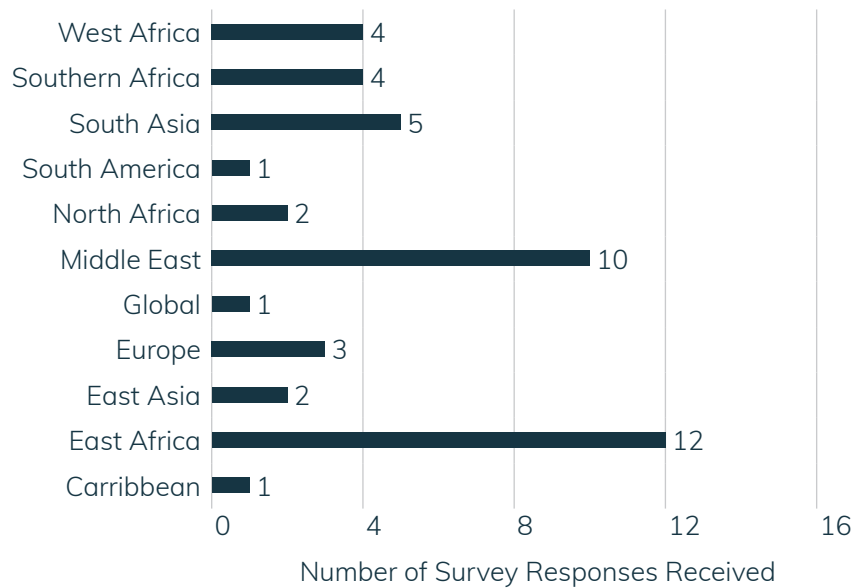
Type of Organization or Institute Represented by Survey Respondents



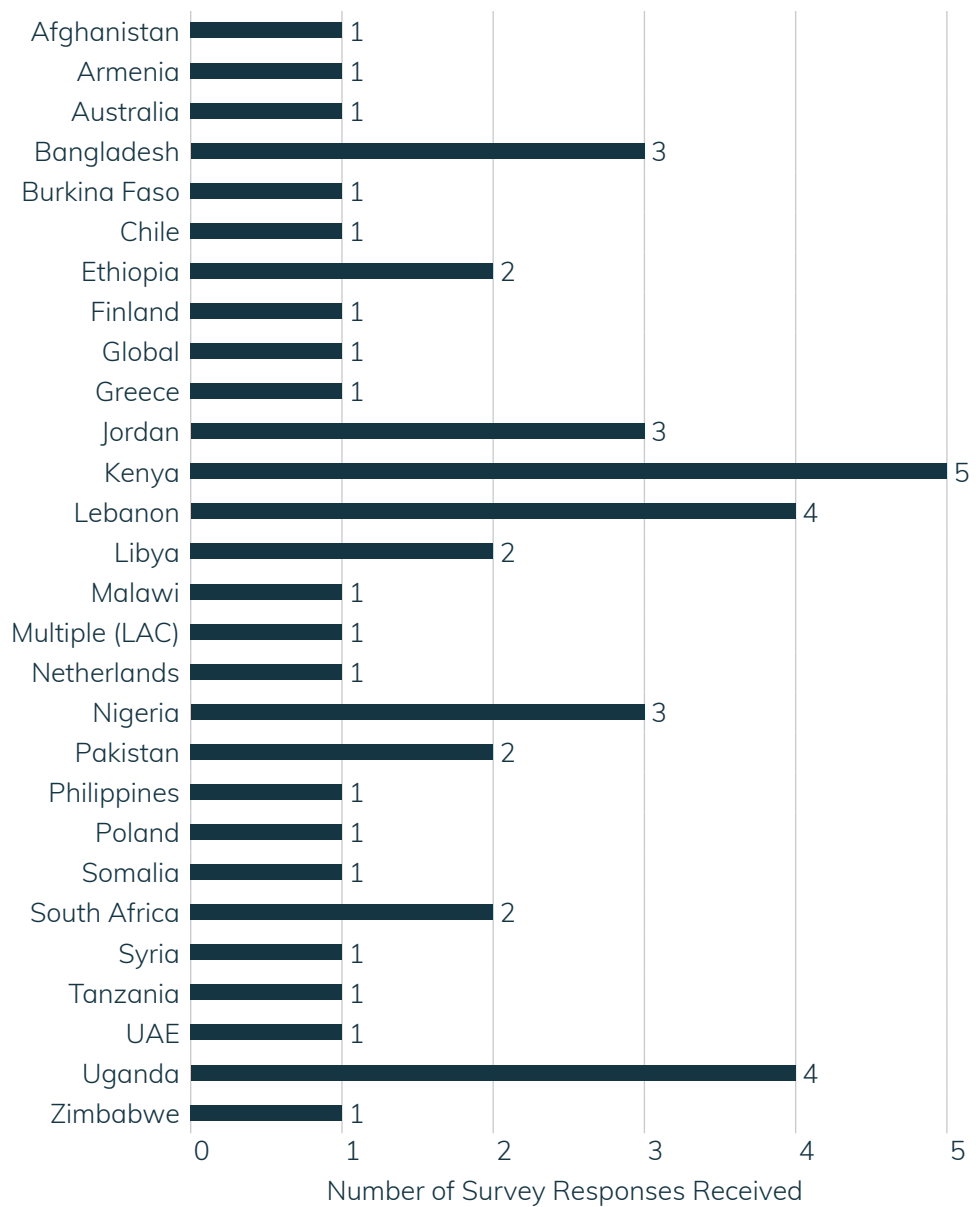
The figures below shed light on the regions and countries represented by survey responses. Most survey respondents work on disability-inclusive EiE projects in the East Africa region (12) (especially Kenya and Uganda) and the Middle East (10) (especially Lebanon and Jordan), followed by South Asia (5), Southern Africa and West Africa (4 each). Fewer examples were received from stakeholders working in South America and the Caribbean (1 each) as well as from North Africa and East Asia (2).



