Inception Report

The Development of a National Policy for the Inclusion of People with Disabilities in Education in South Sudan

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Commissioned to act as Consultants on the Terms of Reference Developed by the Ministry of General Education and Instruction (MOGEI) South Sudan.

To develop the National Special Needs Education Policy Framework

Agreed by Republic of South Sudan Ministry of Education, Science and Technology

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Stromme Foundation

Funded by NORAD

January 2014

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1.Introduction.

The Republic of South Sudan both through its Transitional Constitution(2011)- Article 29 and 30 in particular and the General Education Act (2012) has committed itself to universal education and developing an accessible education system to include children and students with disabilities. The Education Development Plan's (2012-2017) objective is to "ensure equitable participation in a rapidly expanding and quality education system geared to promoting sustainable development throughout South Sudan". Disability is considered under the sub-objective 3 that is to "facilitate access to learning for pupils with special educational needs." There are many factors that inhibit the access to and successful completion of education for children and young people with disabilities.

Specific services and equal access to mainstream and basic services are lacking for the majority of persons with disabilities and their families and especially those in urban areas and outside Juba¹. For instance, women and girls with disabilities are less likely than women and girls without disabilities and men and boys with and without disabilities to access education². Negative attitudes towards disability and persons with disabilities are hindering barriers to equally participate in social and economic life, and/or access services for many persons with disabilities. Persons with disabilities experience varying degrees of physical and verbal violence based on disability prejudice³. The majority of local authority and services providers expressed a lack of knowledge and experience to provide services and enable equal participation of people with disabilities⁴. Consequently in the majority of programmes and policies supporting the development of South Sudan, persons with disabilities are invisible and/or not considered a part of the target population. This is impacting negatively on the quality of life and participation of persons with disabilities, their families and negatively on the socio-economic development⁵ of South Sudan⁶. A policy for Inclusive Education will need to identify how these barriers specifically impact on education and provide planned solutions.

A National Inclusion/SEN Policy that is not embraced and owned by all the key stakeholders will not be implemented, especially in the difficult circumstances that South Sudan is in. Therefore the plan and the process of constructing it need to be based on the widest possible consultation and consensus making.

However, there are many barriers to achieving these aims. The long years of conflict have led to an uneven spread of resources, schools, teachers and literacy rates across the ten states.

Access to education has increased drastically since the Comprehensive Peace Agreement - from 0.7 million in 2005 to less than 1.4 million in 2011. A basic school infrastructure has been created from almost nothing and this is a remarkable achievement; particularly when considering the context⁷.

¹ National Disability Assessment: Eastern Equatoria, Jonglei, & Western Bahr el-Ghazal States, Forcier consulting for MGCSW, Sept 2012; 5th Sudan Population and Housing Census – 2008; Consultation Report

MGCSW: National Disability Assessment: Eastern Equatoria, Jonglei, & Western Bahr el-Ghazal States, Forcier consulting for MGCSW, 2012; 5th Sudan Population and Housing Census – 2008, Priority results, technical working group (central Bureau of Statistics), Apr. 2009
 MGCSW: National Disability Assessment: Eastern Equatoria, Jonglei, & Western Bahr el-Ghazal States, Forcier consulting for MGCSW, 2012

⁴ Handicap International: Development of a National Policy on Disability and Inclusion in South Sudan. National Consultations Report. 2013. Unpublished; Mission Report on National Consultation for Disability and Inclusion Policy, 2013, unpublished.

⁵ The ILO's global study "The Price of Exclusion" of 2009 on the impact of disabling environmental barriers on the Gross Domestic Product (GDP) shows that 5-7 % of the national GDP are lost due to barriers limiting the capacity of persons with disabilities to contribute to the socio-economic processes of their countries.

⁶ MGCSW(2013) South Sudan National Disability and Inclusion Policy

⁷ Ministry of General Education and Instruction(2012)General Education Strategic Plan, 2012-2017 p22

Looking just at primary education (Grade 1-8) the problems are exemplified. There is massive demand for education which has led to a shortage of qualified primary school teachers. Combined with poor management and supervision of teachers, lack of physical infrastructure, inadequate teaching and learning materials, and low participation of school committees and communities in school management all contribute to access and quality challenges. For example, in 2010 for the 68.8 percent of the primary age population that eventually enrolled in school, only 18 percent were likely to complete the 8 years of the primary cycle. Only 13 percent of schools offered the eighth and final grade (with large disparities between states), affecting access and motivation for retention and completion. Classrooms continue to be overcrowded due to over age children, the continuous arrival of returnees and IDPs who may use schools as emergency shelters; leading to disruption of schooling and potential tensions. This puts a strain on classrooms, teachers and text books; hence lowering quality. Less than half of the learning spaces are permanent or semi-permanent structures. This is a major access problem because some of these poor structures may be destroyed by seasonal rains or floods and are less secure. Here too, large disparities prevail between states8. The National Policy will need to address all of these factors to the extent that they impinge on the inclusion of people with disabilities.

2.Numbers

The WHO estimates that 15% of the World population is disabled⁹. If there are 1 Billion disabled people in the World, children with disabilities in the majority world will be 250-300 million; twice current estimates. Despite the success of 'Education for All', with 95% enrolled in primary, a larger proportion of those not in school are children with disabilities-40%¹⁰. Drop-out and failure to complete primary is higher¹¹ and lack of transition to secondary and higher education even higher. Many countries only record 2-3% of children as disabled. Recent work through UN Statistics in selected countries puts children with disabilities at 14%-20% of the total. ¹²

According to the South Sudan education management information system (EMIS), which has been successfully established, in 2011 only 22,896 or 1.6% of primary learners and 1.7% secondary learners were identified as learners with special educational needs. These figures are likely to be an underestimate because of the questions asked and the lack of expertise of those completing.

We know proportions of children with disabilities can increase with poverty and environmental factors such as land mines, malaria or river blindness.

The 5th Census in 2008¹³ showed a prevalence rate of disability at 5.1% (424,000 persons out of 8.28 Million-the population at the time) with a variation from 3.1% to 8.1% per state, 5.1% for male and 5.0% for female, and evenly spread across age groups. 85% of persons with disabilities live in rural areas, 15% in urban areas. This compares to 83% of the general population living in rural.

⁹ WHO(01) World Report on Disability

⁸ Ibid p24

¹⁰ Inclusion International (2009). Better Education for All: When We're Included Too. A Global Report, http://inclusion-international.org.cluster.cwcs.co.uk/wp-content/uploads/Better-Educationfor-All Global-Report October-2009.pdf

¹¹ UNESCO(2010) Global Monitoring Report pp181-183 and World Health Organisation(2011)' World Report on Disability' New York ¹² A recent study in Bhutan of children aged 2-9 years identified 21% with some impairment in a functional area National Statistics Bureau, Bhutan, 2012,(pp1-2). A similar study carried out in Cambodia ¹² found impairment levels at 15.6%; 10% had a disability and 3.2% had moderate, severe or profound levels of disability. UNICEF Cambodia Country Office (2011) Cambodia Childhood Disability Survey. Provided by Peter De Vries, UNICEF Cambodia. A study by the Vietnamese Census analysing out-of-school children ¹² showed that 85% of children with disabilities did not finish school; 33% had never attended school; and 45% of persons with disabilities were illiterate. This is in contrast to completion rates of well over 90% for those without disabilities.UNICEF EAPRO Viet Nam 2010 Census as cited in the "Out-of-School Children Initiative, Viet Nam Country Study 2012"

¹³ 5th Sudan Population and Housing Census – 2008, Priority results, technical working group (central Bureau of Statistics), Apr. 2009. However, this figure can be estimated to be a minimum figure given the questionnaire utilized and the change in population structure and set up since 2009

According to the National Disability Assessment (2012)¹⁴, the main self-reported causes of impairment among the surveyed population with severe disability are:- eye disease (23.5%), war/conflict(21%), poliomyelitis (21%), mental illness (14.1%), acquired at birth (12.2%), road accident (10.6%), animal/snake bite (10%), physical violence and abuse (8.8%), burns (6.7%), hypertension (3.8%) and HIV/AIDS (0.9%).

