

Disability Inclusion Helpdesk Report No: 37

Query title	Education for children with disabilities during the COVID-19 pandemic: lessons from Ebola towards a data and evidence agenda
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Query	<p>Question 1: What is the emerging evidence on the potential short- and long-term impacts of COVID-19 on primary and secondary education for children (particularly girls) with disabilities?</p> <p>Question 2: What are some potential options for disability-inclusive education during the pandemic and the recovery phase, drawing from lessons learned and evidence from previous pandemics?</p> <p>Question 3: Where evidence is lacking, what kind of evidence and data should be collected on disability-inclusive education during the response and recovery?</p>
Enquirer	Children, Youth and Education Department, DfID

Contents

- > Overview
- > Question 1: impacts of COVID-19 on education for children with disabilities
- > Question 2: lessons learned on education for children with disabilities during the Ebola outbreak in Sierra Leone
- > Question 3: Evidence and data required on disability-inclusive education during the COVID-19 pandemic
- > Expert contributors
- > References

1. Overview

There is currently extremely limited data and evidence available on the impacts of COVID-19 on education for children with disabilities in low and middle income countries (LMICs). Some organisations have raised concerns that COVID-19 may increase disparities between children with disabilities and children without disabilities in education, and provided guidance to address this.¹ For example:

- **UNICEF** recommends providing support to education actors to ensure that distance learning platforms are safe and accessible to children with disabilities; teachers are trained on supporting children with disabilities remotely; and that any special education programmes are included in measures to ensure continuity of education. They also recommend providing support to caregivers of children with disabilities, including those with

¹ Please note DFID's Disability Inclusion Team developed by the Disability Inclusion Helpdesk will shortly issue guidance on a disability-inclusive COVID-19 response and recovery which includes a section on education.

Disability Inclusion Helpdesk Report No: 37

development and/or intellectual disabilities, in implementing specific consideration when managing care and education of their children at home, and their own mental health and psychosocial wellbeing (UNICEF, 2020).

- **The International Disability Alliance (IDA)** recommends that Disabled Peoples' Organisations (DPOs) should play a key role in ensuring a disability-inclusive response to COVID-19 by coordinating with education authorities to sensitise them on how the pandemic and response plans may disproportionately impact persons with disabilities; offer tailored practical tips on how to address accessibility barriers or specific measures required by people with disabilities; and contribute to the national or local emergency response (IDA, 2020).
- **UNESCO's** guidance on distance learning highlights the need for children with disabilities to have access to these programmes, including a suggestion to provide families with temporary digital devices from computer labs and support them to connect to the internet (UNESCO, 2020a).

Due to the limited evidence available and the short timeframe for this query, it was not possible to provide a comprehensive response to questions 1 and 2.² The query therefore focuses on drawing lessons from the response to Ebola in West Africa under question 2, and proposals for data and evidence in the COVID-19 response and recovery.³ We expect more evidence of the impacts on education for children with disabilities to become available in the coming weeks, and a follow-up query could be completed with time to discuss the available evidence with NGOs and Disabled Peoples' Organisations (DPOs).

There is also limited evidence available in the public sphere on education for children with disabilities during and after the Ebola crisis in West Africa in 2014 to 2016, although some lessons learned are available from a DFID-funded project led by Plan International (expert input from L. Wapling and M. Kett).⁴ The Government of Sierra Leone's Ebola Recovery Strategy (2015) notes support for children with disabilities was needed to return to school, however it did not include further details on how this would be implemented (Government of Sierra Leone, 2015). Despite the lack of publicly available lessons, a DFID Girls Education Challenge project, led by Plan International in partnership with Humanity & Inclusion in Sierra Leone, does provide some useful lessons for the COVID-19 response. They are:

- Mobilising trusted community workers during the response enabled ongoing communication with children with disabilities and their families.
- Additional effort was required to support children with disabilities to return to education after school closures ended, due to parents' fears of contracting Ebola and education of children with disabilities being viewed as a waste of (reduced) resources.
- During school closures there were increases in sexual exploitation and abuse of girls, and early pregnancies, including of girls with disabilities. This was a barrier to returning to school

² This is likely to be possible in a subsequent query.

³ Initially planned for three days researcher time, this query used 1.5 days.

⁴ It is likely that organisations involved in the Ebola response are likely to publish learning on disability inclusion in the coming weeks. For example, Leonard Cheshire currently has plans to do this. However, publicly available lessons remain very few.