### Regions represented in Survey responses



### Countries represented in Survey responses



## B. CODING FRAMEWORK

Code	Subcode	Includes	Does not include
General information	Name of project/intervention	If there is no name, write a few words to describe what the project/approach is about.	NA
	Implementing organization	NA	NA
	Donor	NA	NA
	Year(s) implemented	NA	NA
	Country of implementation	All countries that have been affected by a humanitarian crisis other than COVID-19	Countries from the Global North that are not considered in emergency situations beyond COVID-19
	Region of implementation	Global, Caribbean, Central Africa, Central America, Central Asia, East Africa, East Asia, Europe, Middle East, North Africa, North America, Oceania, South America, South Asia, Southern Africa, West Africa	NA
Target learners - disability	Type of disability	Either write "Not Specified" or use the language from the text. We will use this information later to create a categorization/typology of disabilities.	
Target learners—other	Gender-specific	For girls or boys (e.g., GBV, gender-responsive pedagogy, etc.)	
	Age-specific	Focused on adolescents, early-grade learners, etc.	
	Refugees or displaced learners	Internally displaced persons (IDPs) or refugees in other countries	
	Host communities		
	Pre-primary learners	ECD, ECE, preschool	
	Primary learners		
	Secondary learners		
	Post-secondary	TVET, tertiary	
	Formal education settings	School-based or remote	
	Non-formal education settings and/or out-of-school children/youth	Refugee camps, parallel systems, NGO education, etc.	
	Other	If none of the above	
Type of emergency	Conflict	War, armed conflict, post-conflict, gang/urban violence, etc.	
	Environmental	Earthquake, flooding, droughts, wildfires, tsunamis, etc.	
	Health	Pandemics and epidemics, e.g., COVID-19, Ebola, cholera, etc.	COVID-19 in Northern contexts (e.g., USA, UK)
	Economic crisis	Food insecurity, inflation, extreme poverty, etc.	
	Political crisis	Corruption, fragility, nascent political systems, etc.	
	Other	If other, not included above	
	Unclear	If not specified, and cannot be deduced from context clues	