A random sample of 563 households in Yei (Central Equatoria) and Mundri (Western Equatoria), counties of South Sudan in a study on inclusive education¹⁵, found 700 children with disabilities 28% severe and 72% moderate or mild. Most significant impairments in the sample were epilepsy (39.4%), physical impairment (18.3%), hearing impairment (12.9%) and nodding syndrome (10.6%), a mysterious condition spreading at alarming speed and whose cause is not known. Given that families in the sample had an average of 6 children, this would mean approximately a child population with impairment of 20.7%.

This is likely to be a more realistic estimate of children with disabilities and means only 1 in 12 children with disabilities are likely to be in school or in school and correctly identified. All the above suggests there is an urgent need to identify the potential number of people with disabilities who may need to access education so their needs and reasonable adjustments can be planned for. The MGCSW paper suggests higher attendance of children and students with disabilities but does not quote a source.

"In South Sudan, school attendance of persons with disabilities varies from 21.9% to 24.3% according to surveys. The ratio drops to 17.6% for female in all surveyed locations, and to only 10.5% in Warrap state. It shows large discrepancies between male and female and between states. There is no available data on succession and completion of education rate of children with disabilities. The drop-out ratio stands at 48% but there is no data available on the out of school children with disabilities and adult learners with disabilities. Children with sensory and intellectual impairment are less likely to attend schools". 16

A National Policy on SEN and Inclusion must specify how data, which is accurate and specific, will be collected and made widely available to schools and educationalists on a regular basis with agreed definitions used throughout the education system. The data results need to be linked to the education budget making process to provide ring-fenced funding for children and students with SEN and the training of their teachers and others involved in the process e.g. Inspectors, Headteachers, Teacher Trainers and Itinerant Resource Teachers, Parents, Community Leaders and Disabled People's Organisations.

3. Implications of a shifting paradigm on disability

There has been a shifting focus on disability as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) demonstrates that the world is moving from a charity/medical model to one focussed on the social model/human rights; a position that is still far from being accepted by the mainstream.

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¹⁴ National Disability Assessment: Eastern Equatoria, Jonglei, & Western Bahr el-Ghazal States, Forcier consulting for MGCSW, Sept 2012

¹⁵ Sserunkuma, M.C., Moses, D., Ali,B. & Ngwn, A(2012)'Baseline study on the situation of inclusive education in Yei and Mundri counties South Sudan', Light of the World. Sponsored by European Commission.

¹⁶ MGCSW(2013) South Sudan National Disability and Inclusion Policy p29

"Recognizing that disability is an evolving concept and that **disability** results from the interaction of persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others."

UNCRPD Article 1¹⁷ and definition adopted in South Sudan National Disability and Inclusion Policy.

Focussing on the barriers faced by disabled people rather than the impairments or deficit from 'normality' in the person is the fundamental shift taking place and is known as a paradigm shift under which the whole way disability is conceptualised, changes.

"Paradigm Shift -Persons with disabilities are not viewed as "objects" of charity, medical treatment and social protection; rather as "subjects" with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society". UN DESA http://www.un.org/disabilities/

The UNCRPD is now ratified, meaning it is legally enforceable in the 139 countries that have ratified it. South Sudan has indicated in its Disability and Inclusion Policy that it wishes to adhere to the UNCRPD¹⁸. The CRPD moves us from a Medical Model of Disability(Figure 1) where the problem is seen to be in the person (to be an object of charity, to be cured, fixed, separated or segregated from others) to a Social Model of Disability (Figure 2), based on a Human Rights approach. In the Social Model, the problem lies with society and recognises that attitudes, organisation and environments need to be transformed. In education this means moving from an approach which is based on what children *cannot* do (and often excluded or separated from their non-disabled peers) to one based on what they *can* do, if provided with individually tailored support and reasonable accommodations.

Central to this shift is the slogan of the World Disability Movement –'Nothing About Us Without Us'. One cannot change the position of disabled people in society without having disabled people and their representative organizations at the centre of that change.

This is an historic shift that is taking place and has its roots in the history of the last 50 years when disabled people began to challenge the way in which they had been treated. This shift was global, taking place in the Western world (USA, Canada and Europe) but also in places such as Tanzania, Zimbabwe and Malaysia. So seismic was the change that in 1981 at the first meeting of Disabled People International it became clear that we could adopt the Social model with a clear distinction between 'impairment' and 'disability'.

"Impairment is the functional limitation within the individual caused by physical, mental or sensory impairment.

Disability is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers." 19

Since this coming together of minds it only took 25 years to the moment when the United Nations agreed to this new approach of viewing disability in its Convention (UNCRPD) passed in 2006. This has been much faster than the development and acceptance of human rights approaches for other oppressed groups such as women and girls or ethnic minorities. How long have we struggled for women's equality, or the abolition of slavery? Some would argue that we still do not have it. Despite the success of the UN adopting the Social Model of disability, we still must contend with disabling attitudes that are deeply embedded in all cultures across the world.

¹⁹ Drieger, D. (1989). *The Last Civil Rights Movement*. London: Hurst &Co. (p20

Barnes, C. (1991). Disabled People in Britain and Discrimination. (p2)London: Hurst & Co., in association with the British Council of Organisations of Disabled People. http://www.leeds.ac.uk/disabilitystudies/archiveuk/barnes

¹⁷ United Nations (2006) 'Convention on the Rights of Persons with Disabilities' http://www.un.org/disabilities/default.asp?id=150

 $^{^{\}rm 18}$ MGCSW(2013) South Sudan National Disability and Inclusion Policy p 7

In many parts of the world traditional ideas about disability are still dominant and lead to inhumane and discriminatory responses to disabled people. These are often hidden beneath layers of the 'right' words and thoughts. Here are just a few of the phrases designed to 'explain' disability that I have come across whilst working in the South Pacific, Southern Africa, Uganda and India: demon possessed, evil, bewitched/cursed, tools for begging, contagious, shameful, a burden, asexual, cure for AIDS, cannot be educated, laughable, because your parents did something wrong, angry spirits, broke a taboo, a pregnant woman saw or ate something, it's your own fault, the wrong marriage, worshipping animals or misused bride price. These are just a few of the myriad of wrong notions about people with disabilities that still pervade the world and are embedded deep in our cultures through negative stereotypes. These are continually recycled in drama and news portrayals in the media. These are the common perceptions of the vast majority of people in the world and if one scratches just beneath the surface one will often find them. People may speak in the language of equality, but they still think in disabilist terms.

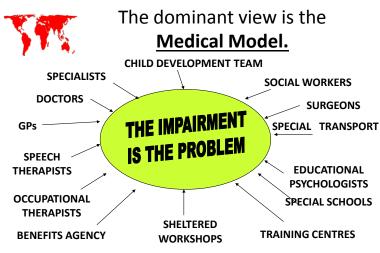


Figure 1: The Medical Model of Disability

DISABLED PEOPLE AS PASSIVE RECEIVERS OF SERVICES AIMED AT CURE OR MANAGEMENT.