Disability Inclusion Helpdesk Report No: 37

for these girls due to a ban on pregnant girls attending schools.

- The lockdown period became an opportunity to improve disability-inclusive education in the long-term, as HI and Plan worked with schools and teachers to adapt infrastructure and increase capacity.

Considering the lack of evidence available from both the COVID-19 and Ebola health crises, it is important to ensure more evidence and data is collected to understand the experiences of children with disabilities. This report provides recommendations for collecting data and evidence on basic elements of disability inclusion, as well as the specific impacts of COVID-19 on education for children with disabilities (particularly girls) and interventions to address these impacts. These focus on collecting data disaggregated by age, gender and disability, collection of qualitative data from children with disabilities and their families, as well as monitoring involvement in the education response. Data and evidence are also needed on the availability, accessibility, quality and use of alternative education provision during school closures, as well as the safety of children with disabilities and long-term impacts on education outcomes.

2. What is the emerging evidence on the potential short- and long-term impacts of COVID-19 on primary and secondary education for children (particularly girls) with disabilities?

There is currently not enough evidence available on the impacts of COVID-19 on primary and secondary education for children with disabilities in LMICs to answer this question comprehensively. In addition, there is no publicly available data or evidence on the impacts on girls with disabilities. UNESCO data does show that currently 91 percent of the world's total enrolled students (1.6 billion students) are impacted by school closures (UNESCO, 2020). UNESCO research from prior to the pandemic found that across 49 countries people with disabilities are less likely to ever attend school, more likely to be out of school, less likely to complete primary or secondary education, they tend to have fewer years of education than persons without disabilities, and they are less likely to possess basic literacy skills (UNESCO, 2018). It is likely that school closures during the COVID-19 pandemic may exacerbate these pre-existing disparities.

It was not within the remit of the query to examine impacts in high income countries, however, there are indications that children with disabilities may be disproportionately impacted during the COVID-19 pandemic. It should be noted, however, that in comparison to impacts in other sectors such as livelihoods and food security, it appears there has so far been less attention on education.⁵ For example:

- In the USA, where education and disability rights advocates have highlighted that the USA's COVID-19 aid package may allow Congress to waive portions of the Individuals with Disabilities Education Act, which guarantees students with disabilities a free public education. By providing education online, many students are losing access to services that were provided in person such as occupational and physical therapy, and some districts have

⁵ See Meaney-Davis, J., Lee, H. and N. Corby. (2020) [The impacts of COVID-19 on people with disabilities](#) (No. 35). London, UK: Disability Inclusion Helpdesk for further info.

Disability Inclusion Helpdesk Report No: 37

been fearing lawsuits from their parents, which could lead to pressure on Congress to waive the law (Jones, 2020).

- In Australia, a survey of 200 families with children and young people with disabilities found respondents complained about mixed messages from education systems about how the lockdown would affect support for students, and 86% had not received the information they need on how to keep their children safe during the crisis.⁶
- In the UK, Disability Rights UK has suggested that guidance on how special schools are affected by the lockdown is unclear.⁷

3. What are some potential options for disability-inclusive education during the pandemic and the recovery phase, drawing from lessons learned and evidence from previous pandemics?

There is currently not enough evidence available to make sound recommendations on options for disability-inclusive education during the COVID-19 pandemic. There is some information emerging on how education programmes are responding to the COVID-19 crisis, including how they are seeking to ensure children with disabilities are not left behind.⁸ For example:

- **DFID's Girls' Education Challenge⁹** projects are currently planning how they will respond, with support from gender and social inclusion specialists in the fund management team. As of 14th April 2020, all schools are closed in the countries in which GEC operates disrupting the education of large numbers of girls, including those with disabilities and forcing education systems to adapt rapidly to the need for alternative provisioning. Key emerging issues include the potential for increased safeguarding risks and isolation for vulnerable children, such as those with disabilities. One emerging example of a more inclusive response includes carrying out regular rapid assessments (via telephone and where permitted, in person) with a small selection of beneficiaries with a range of vulnerabilities to check on issues like general living conditions, health and hygiene practices, knowledge and awareness around COVID-19, safeguarding and psychological stress and coping mechanisms. This information, alongside inputs from other stakeholders such as teachers, headteachers and project staff, is being used on a weekly basis to monitor the feasibility of adapted activities in a rapidly changing context. Other projects are utilising their community connections to stay in touch with households where children with disabilities live to check on their general wellbeing and ensure they have educational materials available (expert input from Lorraine Wapling).
- **eKitabu**, an organisation dedicated to increasing the accessibility of digital content for quality education, has produced a series of digital books for early grade readers in Kenya and Rwanda which include Kenya and Rwanda sign languages. In Kenya the government