Code	Subcode	Includes	Does not include
Phase of emergency	Preparedness		
	Response		
	Recovery		
Key elements of approach	Policy/governance	National or international level policy (e.g., refugee integration policies, etc.), efforts to build the capacity of Ministries, and/or strengthen coordination and collaboration across government actors and other stakeholders	
	Inclusive financing		
	Identification and referral		
	Data strengthening		
	Community	Activities with parents/caregivers, families, and/or community leaders	
	OPDs	Specific activities or consultation with OPDs	
	School leadership	Training for school leaders (including Code of Conducts)	
	Teacher training	Training in pedagogy, Codes of Conduct, etc.	
	Assistive technologies	<u>WHO (2018) definition</u> , includes procurement and/or use of devices and access to support services, such as community rehabilitation	
	Accessible TLM	Low-cost TLM as well as educational technology (EdTech), use of Resource Centers, Resource Rooms, or Resource Units etc.	Assistive technologies
	Curriculum and Assessment	Adaptations or reasonable accommodations to curriculum/assessment	
	Universal Design	Specifically mentions drawing on "universal" design principles to design/create infrastructure, curriculum, assessment, TLM, etc.	
	Transportation	Routes/vehicles, etc.	
	Infrastructure	Construction or refurbishment	
	Distance/remote teaching	With or without technology	
	Awareness-raising	Community campaigns, raising awareness, addressing stigma, discrimination or attitudinal barriers	
	Safety and protection	GBV, child friendly schools, etc.	
	WASH	Accessible WASH facilities in schools or communities	
	Health and nutrition	School feeding, vaccinations, rehabilitation, etc.	
	Other	Anything not above	

Code	Subcode	Includes	Does not include
INEE Minimum Standards addressed	Domain 1	Foundational Standards for a Quality Response	
	Domain 2	Access and learning environment	
	Domain 3	<u>Teaching and learning</u>	
	Domain 4	<u>Teachers and Other Education Personnel</u>	
	Domain 5	<u>Education Policy</u>	
Evidence of Impact	[Open field] Include evidence of impact or simply write "NA"	Evidence of indicators used in monitoring and evaluation, reach/scalability, or change in access, learning, health, safety, or wellbeing, etc. Includes self-reported and measurable impact	
Strength of Evidence	High	Rigorous impact evaluations	NA
	Medium	Some pre/post data provided, but may lack rigor	NA
	Low	Evidence of impact but with no clear explanation of how data was collected, or with clear "red flags" related to data	NA
	Reach Only	Only evidence of reach	NA
	NA	No evidence of impact or reach provided	NA
Source	[Open field] Include references from Zotero		
Comments	[Open field] optional, to include queries or comments		

## C. FULL LIST OF COUNTRIES WITH DISABILITY-INCLUSIVE EiE APPROACHES

Number of coded disability-inclusive EiE approaches per country

Afghanistan	3	Indonesia	6	Poland	1
Angola	2	Iran	1	Rwanda	7
Armenia	1	Iraq	3	Samoa	1
Australia	1	Jordan	9	Serbia	1
Bangladesh	15	Kenya	11	Solomon Islands	1
Botswana	1	Kiribati	1	Somalia	4
Burkina Faso	2	Lebanon	7	South Africa	3
Burundi	1	Lesotho	1	South Sudan	3
Bhutan	1	Libya	2	Sri Lanka	3
Cameroon	2	Madagascar	1	Sudan	1
CAR	1	Malawi	2	Syria	6
Chad	6	Malaysia	2	Tajikistan	1
Chile	2	Maldives	1	Tanzania	6
Colombia	1	Marshall Islands	2	Thailand	1
Cook Islands	1	Mongolia	2	Timor Leste	1
Democratic Republic of Congo	1	Mozambique	5	Togo	1
Djibouti	1	Myanmar	1	Tokelau	1
Dominican Republic	1	Namibia	1	Tonga	1
Eswatini	1	Nauru	1	Turkey	1
Ethiopia	5	Nepal	8	Tuvalu	1
Finland	1	Netherlands	1	UAE	1
Georgia	1	Nicaragua	1	Uganda	10
Ghana	2	Nigeria	3	Vanuatu	1
Greece	1	Pakistan	6	West Bank and Gaza	2
Guatemala	1	Palau	1	Yemen	4
Guyana	1	Palestine	3	Zambia	2
Haiti	2	Peru	1	Zimbabwe	2
India	5	Philippines	2		