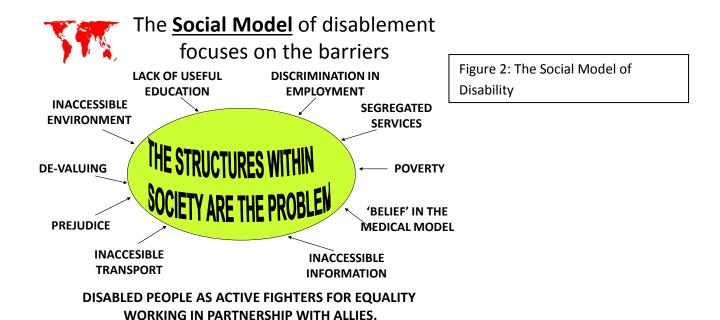
There is a very valuable role of medical science in eradicating illness and ameliorating impairing conditions (particularly in low income countries) and the role of Community Based Rehabilitation in identifying and supporting people with disabilities and shifting attitudes towards their acceptance and inclusion²⁰. As in many parts of the poorer world there is just not the understanding and networks available for supporting children with disabilities. A shift is necessary from a focus defined by the medically identified characteristics of our impairments, to a perspective that challenges the largely negative societal views, where identifying the factors that disable us and reinforcing our human rights are what will transform society.

Around the world disabled people have, nevertheless, protested against the reductionist views of the 'Medical model' (Figure 1), and have asserted that we know best what to do with our bodies and minds and that we have to be in the 'loop' of decision making about us. It is very important to empower young people with disabilities to be the experts and to have a voice. If we do not do this how will they ever live independently. This needs to start at the earliest age with children with disabilities, as soon as they become sensate, because if we are to develop inclusion, then underlying this is the idea that having the impairment is not the problem, regardless of the type or severity.

People with disabilities need to do things differently like use large print, learn Braille, sign language or learning in a different way or pace. When these are mastered they can get on with learning and for those who have some form of learning or communication impairment, ridged curriculum and assessment methods pose barriers. It is the barriers of attitudes, organisation or environment that

²⁰ WHO (2010). Community Based Rehabilitation CBR Guidelines: Education. New York: World Health Organisation.

hold disabled students back and the responsibility for change lies with the disabling teachers and education systems of the world.



If one maps the types of education provided into the traditional, medical and social models of disability, we get the chart below (Figure 3). In the traditional way of thinking the disabled person is viewed as a shame on the family, a source of guilt or the result of ignorance. The disabled person is general viewed as of no value. The impact on education is that they are **excluded from the education system**.

Figure 3: Types of thinking about disabled people and forms of education.

7.82 Medical 1 Focus on what DP cannot do. Attempt to normalize or if cannot make to fit into things as they are keep them separate. Person can be supported by minor adjustment and support, to function normally and minimize their impairment. Continuum of provision based on severity and type of impairment. Barriers Identified-solutions found to minimize them. Barriers of attitude, environment and organization are seen as what disables and are removed to maximize potential of all. DP welcomed. Relations are intentionally built. DP achieve their potential. Person centred Segregation Institutions/ hospitals Special schools (with 'expert' speducators) Integration in mainstream:-a)At same location-in separate of bySocially in some activities e.g. assembly or art. c)In the class with support, but to learning remain the same. What you cannot do determine form of education you receive Inclusive education- schools we are welcomed and staff, parents pupils value diversity and support you'ded so all can be successful academically and socially. This reorganizing teaching, learning are reorganized to the control of the control	Thinking/Model	Characteristics	Form of Education	The Medical
normalize or if cannot make to fit into things as they are keep them separate. Person can be supported by minor adjustment and support, to function normally and minimize their impairment. Continuum of provision based on severity and type of impairment. Person can be supported by minor adjustment and support, to function normally and minimize their impairment. Continuum of provision based on severity and type of impairment. Integration in mainstream:- a)At same location-in separate or b)Socially in some activities e.g. assembly or art. c)In the class with support, but to learning remain the same. What you cannot do determine form of education you receive them. Barriers of attitude, environment and organization are seen as what disables and are removed to maximize potential of all. DP welcomed . Relations are intentionally built. DP achieve their potential. Person centred	7.81 Traditional	310 10	Excluded from education altogether.	model focuses on what the
and support, to function normally and minimize their impairment. Continuum of provision based on severity and type of impairment. a)At same location-in separate or b)Socially in some activities e.g. assembly or art. c)In the class with support, but to learning remain the same. What you cannot do determine form of education you receive them. Barriers of attitude, environment and organization are seen as what disables and are removed to maximize potential of all. DP welcomed. Relations are intentionally built. DP achieve their potential. Person centred	7.82 M edical 1	normalize or if cannot make to fit into things	Institutions/ hospitals Special schools (with 'expert' special	disabled person cannot do. It attempts to
them. Barriers of attitude, environment and organization are seen as what disables and are removed to maximize potential of all. DP welcomed. Relations are intentionally built. DP achieve their potential. Person centred are welcomed and staff, parents pupils value diversity and suppo provided so all can be successful academically and socially. This reorganizing teaching, learning a	7.83 Medical 2	and support, to function normally and minimize their impairment. Continuum of provision based on severity and type of	a)At same location-in separate class/units b)Socially in some activities e.g. meals, assembly or art. c)In the class with support, but teaching &	'normalize' us by forcing us to do certain activities that our bodies or minds cannot
Focus on what you can do.	7.84 Social Model	them. Barriers of attitude, environment and organization are seen as what disables and are removed to maximize potential of all. DP welcomed . Relations are intentionally built. DP achieve their potential. Person centred	Inclusive education- schools where all are welcomed and staff, parents and pupils value diversity and support is provided so all can be successful academically and socially. This requires reorganizing teaching, learning and assessment. Peer support is encouraged.	do. If it cannot make us 'fit' into things as they are, then this model seeks to

keep us separate from our non-disabled peers. In the education system this leads to **separation and segregation in special schools.** This was developed largely from a philanthropic and charitable

response to disability. However, research has shown that there is no separate special education pedagogy²¹ Being separated meant, if you were the minority lucky enough to go to school in low income countries, one went to these largely northern funded special schools and then you grew up separated and isolated from your peers. Because this type of provision is expensive then it can only ever provide for a small minority of children with disabilities.

A second variant of the Medical model has been to develop **integration**. Here the person with disabilities is encouraged to be supported by minor adjustments so that they can function 'normally' and minimize their impairment in an non-bodied environment. This also tends to produce a continuum of provision based on severity and type of impairment. The emphasis is on changing the child with disabilities to fit into a school that has not challenged the barriers it contains for disabled learners. The needs of the student with disabilities are rarely met as they are forced to fit in with the rest of their non-disabled peers. Yet, these are the very schools in which most educated disabled people were educated and succeeded in, despite the barriers. How many more would succeed if the barriers that forced many of them to drop out or not complete the course were removed? The children who were different were forced to fit into the single mould of an unchanged mainstream educational world which often resulted in subsequent psychological damage in later life.

What can be done? The answer is an educational system based on the social model of disability and the human rights approach embedded in the UNCRPD. This does not mean teaching everyone in the same way. It means teaching them so that they can thrive despite their particular impairments. In the social model, barriers are identified and solutions are found to minimize them. Barriers of attitude, environment and organization are seen as what disables us and are removed to maximize the potential of all; people with disabilities are actively welcomed. Disabled people achieve their potential and a person centred approach is developed. Mapped into schools **inclusive education**, all are welcomed and staff, parents and pupils value diversity and support is provided so all can be successful academically and socially. This requires reorganizing teaching, learning and assessment. Peer support is encouraged and the focus is on what you can do, not what you cannot. The message to the leaders of the 138 countries that have signed up to the UNCRPD is that they have to transform their school systems to accommodate disabled learners, rather than expecting disabled learners to fit into their school systems as they are. Enough is known from around the world that where than transformation has been made everybody benefits;²² disabled and non-disabled learners alike as the pedagogy improves and a more child centred approach is developed (Figure 4).