⁶ <https://www.theguardian.com/world/2020/mar/17/australians-with-disabilities-missing-out-on-essential-services-as-covid-19-crisis-escalates#maincontent>

⁷ <https://www.disabilityrightsuk.org/coronavirus#Education>

⁸ Please note this information comes from partners and is not available online.

⁹ The programme currently works in 17 low-income countries.

Disability Inclusion Helpdesk Report No: 37

have just started to broadcast a series of 30-minute TV programmes aimed at early grade readers for those using Kenya sign language with the content from these ebooks. The plan is to monitor the uptake of these programmes and measure their impact on the language development of young deaf children (expert input from Lorraine Wapling).

Some lessons on education of children with disabilities can be drawn from the response to the Ebola outbreak from 2014 to 2016 in Sierra Leone. During the outbreak, all schools in Sierra Leone were closed for more than nine months as a disease prevention measure, and it is estimated that each student lost 780 hours of learning (UNDG, 2015). In response, the Government of Sierra Leone implemented a radio-based learning programme, with support from UNICEF and the Global Partnership for Education (GPE), through 30 minute broadcasts five days a week covering maths, English and civic education for primary and secondary school children.¹⁰ The Government of Sierra Leone developed a recovery strategy that mentioned that children with disabilities would be supported to return to education after restrictions were lifted, however the strategy does not explain specific methods for doing so (Government of Sierra Leone, 2015).

There is no disaggregated data available on the impacts of school closures during the Ebola outbreak on children with disabilities, including on learning outcomes (ACAPs, 2016). However, situational analyses conducted with children with and without disabilities during recovery phase found that overwhelmingly, children viewed the closure of schools as the primary concern for them during the Ebola outbreak (Risso-Gill and Finnegan, 2015). Some of children's main concerns were forgetting what they had learned, losing their ability to concentrate; not having any learning materials to maintain study during school closure; missing friends; increases in child labour and exploitation; exposure to violence in the home and community; and increases in teenage pregnancy (Risso-Gill and Finnegan, 2015). Many children also suffered from social isolation and post-traumatic stress (UNESCO, 2020; Wang et al. 2020; Fisher et al., 2018). Consultations with children with disabilities found they were more likely to face social isolation than their peers during the Ebola outbreak (Plan International, 2015).

During the Ebola outbreak, Plan International and Handicap International (now Humanity and Inclusion, HI) worked with local Disabled Peoples' Organisations (DPOs) and NGOs to provide targeted support to children with disabilities and their families during the Ebola outbreak. HI had already been implementing an inclusive education programme, and when the Ebola outbreak began, they adapted the programme to the emergency context. HI established an inclusion technical unit to ensure people with disabilities were included in planning and response initiatives, and activities were coordinated with government and NGOs to ensure a disability-inclusive response. Local staff conducted situational analyses by interviewing people with disabilities and their families, and they ensured that people with disabilities had access to information and services. The technical unit also provided training for response partners to ensure all activities were inclusive of people with disabilities (Huebner 2014).

Their programme aimed to promote the education of marginalised girls and children with disabilities in Sierra Leone and support the re-opening of schools following the Ebola outbreak, targeting 21,060 marginalised girls, 2,200 children with disabilities and 540 primary schools in 5 districts of Sierra Leone. Activities included:

¹⁰ <https://blogs.worldbank.org/education/impact-ebola-education-sierra-leone>

Disability Inclusion Helpdesk Report No: 37

- Mobilising a network of trusted community workers who were responsible for identifying and referring children with disabilities and raising awareness of parents and communities on how to protect themselves from Ebola and access to education during and after the Ebola outbreak.
- Regular communication between community workers, children with disabilities and their families over the phone during the outbreak to check on their safety and ensure they could access information.
- Training partners and teachers in inclusive education.
- Encouraging partner organisations to take disability into account in all their activities.
- Distributing radios and school supplies such as notebooks and to poor households that could not afford to buy radios or batteries while education programmes were broadcast by the government via radio and television.
- Psychosocial and sexual health and reproduction awareness-raising activities with girls.
(Sources: HI, 2016; HI, 2020b).