## D. ADDITIONAL TOOLS AND RESOURCES

Additional Tools and Resources Related to Principle 1	Disability	Education	Emergencies
<a href="#">UN's (2021) A Call to Action to UN Funds, Agencies and Programs, Member States, and OPDs for the Meaningful Participation of Young Persons with Disabilities</a>	X	X	
<a href="#">UNPRPD's (2021) Learning About Meaningful Engagement with Organizations of Persons with Disabilities in Public Health Emergencies, Including COVID-19</a>	X	X	X
Leonard Cheshire's <a href="#">2-page quick guide on meaningfully engaging OPDs</a>	X		
<a href="#">World Bank's (2022) Technical Note on Disability-Inclusive Citizen Engagement</a>	X		
<a href="#">Geographical Open Data Kit (GEODK)</a> is an open source software that used to store geo-referenced information, which could serve when mapping potential partners, OPDs, or service providers (see Principle 3)	X	X	X
Additional Tools and Resources Related to Principle 2	Disability	Education	Emergencies
Including everyone: Strengthening the collection and use of data about persons with disabilities in humanitarian situations <a href="#">(HI, UNICEF - 2019)</a>	X		X
Washington Group on Disability Statistics, <a href="#">disaggregation and SDGs guidance</a>	X		
<a href="#">UNICEF's (2020) "Producing disability-inclusive data" guidance</a>	X		
<a href="#">USAID's (2020) Education Disability Measurement Toolkit</a> provides guidance and a decision-tree on how to select tools for identifying learners with disabilities	X	X	
<a href="#">No Lost Generation's (2021) Syria Monitoring Framework</a> with diverse disability-related indicators to measure student enrollment, access to scholarships, education supplies, or accessible transportation, or accessible and gender-responsive classrooms/WASH facilities	X	X	
World Bank Online Course, <a href="#">"Collecting Data in Disability and Inclusion"</a>	X		
DCDD's <a href="#">Towards Disability Inclusive Programme Monitoring</a> interactive toolkit	X		X
UNICEF's (2023) <a href="#">Disability-Inclusive Evaluations guidelines</a>	X		X
Additional Tools and Resources Related to Principle 3	Disability	Education	Emergencies
Opportunities and Challenges for Disability-Inclusive Early Childhood Development in Emergencies <a href="#">(INEE, 2022)</a>	X	X	X
UNICEF's (2022) <a href="#">Early Detection Tools for Children with Developmental Delays and Disabilities in the Middle East and North Africa</a>	X		
UNICEF's (2014) <a href="#">Early Childhood Development in Emergencies: Integrated Programme Guide</a> , and (2012) <a href="#">Early Childhood Development Kit for Emergencies</a> , available in English, French, Portuguese, Russian, Spanish, and Arabic		X	X
Moving Minds Alliance (2023) <a href="#">Young Children in Crisis Resource Kit</a> , including individual briefs on <a href="#">education</a> , <a href="#">child protection</a> , and <a href="#">health/nutrition</a>		X	X