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²¹ Davis, P., & Florian, L. (2004). 'Teaching strategies and approaches for pupils with special educational needs: A scoping study.'
Department for Education and Skills: Research Report No. 516. <a href="www.education.gov.uk/complexneeds/modules/Module-1.1-Understanding-the-child-development-and-difficulties/All/downloads/m01p010c/II.teaching_strategies%20including_aspects_of_II.pd

²² Rieser, R (2012) 'Implementing the Inclusive Education : A Commonwealth Guide to implementing Article 24 of the UN Convention on the Rights of Persons with Disabilities' London, Commonwealth Secretariat

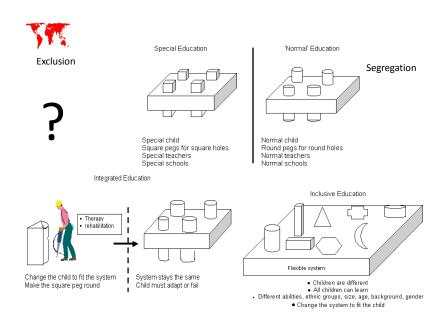


Figure 4: Diagrams of the Models of Disability mapped into education.

MacArthur's (2009) meta study examined outcomes for pupils with disabilities in mainstream and special schools and found children with disabilities, including those with learning difficulties, do better in terms of academic outcomes and behaviours in mainstream schools.

There is also no evidence of pupils with disabilities holding back non-disabled pupils. Katz and Mirenda (2002) conclude from their meta-review that there is little doubt that research over the past 20 years has identified many social and academic *advantages* of inclusion for students both with and without disabilities. Jordan et al (2009, p.535) note that the performance of students without special education needs may even be slightly enhanced in classes where students with special education needs are included.²³

The International Disability Alliance (IDA) which represents disabled people worldwide at the United Nations ²⁴, in examining putting the paradigm shift into practice in implementing Article 24 of the UNCRPD, say:-

"Special education in developed countries, but also in developing countries, can help create and reiterate negative stereotypes towards students and persons with disabilities. The removal of children with disabilities from mainstream education denies students without disabilities access to the experience of disability, which in turn perpetuates ignorance and stigma.

²³ MacArthur, J. (2009). 'Learning Better Together: Working Towards Inclusive Education in New Zealand Schools', IHC New Zealand. http://www.ihc.org.nz/wp-content/uploads/learning-better-together.pdf. Katz, J. & Mirenda, P. (2002). 'Including students with developmental disabilities in general education classrooms: Educational benefits'. *International Journal Special Educational Needs*, 17(2). Jordan, A., Shwartz, E., McGhie-Richmond, D. (2009). 'Preparing teachers for inclusive classrooms'. *Teaching and Teacher Education*, 25: 535-542.

²⁴ The International Disability Alliance is the global Body representing disabled people's organisations around the world. It is made up of Disabled Peoples' International (DPI) (www.dpi.org), Down Syndrome International (DSI) (www.ds-int.org), Inclusion International (II) (www.ds-int.org), Inclusion International (II) (www.inclusion-international.org), International Federation of Hard of Hearing People (IFHOH) (www.ifhoh.org), World Blind Union (WBU) (www.wfdba.org), World Federation of the Deafblind (WFDB) (www.wfdba.org), World Network of Users and Survivors of Psychiatry (WNUSP) (www.wnusp.net), Arab Organization of Disabled People (AODP), European Disability Forum (EDF) (www.edf-feph.org), The Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS) (www.riadis.net), Pacific Disability Forum (PDF) (www.pacificdisability.org).

The social model of disability reflected in the CRPD, recognizing the combination of a person's impairment situated in a discriminating society, requires changing the social system, which includes the education system.

Special education today reproduces the discriminatory social system by reinforcing the assumption that individuals with specific characteristics do not fit in society and thus places them in separate situations." IDA 2011²⁵

All teachers need Disability Equality Training delivered by trainers with disabilities to challenge negative attitudes and promote social model thinking and change their mindset toward people with disabilities.

4. Worrying clauses in the South Sudan General Education Bill and General Education Plan

"The State Ministries shall, where reasonably practical, provide education for learners with special educational needs at public schools and provide relevant educational services for all learners" 25 e

"Special needs education shall be inclusive by providing education to persons with special needs together with able-bodied persons to the extent possible" 25 j

"In determining the placement of a learner with special educational needs, the Headteacher shall take into account the requirements and needs of the learner" 28.5

As the MGCSW point out:-

"The General Education Strategic Plan 2012-2017 embraces the goals and objectives of the 'Education for All' declaration. Disability is considered under the sub-objective 3 that is to "facilitate access to learning for pupils with special educational needs."...but ", the GESP formulates no intention to measure or enhance the number of inclusive settings, hence favouring the special education model over the inclusive approach. Importantly the GESP lacks indicators for inclusion of children with disabilities and adult learners with disabilities; there are no accompaniment measures and there is no specific budget allocation to fulfil the 'Equity' objective"²⁶.

Furthermore, who will determine what is 'reasonably practical', 'relevant' and what guidance will they rely upon? How will Headteachers know the 'requirements and needs of the learner' with SEN? If appealed by parents to the State Ministries of education what criteria will be used? Given the budgetary and political position in the country these loopholes need addressing in the National Special Education Policy to ensure progress to inclusion given the lack of knowledge and low enrolment of children and students with disabilities.

5. What does Article 24 require State parties to do?

The National Disability and Inclusion Policy of South Sudan wishes to support the efforts of the Government of South Sudan (GOSS) towards the signature and ratification of the Convention on

²⁵ IDA (2011). The Right to Education: Enabling Society to Include and Benefit from the Capacities of Persons with Disabilities. Statement to ECOSOC High-Level Meeting, Annual Ministerial Review, 4-8 July 2011 Geneva: International Disability Alliance. http://www.internationaldisabilityalliance.org/sites/disalliance.epresentaciones.net /files/public/files/IDA-Position-Paper-The-right-toeducation-14-June-11.doc

²⁶ MGCSW(2013) South Sudan National Disability and Inclusion Policy p29

Elimination of all Forms of Discrimination against Women, CEDAW (1979), the Convention on the Rights of the Child, CRC (1989), and the UN Convention on the Rights of Persons with Disabilities, CRPD (2006).

Article 24 requires:-

- That all signatories to ensure all disabled children and young people can fully participate in the state education system and that this should be an 'inclusive education system at all levels'
- The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential.
- That this right is to be delivered within an inclusive primary and secondary education system, from which disabled people should not be excluded.
- Reasonable accommodations should be provided for individual requirements with support provided in individualised programmes to facilitate their effective social and academic education.
- Instruction in Braille, Sign language, Alternative and Augmented Communication
- The employment of disabled teachers
- The training of professionals and staff who work at all levels of education. Such training shall
 incorporate disability awareness and the use of appropriate augmentative and alternative
 modes, means and formats of communication, educational techniques and materials to
 support persons with disabilities

In addition Article 8 b-Awareness Raising 'Fostering at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of persons with disabilities'. These requirements need to inform and set the agenda for developing the education system.

6. What is needed to make progress on Inclusive Education for Children with Disabilities? Twin Track. Looking at the concept of inclusion, globally, things have got into a bit of confused between inclusion for all and including children with disabilities. In the 1990s in the Salamanca statement and other UNESCO documents, the primary focus was on children with special needs i.e. children with disabilities²⁷. With the increased emphasis on 'Education For All' after the Dakar Conference the focus has shifted to a more general approach to all excluded groups from education. This has provided an important stimulus to increase primary enrolment, especially amongst girls.