This rapid review did not identify any publicly available evaluations with information on the extent to which the government’s radio and television education programmes were accessible to children with disabilities, including children hearing impairments or learning disabilities. However, two assessments in Sierra Leone from the recovery phase found that during the outbreak some children in rural locations did not have easy or reliable access to radio, television or electricity, and there were issues with language barriers and comprehension that meant that some children could not benefit from remote learning provided during the school closure (Risso-Gill and Finnegan, 2015; World Bank, 2016). Monitoring barriers such as these, as well as specific barriers to children with disabilities in accessing alternative education during the COVID-19 pandemic is therefore likely to be critical.

While there are no publicly available evaluations of Plan and HI’s programme or the inclusivity of the government’s education response, the following lessons can be drawn from the experience in Sierra Leone:

- The Inclusion Unit was a key mechanism for coordinating between government, DPOs and NGOs to ensure disability inclusion in the response.
- Mobilising trusted community workers during the response enabled ongoing communication with children with disabilities and their families about their needs and safety during the outbreak and their return to school during the recovery phase.
- The Ebola crisis led to increases in sexual violence, exploitation of girls, and an increase in teen pregnancies in Sierra Leone while schools were closed. Cases of sexual exploitation, sexual abuse, teenage pregnancy and early marriage occurred across all countries affected by Ebola while schools were closed (Denny et al., 2015; UNDP, 2015; Fraser, 2020), and HI reported that several girls with disabilities from their education programme did not return to school having become pregnant during the Ebola outbreak (HI, 2020b). Furthermore, the Government of Sierra Leone introduced a ban on girls who were visibly pregnant from returning to school, claiming that attending school was bad for their health and would encourage other students to get pregnant (Bandiera et al., 2018). The ban has only been

Disability Inclusion Helpdesk Report No: 37

lifted recently in March 2020 after many years of campaigning by education and human rights advocates (Watt, 2020). Recent data showing women and girls with disabilities are at higher risk of different types of violence indicates that similar concerns about safeguarding of girls with disabilities during the COVID-19 pandemic may emerge (Dunkle et al., 2018; Fraser et al., 2019).

- Additional effort was required to support children with disabilities to return to education after school closures ended. According to HI, parents of children with disabilities were reluctant to send them back to school after the state of emergency was lifted, as parents were fearful of Ebola infection, and there was a belief that educating children with disabilities was a waste of resources (HI, 2020b). In response, HI launched a back to school campaign through awareness raising by the community workers, and the provision of in-kind resources such as notebooks, pencils and new shoes as an incentive to return to school (HI, 2020b). They installed hand-washing facilities, gave teachers thermometers to check children's temperatures, and continued prevention programmes to help children and their parents feel safe at school (HI, 2020b).
- The lockdown period became an opportunity to improve disability-inclusive education in the long-term. For example, during the Ebola outbreak and school closures, HI used the downtime to make schools more accessible by installing accessible ramps, training teachers on disability inclusion, and building capacity of other NGOs and government on disability inclusion (Huebner, 2014; HI, 2016), and later in the response, Plan also made changes to school infrastructure, provided bursaries for children with disabilities, held remedial classes outside of school for children with disabilities, and provided protection and psychosocial support for children with disabilities (Plan International, 2015).

4. Where evidence is lacking, what kind of evidence and data should be collected on disability-inclusive education during the response and recovery?

There is a need for basic data on disability inclusion, as well as specific data and evidence on the impacts of COVID-19 on education for children with disabilities (particularly girls) and inclusive education interventions. The following points draw heavily on inputs from Lorraine Wapling, senior Helpdesk Adviser and disability inclusion adviser at the GEC:

Basic data and evidence required on disability inclusion:

- **All data being collected by programmes should be disaggregated by disability using (at a minimum) the Washington Group short set questions (WGQs).** A key gap in the evidence base from previous health emergencies is the lack of disability-disaggregated data. Now that the WGQs are more widely known about and used, it is important to continue to request disability disaggregation from implementing agencies when they are reporting on their interventions.
- **Education responses to the COVID-19 pandemic should collect *qualitative* data on the experiences of children with disabilities and their families.** This was also a significant gap in education research from the Ebola outbreak. This rapid evidence review found only

Disability Inclusion Helpdesk Report No: 37

one piece of research from the Ebola outbreak that included qualitative research with children with disabilities (Risso-Gill and Finnegan, 2015).