<a href="#">World Health Organization's (2023) Global Scales for Early Development (GSED)</a> , an open-access package designed to provide a standardized method for measuring development of children up to 36 months of age at population and programmatic level globally, and including resources for caregivers and an adaptation/translation tool	X		
<a href="#">Atvisor</a> is an AI-based digital platform for assistive technology consultation, which helps find the best suited assistive technology for education, mobility, domestic life, work, leisure, and communication.	X		
Additional Tools and Resources Related to Principle 4	Disability	Education	Emergencies
<a href="#">INEE's (2021) PSS and SEL Distance Education Resources for Teachers</a>		X	X
<a href="#">UNESCO's PEER Inclusion profiles</a> provide a summary of relevant policies, strategies, and legal frameworks in relation to persons with disabilities and other marginalized groups	X		
<a href="#">INEE Pocket guide for IE</a>	X	X	X
Additional Tools and Resources Related to Principle 5	Disability	Education	Emergencies
<a href="#">CAST's UDL Curriculum Toolkit</a>	X	X	
<a href="#">USAID's UDL Literacy and Reading Toolkit</a> , available in English, French, Spanish, and Arabic	X	X	
International Disability Alliance's (2021) <a href="#">Universal Design for Learning and its Role in Ensuring Access to Inclusive Education for All</a>	X	X	
<a href="#">Accessible Digital Learning Portal</a> is a repository of accessible digital resources to support learners with and without disabilities. It includes teacher guides for the development of accessible teaching and learning materials for in-person and remote education, as well as various implementation examples.	X	X	
UNESCO's <a href="#">Embracing Diversity: Toolkit for Creating Inclusive-Learning Friendly Environments</a>	X	X	
See the following reports for examples of effective disability-inclusive remote teaching practices during COVID-19: (1) Disability inclusive COVID-19 response: best practices ( <a href="#">UNESCO &amp; UNRPD, 2021</a> ), (2) Learners with Disabilities and COVID-19 School Closures: Findings from a Global Survey Conducted by the World Bank's Inclusive Education Initiative ( <a href="#">World Bank, 2021</a> ); (3) Technical Guidance Note on Promotion of Inclusive Education in Uganda during the COVID-19 Crisis ( <a href="#">Inclusive Education Teacher Task Force, 2020</a> )	X	X	X
Additional Tools and Resources Related to Principle 6	Disability	Education	Emergencies
INEE and IASC's <a href="#">EiE Harmonized Training Module 15: Inclusive Education</a>	X	X	X
INEE (2022) <a href="#">Teacher Wellbeing Guidance Note</a>		X	X
Kaya, Save the Children Sweden and EENET online e-learning that provides a basic understanding of inclusive education for education technical experts—( <a href="https://kayaconnect.org/course/info.php?id=1453">https://kayaconnect.org/course/info.php?id=1453</a> )	X	X	
UNRWA's <a href="#">School-Based Teacher Development II program for teachers of grades 7-12</a>		X	

<a href="#">Vide: recording of UNESCO Bangkok, Asia and Pacific Regional Bureau for Education webinar, Teacher Training and Curriculum: Developing Teachers' Understanding of Inclusive Principles with examples from Bhutan and other EiE settings</a>	X	X	X
Additional Tools and Resources Related to Principle 7	Disability	Education	Emergencies
<a href="#">UNESCO's PEER Inclusion profiles</a> provide a summary of relevant policies, strategies, and legal frameworks in relation to persons with disabilities and other marginalized groups	X	X	
<a href="#">Transforming Education to Protect Children's Rights in Emergencies and Crises (WV, Oxfam &amp; Global Campaign for Education, 2021)</a>	X	X	X
<a href="#">A Guide for ensuring inclusion and equity in education (UNESCO, 2017)</a>	X	X	
<a href="#">Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights (UNFPA, 2018)</a> available in English, French, Spanish, and Easy Read	X		X
<a href="#">Intersectionality Resource Guide and Toolkit (UNPRPD &amp; UN Women, 2021)</a>	X		
<a href="#">Disability Justice Audit Tool</a> (Northwest Health Foundation, n.d.)	X		



**Inter-agency Network for  
Education in Emergencies**