This definition from UNESCO is illustrative. UNESCO sees as "inclusive education as a process of addressing and responding to diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education. It involves changes and modifications in content, approaches, structures and strategies, with a common vision which covers all children of appropriate age range and a conviction that it is the responsibility of the regular system to educate all children". UNESCO 2005²⁸

As the more general view of inclusion has come to dominate, the proportion of learners with disabilities still out of school or not completing primary education has been rising. Even in India, a

²⁷ UNESCO (1994/2004). *UNESCO Teacher Education Resource Pack: Special needs in the Classroom student materials.* Paris: UNESCO. http://unesdoc.unesco.org/images/0009/000966/096636eo.pdf UNESCO (1994). *The Salamanca Statement and Framework for Action on Special Needs Education.* Paris: UNESCO. http://www.unesco.org/education/pdf/SALAMA_E.PDF

²⁸ UNESCO (2005). *Guidelines for Inclusion: Ensuring access for all*. Paris: UNESCO. http://unesdoc.unesco.org/images/0014/001402/140224e.pdf

World Bank Study shows children with disabilities are five times more likely to be out of school than scheduled castes²⁹

The Global Partnership for Education after years of ignoring disability, is now seeking to ensure that there must be indicators outcomes of children with disabilities in monitoring funded plans, but this is very recent and too soon to have any tangible results.

In the recent study conducted for UNICEF funded by AusAID on 'Educating Teachers for Children with Disabilities'³⁰ this shift to a more generalised inclusion framework became very apparent. The generalised approach to Inclusive education does not contain the specifics of the training and accommodation of meeting different impairment needs. It has partly arisen, as a reaction to categorical medical model/deficit SEN approaches and has led to its replacement with generalised inclusion principles. This leaves most teachers believing that the expertise for, and the inclusion of, children with disabilities, is someone else's expertise and responsibility. What is needed is a *twin track approach*, with mandatory training for all teachers on how to meet impairment specific needs, as well as, more general training on developing child friendly classrooms for all. This needs backing up by disability specialist local resource centres and teachers.

6.1 Track One Education based on Principles of Equality and Child Empowerment involves

"Foundations and inclusive values,

Equality and Valuing Difference,

Identifying Barriers-Finding Solutions,

Collaborative Learning -Peer Support,

Differentiation & Flexible Curriculum and Assessment,

Stimulating and Interesting Multi-Sensory Learning Environment,

An Anti Bias Curriculum,

Child Centred Pedagogy, Creative with Reflective Teachers.

Quality education requiring rigour and effort for each child to achieve their potential". (UNESCO). 31

6.2 Track two. Education accommodating the different impairment specific needs of children with disabilities. This will require teachers to be familiar with and able to use accommodations for:-

- a)Blind and Visually-Impaired pupils /students Braille, tactile maps and plans, tapes and text to talk, mobility training, large print, magnification, orientation, auditory environment & talking instruments.
- b) Deaf & Hearing-Impaired pupils/students Sign Language taught & use of interpretation, oral/finger spelling, hearing aid support, visual and acoustic environments.
- c) DeafBlind-Language, use of interpreters, tactile environment, aids and appliances, orientation.
- d) Physical Impairment-Accessible Infra-structure, toilets and washrooms, furniture adjustments, equipment, prosthesis, use of personal assistance, diet, transport, medication.
- e) Speech & Communication impairment-Facilitated communication, augmented communication (high and low tech), social use of language switching, talkers, information grids.

²⁹ World Bank Human Development Unit, South Asia Region (2007). *Disability in India: From commitments to outcomes*. Washington: World Bank. http://siteresources.worldbank.org/INDIAEXTN/Resources/2955831171456325808/DISABILITYREPORTFINALNOV2007.pdf

³⁰ Rieser,R. (2013) 'Educating Teachers for Children with Disabilities: Mapping ,Scoping and Best Practice Exercise in the context of developing inclusive education' Working Document UNICEF and Australian Government, UNICEF New York
³¹ UNESCO (2009). Policy Guidelines on Inclusion in Education. Paris: UNESCO.
http://unesdoc.unesco.org/images/0017/001778/177849e.pdf

- f) Specific Learning Difficulty-Coloured overlays & background, Easy Read, tapes and text to talk, spell-checkers, concrete objects.
- g) General Cognitive Impairment-pictograms, small steps curriculum, easy read, scaffolding, Makaton, use of symbols & information grids, using concrete objects.
- h) Mental Health and Behaviour-counselling and personal support, differentiated behaviour policy, empathy, quiet /chill out space, circles of friends, collaborative learning and structured day.
- i) Introduction to screening, identification and key adjustments for main impairments.

UNESCO Bangkok have produced a useful online guide on how to go about implementing track two in mainstream schools.³²

6.3 How will these changes to teachers' capacity be brought about?

There are different training routes and options for teachers' professional development for inclusion of children with disabilities.

i. Initial or Pre-Service-twin track-

a)College based-2 or 3 years.

- Lecturers need knowledge, skills and understanding including children with disabilities and need training.
- Students need practicum in schools with good practice in inclusion of children with disabilities.

b) School based approaches where vast majority of teachers are

- Whole school staff training for all teaching staff, which works best.
- Need school-based mentors to support development of all staff.
- Distance learning using ICT, TV, DVD,-Need a hub in every country and link to higher education establishment to accredit learning.
- Study leave and taught courses

ii. In-service /Continuing Professional Development-twin

- Whole school staff training for all teaching staff.
- Withdrawal for selected teachers to cascade to colleagues.
- Individual teachers undertake further award bearing study leading to Diploma, B.Ed or Masters in Inclusive Education.
- School based/district training with external tutor leading to additional qualification.
- All need monitoring and follow up on implementation.

iii. Leadership Training for Inclusion

Principals/headteachers, local administrators, inspectors and Ministry of Education Staff
need to have training on both tracks. School leaders need to take ownership of developing
their schools as inclusive schools and be given the space by government to develop this
approach without excessive demands to perform on nationally fixed normative league tables
or national curricula.

³² UNESCO Bangkok (2009). *Teaching Children with Disabilities in Inclusive Settings. Specialized Booklet 3.* Part of *Embracing Diversity: Toolkit for creating inclusive , learning-friendly environments.* Bangkok: UNESCO. http://www2.unescobkk.org/elib/publications/243 244/Teaching children.pdf

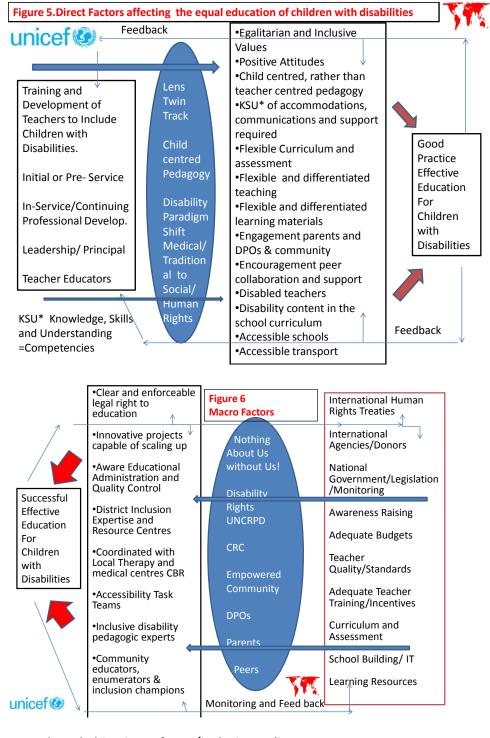
- Training on the best ways of managing and delivering training of colleagues especially for school leaders and teacher trainers.
- Resource teachers trained in both tracks with specialism in one or more impairment specific area usually working from a local (county) resource centre. Their range and influence can be extended by providing motorcycles.
- To work across a district from a local resource centre providing on-going mentoring, support and monitoring.

Throughout the development of these different training routes it is necessary for teachers to have decent salaries and conditions, incentives to complete additional training for inclusion and for incentives for deployment to hard to reach areas. Quality needs monitoring at every level. Teacher peer review has proved a non-threatening and professionally enhancing approach to develop high quality inclusive teaching. Such child centred development of inclusive pedagogy taking account of a twin track approach will lead to improvements in learning for all and thereby enhance teaching.