- **All quantitative and qualitative data and evidence must also be disaggregated by gender and age.** Research, monitoring and evaluation should apply an intersectional lens, taking in to account the specific experiences of girls with disabilities, children with disabilities of different age groups, and children with disabilities from marginalised groups.
- **Baseline data on inclusive education needs to be collected early.** This rapid evidence review found that very little baseline data on education was collected during the Ebola response, and as a result there is now very limited evaluative information available, and almost none on disability-inclusive education. Many LMICs have made commitments to the UN Convention on the Rights of Persons with Disabilities (CRPD), including the right to inclusive education for children with disabilities, therefore baseline data may be available or collected from this starting point.
- **The extent to which education responses are coordinated with DPOs should be monitored.** As highlighted in the case study above, DPOs played a critical role in engaging with children with disabilities and their families during the Ebola outbreak in Sierra Leone, however this case study is the only substantial publicly available information on the role of DPOs in education during the Ebola outbreak.
- **Impacts on education should be monitored for both children who normally attend mainstream schools and children who normally attend segregated schools specifically for children with disabilities.**

Data and evidence required on the impacts of COVID-19, school closures and physical distancing strategies on education for children with disabilities (particularly girls) and inclusive education during the pandemic:

- **Impacts on availability of education services for children with disabilities:** for example, data and evidence is needed on the extent to which special needs teachers are available and being utilised for the design and delivery of distance learning interventions; and the availability of at-home education materials in accessible formats.
- **Impacts on accessibility of education services for children with disabilities:** for example, data and evidence is needed on the extent to which information about distance education interventions and the return to school is accessible to children with disabilities and their families; the extent to which children with a range of impairments can access distance learning interventions such as radio or television broadcasts; the extent to which children with disabilities can still access support services normally provided through schools such as rehabilitation services, medications and medical treatments, assistive technologies, psychosocial support, school feeding programmes and nutritional support; and the extent to which the economic impact of COVID-19 impacts children with disabilities' access to education in the recovery phase.

Disability Inclusion Helpdesk Report No: 37

- **Impacts on utilisation of education services by children with disabilities:** for example, data and evidence is needed on enrolment rates of children with disabilities during the pandemic and recovery phase, as compared to prior to the pandemic; and on how COVID-19 is affecting children with disabilities' wellbeing (and thereby their utilisation of education), including the impacts of isolation from peers, fears of COVID-19 infection, and stigmatisation of children with disabilities in the context of the pandemic.
- **Impacts on safety of children with disabilities while schools are closed:** for example, data and evidence is needed on the extent to which children with disabilities (particularly girls) are safe from risks of abuse, neglect and exploitation while isolated and away from schools; and the extent to which parents and carers of children with disabilities are supported during the pandemic.
- **Impacts on the quality of education services for children with disabilities:** for example, evidence and data is needed on the extent to which the views and experiences of children with disabilities and their families are sought for in input in to the design, monitoring and evaluation of distance learning interventions; the extent to which teachers are trained on disability inclusion during the crisis; and how the pandemic affects the long term educational outcomes for children with disabilities.
- **Potential impacts of long-term improvements to disability-inclusive education:** for example, data and evidence could be collected on innovative approaches to inclusive education that could be expanded after the pandemic; on improvements made to education infrastructure during lockdowns, such as the removal of physical barriers to schools or the introduction of training programmes for teachers.

Disability Inclusion Helpdesk Report No: 37

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Disability Inclusion Helpdesk Report No: 37

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Disability Inclusion Helpdesk Report No: 37

About Helpdesk reports: The Disability Inclusion Helpdesk is funded by the UK Department for International Development, contracted through the Disability Inclusion Team (DIT) under the Disability Inclusive Development Programme. Helpdesk reports are based on between 3 and 4.5 days of desk-based research per query and are designed to provide a brief overview of the key issues and expert thinking on issues around disability inclusion. Where referring to documented evidence, Helpdesk teams will seek to understand the methodologies used to generate evidence and will summarise this in Helpdesk outputs, noting any concerns with the robustness of the evidence being presented. For some Helpdesk services, in particular the practical know-how queries, the emphasis will be focused far less on academic validity of evidence and more on the validity of first-hand experience among disabled people and practitioners delivering and monitoring programmes on the ground. All sources will be clearly referenced.

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