7. Developing an Infrastructure to support educational inclusion. 33

An effective SNE/Inclusion Policy cannot be developed without at the same time developing an infrastructure for educational inclusion policy for all persons with disabilities. Some of these measures may be beyond the scope of the Special Needs Education Policy, but will be essential for the Policy to be effectively implemented. Figure 5 demonstrates the direct factors that will lead to positive educational outcomes for children and learners with disabilities. A number of these were covered in the general inclusion tracks of the twin track approach (Section 6), but the model makes clear that this approach will only work for children and learners with disabilities if all of these are viewed through the lens of the paradigm shift, a child centred pedagogy and the details of the impairment specific needs of the second track approach. Figure 6 demonstrates the strong link to other macro policies such as:- making clear, adequate, ring-fenced budgets; providing a flexible national curriculum, learning materials and methods of assessment; strong local community based medical rehabilitation, support for identification and provision of aides and appliances; empowerment work linked to local parents, people with disabilities, their representative organisations and local leaders; accessible schools and learning materials; a policy for peer to peer education and child centred approaches; ensuring disability equality is in the curriculum for all learners; effective evaluation and monitoring which should include self and peer monitoring as well as external validation. For effective implementation the development of all of these factors need regular monitoring.

³³ Rieser,R. (2013) 'Educating Teachers for Children with Disabilities: Mapping, Scoping and Best Practice Exercise in the context of developing inclusive education' Working Document UNICEF and Australian Government, UNICEF New York



8. Goals and objectives of SNE /inclusion Policy

If the Goals and Objectives of the SNE policy as laid-out in the TOR are examined against this framework it will help to bring clarity to what has to be achieved to facilitate <u>"creation of the conducive environment for learners with special needs and disabilities in order for them to have equal access to quality and relevant education and training."</u>

The proposed National SNE policy framework will be hinged on and will aim to achieve the following overarching objectives at all times;

1. To enhance early identification, assessment of support needs for leaner and school, intervention / rehabilitation to promote awareness on the educational needs and abilities of

persons with special learning needs and disabilities within the education system and wider community. To achieve this aim will require a sustained capacity building exercise both among educational professionals to identify various impairing conditions, know what support and accommodations to make and how to implement them. Early identification is very important and this means developing the capacity in each locality to have trained Community Rehabilitation workers backed up by medically trained nurses and doctors. The development and supply of robust and cheap aides and appliances and expertise in alternate communication systems

- 2. To promote and facilitate inclusion of children with special needs in formal and non-formal education and training. Local barriers need to be identified. Key among these will be creating a positive attitude amongst parents and local leaders to the inclusion of children and adults with disabilities. The pilot study in Yei and Mundri Counties identified how important such work was in Yei County in encouraging inclusion³⁴.
- 3. Promote barrier free environment for learners with special needs in ALL learning institutions. A considerable effort has and is going into building schools and other educational buildings in South Sudan. A moratorium should immediately be placed on developing any new facilities that do not meet basic access standards in terms of ramped access, pathways around the building, colour contrast and light, signage and washrooms. WASH projects have the capability to make toilets and washrooms accessible as shown in an innovative programme in Iraq,³⁵ but too often individual INGO and International Agency programmes are in a silo. The local Education Clusters appear to have a co-ordinating capability here. The World Bank have produced useful guidance and shown if implemented from the beginning of construction then the extra cost is marginal³⁶. For existing buildings the mobilisation of local community resources, as allowed for in the Education Bill (20a), as voluntary contributions using local skills and materials to develop access have been shown in Tanzania and Zanzibar³⁷ to be very effective. Local easy to access diagrams and minimum standards should be provided by MOGEI. Access must include finding ways of getting children with disabilities to school. This should include utilising community resources, providing tricycles and removing physical barriers on the route to school.
- 4. To provide and promote the use of specialized facilities, services, assistive devices and technology, equipment and teaching/learning materials. Local inclusion resource centres in the district or rooms at the school have proved a very effective way of providing such services and equipment locally. It is important that these are seen as places where resources, training and expertise are made available, rather than locations for children who should wherever possible be supported in their local school. In Brazil the Government have supported the equipping and training of staff for 30,000 schools to have such resource rooms. Most crucially for disabled students, the PDE provides for the installation of multifunctional resource rooms, equipped with television, computers, DVD and software for

 $\frac{\text{http://www.wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2007/03/01/000310607} 20070301144941/Rendered/PDF/388640EdNotes1August2005CostOfAccess12.pdf} \\$

³⁴ Sserunkuma,M.C.,Moses,D.,Ali,B. & Ngwn,A(2012)'Baseline study on the situation of inclusive education in Yei and Mundri counties South Sudan', Light of the World. Sponsored by European Commission.

³⁵ UNICEF Iraq (2012)PROGRESS Report to the Government of Australia "Increasing access to quality primary education through improving water and sanitation facilities and educational opportunities for disabled children and youth" SC/2010/0120, March 2012 http://www.ausaid.gov.au/countries/ame/iraq/Documents/19-unicef-prog-rep-2012.pdf

³⁶ World Bank (2005). Education for All: The cost of accessibility.

EENET No 13, 2010. Katharina Noussi is project adviser for the Inclusive Tanzania project supported by Light for the World, http://www.eenet.org.uk/resources/eenet_newsletter/news13/page15.php

accessibility, furniture and educational material specific to Braille, sign language LIBRAS, and augmentative and alternative communication. ³⁸ Low and intermediate tech solutions are often more cost effective than high tech solutions e.g. a series of grids for pointing rather than expensive talkers for non-verbal children. However, as technology becomes cheaper reconditioned and solar powered lap tops are now much cheaper than specialised Braillers and can have the added advantage of text/talk functions for visually impaired students. Guidelines and ring fenced budgets will need to be produced and local Governing Bodies will need to be responsible for these resources reaching the children they are intended for.

- 5. To develop capacity of professionals, specialists and essential service providers to deliver quality services to learners with special needs and disabilities. Paragraph 6.2 and 6.3 have outlined the capacities required and the various training routes that can be utilised. Wherever possible a University Department should be enabled to develop SEN and Inclusion expertise and to offer course and accreditation for teachers acquiring the more specialised knowledge to run local resource rooms and support teachers in the classroom. Headteachers who are sympathetic to developing inclusion in their schools need to be identified and trained rapidly and then be charged with the responsibility for whole school staff training which should be solution focused. In South Africa the setting up of school based support groups has also been beneficial to including a wider range of children with disabilities³⁹. However, one of the lessons from South Africa is not to wait long to develop 2nd,3rd and 4th waves of schools taking on inclusion otherwise the majority of teachers react and say they cannot include children with disabilities. There is a need to have a parallel national mandatory training programme for all teachers within a relatively short time scale.
- 6. To enhance collaboration and networking, strategic partnerships and participation of stakeholders including relevant ministries (e.g. health, social development), parents of children with disabilities and other special needs, Disabled Peoples' organisations and organisations working in the field of disability and health. To support research and development on inclusive education for students with disabilities and other special needs, documentation and dissemination of relevant information. Inclusion International (2009) (representing families with children with intellectual impairments) argued, following a world survey, that parents have to be involved as partners from the beginning. Teachers need to develop constructive ways to collaborate with parents. This was emphasised in a successful programme in Lesotho and more recently in Tanzania and Zanzibar where strong community, DPO and parental involvement were the catalysts for the necessary teacher training to take place. 42

³⁸ At the Conference of States Parties on the UNCRPD held in September 2010, it was reported that 22,000 such rooms had been installed and Brazil would meet its target of 30,000 by 2011. Brazilian Government side meeting at UNCRPD Conference of State Parties, 'Brazilian Inclusive Policies for Persons with Disabilities', 1 September 2010.

³⁹ South Africa: Situational analysis and policy developments in Rieser, R (2012) 'Implementing the Inclusive Education : A Commonwealth Guide to implementing Article 24 of the UN Convention on the Rights of Persons with Disabilities' London, Commonwealth Secretariat p165

⁴⁰ Inclusion International (2009). Better Education for All: When We're Included Too. A Global Report, http://inclusion-international.org.cluster.cwcs.co.uk/wp-content/uploads/Better-Educationfor-All Global-Report October-2009.pdf

⁴¹ Mariga,L. & Phachaka,L (1993) 'Integrating children with special needs in regular primary classes Lesotho : A feasibility Study', Lesotho, Ministry of Education http://www.eenet. org.uk/resources/docs/lesotho_feasibility.pdf

⁴² Mariga, L., McConkey, R. & Myezwa, H. (2014). *Introducing inclusive education in low income countries: a resource book for teacher educators, parent trainers and community development workers*. Cape Town: Atlas Alliance and Disability Innovations Africa.

7. To promote effective management and coordination of services to support learners with disabilities and other special needs⁴³ Staff in the Ministry of Education and State Ministries and local County and Payam Education offices need both Disability Equality Training and training on how to develop Inclusive education for people with disabilities. In Brazil these were the group that had training first so that they could lead and monitor the development of inclusive practice across school(38). This training needs to be in-depth. Inspectors will all need training and need to be able to evaluate the progress learners are making not against normative standards, but against the learners previous outcomes.

9. Scope of the Special Needs Education Policy

The SNE Policy is to apply to all educational, training and research activities and educational intervention programmes in South Sudan. This is very comprehensive and will be hard to achieve given the political and economic situation. Article 4.2 of the UNCRPD states:

"With regard to economic, social and cultural rights, each State Party undertakes to take measures to the maximum of its available resources and, where needed, within the framework of international cooperation, with a view to achieving progressively the full realization of these rights, without prejudice to those obligations contained in the present Convention that are immediately applicable according to international law".

Therefore it would be advisable for the policy to set some bench marks on route to full implementation which take into account funding from donors and revenue. The policy is to apply to:-

- a. All providers of services to learners in South Sudan, which avoids the pitfall in many countries of private providers claiming exemption.
- b. To all development partners, non-governmental and community organisations. It will be necessary to provide guidance to these bodies when it comes to ongoing involvement to fix a time table for when it will apply e.g. The Global Partnership for Education has given a large grant to South Sudan but does not currently meet these stipulations. Someone in Government will need clear responsibility to define and check compliance.
- c. Learners, parents/guardians and wider community, heads and mangers of educational establishments. All managers will need training and professional development to understand the implications of the policy for their establishment. The awareness raising for learners is best delivered in their establishments and the awareness raising for parents and the community needs to occur locally; reinforced by Government and media exposure. This means developing sufficient community workers to carry out these important functions. In other countries CBR workers have successfully carried out this function⁴⁴.
- d. Ministry of Education, other government ministers/departments and Semi-Autonomous Government Agencies. It is vital that all Ministers and relevant Government Departments have to

⁴³ Department of Special Need Education.(Nov 2013) The Ministry of General Education and Instruction (MOGEI) South Sudan: Terms of Reference (ToR) To Develop the National Special Needs Education Policy Framework. p3

⁴⁴ WHO (2010). Community Based Rehabilitation CBR Guidelines: Education. New York: World Health Organisation.

make available sufficient time to appreciate the implications of the Policy for their functions and that their compliance is monitored. This should not only be the responsibility of the Department of Special Needs Education, but all branches of the Ministry of Education

e. Other SNE service providers. This should include all businesses, agencies and services providing support and rehabilitation.

The Policy covers the following sub-sectors.

- <u>Early Childhood Development Education</u>. So far only 47,000 children are enrolled. Very few
 are children with disabilities. They should be given priority for admission as they need a
 good early year's education to make the most of primary education. ECDE staff will need
 mandatory training on identification of impairment and both tracks of inclusive practice.
 There should be no alternate provision but inclusive early years only.
- Primary, Secondary, Adult and Continuing Education, Alternative Non-formal Education. There is a shortage of school places and substantial buildings an immediate building programme of accessible establishments needs to be established and accelerated. Methods will need to be developed to support phase transition for learners with disabilities as there are strong attitudinal barriers to their progression. This could take the form of bursaries. Many disabled adults are illiterate and in the past have been denied schooling. Publicity, inducements and guidance will need to be established to get them back to be learners. Flexible accreditation will be needed. Schools in out of school hours are the obvious community focus for this Adult Learning.
- Technical, Industrial and Vocational Entrepreneurship and Training (TIVET). Tutors on such courses generally are drawn from the world of work. They will not necessarily have an understanding of the reasonable accommodations that can be made-usually at a low cost to enable works with disabilities to function efficiently. They will need guidance and training. A grant/loan micro-finance scheme should be set up to support those who have been trained in setting up their livelihoods and to support the extra costs of those in the workplace.
- Teacher Education and Training and all other Tertiary institutions including universities. The experience around the world is that teacher trainers have little understanding of inclusive education as their school experience generally comes from a time when this was not on the agenda. There is an urgent need for them all to undertake mandatory training on SNE and Inclusion. Efforts need to be made with positive action and support to recruit at least 5% of teacher trainees who are people with disabilities. This has a big positive impact on changing attitudes. All University staff also need training in reasonable accommodation and support and a bursary system needs setting up to cover the costs
- The policy must also cover managers, governors and those who administer finances. This is particularly important in light of the impact of corruption on monies allocated to develop inclusive education in parts of Africa. There needs to be strong legal penalties enforced for those found to be indulging in such practices. Governor Education on Inclusion is vital to tackle prejudice and ensure strong supportive governance.

10. Guiding Principles

MOGEI suggests that in coming up with this policy document, the following guiding principles will be taken into consideration⁴⁵:

⁴⁵ Department of Special Need Education.(Nov 2013) The Ministry of General Education and Instruction (MOGEI) South Sudan: Terms of Reference (ToR) To Develop the National Special Needs Education Policy Framework. P4-5

- The twin track approach (mentioned earlier 6.2 and 6.3). Guidance and distance learning, as well as, incentives will need to be provided for teachers to undertake this training. A first priority will need to be effective training for the trainers. Currently Count Me In⁴⁶ training is running and this is a good start, but much more and country specific training will be necessary. It will also be important to develop a pool of people with disabilities to co-present such training. Linking with DPOs is vital here.
- Recognition that all children can learn and need support. This is often difficult for parents, teachers and others to comprehend without seeing it in practice for themselves. It is therefore important to develop good practice in pilot schools and courses and then film it so it can be shown and discussed. This is much better than visiting the actual classrooms as if large groups attend it changes the teaching and learning taking place. A good example of what can be produced on a small budget is an online film about inclusion of children with disabilities in 10 South African Primary schools.⁴⁷
- Identify, address and remove barriers within the physical, social and learning environment e.g. negative attitudes, poor teaching strategies. An essential ingredient of developing inclusive education for people with disabilities is to recognise that the barriers come from beyond the person and are addressed by changes in attitude, organisation and environment. Normative testing as suggested in the Education Bill in Section 17 can be a huge barrier for including learners with disabilities. Different routes, paces, methods of assessment need to be available to be inclusive. This needs urgently raising with the South Sudan Examination Council. Students should not be held back if they have not reached the expected grade level, but progress with their peers and continue to work from the level they have reached. This will require training for teachers on teaching mixed ability classes.
- Equal access to all educational institutions and services by learners with special needs and disabilities. As mentioned previously Section 4 the Education Bill allows for 'get out' clauses based on value judgement who will determine what is 'reasonably practical', 'relevant' and what guidance will they rely upon? How will Headteachers know the 'requirements and needs of the learner' with SEN and if appealed by parents to the State Ministries of education what criteria will be used? There will be an urgent need to develop statutory guidance and reference based and multivariate criteria to ensure judgements are not based on discriminatory views. In the short to medium term alternative provision should be school based and allow students to rejoin the mainstream as soon as possible. In the longer term (say 8 to 10 years) all students with disabilities should be accommodated in the mainstream. Special schools should not be set up as these provide an excuse to mainstream teachers not to find ways of including learners with disabilities.
- Non-discrimination in enrolment and retention of learners with special needs and disabilities in any institution of learning. Currently as pointed out in the last paragraph the Education Bill allows for this discriminatory practice to occur. Criteria and independent tribunals with DPO and parent representatives as well as teachers experienced in inclusive practice need to be set up to hear appeals.
- Barrier free transition of learners with special needs and disabilities through the various educational levels in accordance with their abilities. This will mean not having a grade system.

 ${\it Cape and Western Cape, made by World of Inclusion and Redweather productions.}$

 $Copies\ available\ from: www.worldofinclusion.com \underline{http://www.redweather.co.uk/developing-inclusive-education-in-south-africa.html}$

⁴⁶ http://www.lightfortheworld.nl/en/what-we-do/training-and-services/count-me-in

⁴⁷ Film about developing inclusive practice in ten primary schools in Mpumalanga, Guateng, Eastern

- Learner–centred curriculum and responsive learning systems and materials. This will mean developing a range of textbooks that are differentiated for learners with different levels of literacy and a differentiated range of learning materials to be available in each class. These points need including in the national Textbook and Learning Materials Policy. Currently this is not mentioned in the Background Paper. An alternative is for teachers to develop their own resources in groups and be provided with local resources to do so.
- Holistic realization of the full potential of learners with special needs and disabilities.
 Raising awareness and challenging negative attitudes both in class and in the media is a requirement of Article 8 of the CRPD. In South Africa the Ministry of Education commissioned a series of short films that were repeatedly shown at peak times⁴⁹.
- Protection of the human dignity and rights of learners with special needs and disabilities. It is necessary to have anti-discrimination legislation that is legally enforceable. This is currently lacking and will need to be developed. It is possible for each educational establishment to monitor harassment and work with peers to eradicate it.
- Gender parity applying equally to men, women, boys and girls with special needs and disabilities. There are big gender disparities for disabled girls and women compared to boys and men. Positive action has proved effective in other low income countries such as in Bangladesh with BRAC. But the main area of change has to do with shifting community and teachers attitudes.
- Active and proactive primary role of parents and families as caregivers and health providers
 of their children. There is significant evidence that when parents, particularly mothers, are
 shown that their children with disabilities can learn and benefit from education, then they
 become champions of inclusion and are a very powerful force for positive change.
 Programmes to do this possibly linked to Community Based Rehabilitation need to be
 prioritised.

11. Methodology

Events in the political life South Sudan have altered what is possible to now deliver on this project. So we are meeting in Nairobi with only eleven members of the Technical Committee and other representatives from South Sudan and consultants and some NGOs.

Adapting the planned timetable

Richard will produce a first outline of the approach to the project by 20th December 2013. Inception Document was available on 6th January 2014.

⁴⁸ Education for Change(2012) South Sudan Textbook Policy development Background Paper. Sponsored DfID South Sudan.

⁴⁹ South Africa To back up the development of inclusion, a range of resources have been made available online

at Thutong, the South African Education Portalhttp://www.thutong.doe.gov.za/inclusiveeducation/tabid/1341/Userld/37007/Default.aspx Check this out for the following: *Towards an Education that is Inclusive*, Hlanganani Video Series, 2009

Episode 1: What is Inclusive Education?

Episode 2: The First Step Towards Inclusion is Free – Change your Attitude

Episode 3: The Cost of Exclusion is Higher for the Nation than the Cost of Inclusion

Episode 4: Inclusive Schools Promote Inclusive Communities

Episode 5: The Role of Special Schools in an Inclusive System

Episode 6: Overcoming Language Barriers

Episode 7: A Curriculum for All and Support for All

Episode 8: Persons with a Disability Making their Mark

Episode 9: The Impact of Inclusion on Communities

Episode 10: Social Inclusion through Sport and Recreation

 $[\]hbox{Episode 11: Promoting Social Justice and Service Delivery through Inter-Departmental} \\$

Collaboration

Episode 12: Human Rights and Inclusion

Episode 13: The Future of Inclusive Education

Richard Rieser and Alexander Hauschild had planned to work with Ministry, NGOs, UNICEF, UNESCO to establish what is known and draw up a plan for consulting with 10 States. Establish baseline and situation analysis. A truncated version of this will take place from 13th to 18th January in Nairobi In Nairobi the links to the Curriculum and Training Projects need to be clearly identified and developed.

Alexander had planned to return to South Sudan on $1^{st}/2^{nd}$ February to gather baseline information for 6 days. This will now have to be carried out remotely and we need to establish key online contacts while in Nairobi and the 10 State Ministries of Education.

Richard will after this carry on with reviewing relevant literature with the help of Alexander and Vera Hendriks throughout February adding to what has so far been found in the Inception Report. We will need to establish contacts who can provide all relevant reports and the most up to date data.

Alexander was then to return around 23rd February to hold 4 State Consultations. He needed 3 days in each to hold focus groups/ interviews with a) school principles b) teachers, c) children including children with disabilities, d) district and state education and health officials e) NGOs including parents organisations and DPOs. Also visit schools. As much as possible will be recorded and photographed. An interpreter will be needed to accompany Alex. During this time a meeting was to be held in Juba with representatives of the other 6 states to discuss the project and let them know what information will be required on his next trip.

Now we must investigate providing questionnaires, tape recorders and video cameras to staff from State Ministries of Education and holding an online tutorial with them to train them up for this recording task. If this is possible information will be sent online with as many follow up e-mail, telephone contacts to Alexander and he will collate the results and make recommendations. Three weeks is allocated for this process.

The interim findings will be shared with the Technical Committee and Steering Committee and feedback incorporated into subsequent approaches

During the next three weeks Alexander will compile initial findings, consult with Richard and others and refine the approach to be used with 6 remaining States.

Depending on the situation Alexander could return for a further three weeks or the first phase could be repeated by nominated officials of the State Education Ministries.

During this visit at end March/April or end April/March Alexander it was planned three more states and bring respondents from the other three states which are dangerous to Juba to consult. This method could be expanded to bring consultants to Nairobi depending on the circumstance.

Depending on when this work is completed and other information requested from State and National Ministries is received, a Draft Plan will be produced.

At the end of may/beginning of June hold a three day event that will be both training and consultation on the draft plan will be held in Juba/ Nairobi depending on security. It is important that all the major stakeholders from Ministries and each State are present. Vera, Alexander, Richard, and his PA, Atiha, will all be attendance. It will be important to capture all feedback and it will be necessary to have sufficient space for a plenary and breakout groups with both facilitators and

interpreters. We will need a day prior to the event to train facilitators. This could be fixed as 4th-6th June 2014 with pre training on 3rd June.

Over next three weeks comments are incorporated and the final plan is developed and costed. In first week of July the Plan is launched all will be in attendance. Where held will depend on the situation. World of Inclusion Team could present remotely over Skype in worst case scenario. The time scale on these latter events will need to be flexible to deal with exigencies and emergencies. The consultants will produce both a SNE/Inclusion Policy and Initial Guidance on Implementation.

12. Tools to be used during consultations.

Following the meeting in Nairobi key questions will be developed for consulting the stakeholders in the 10 states

12a.Identifying barriers to the inclusion of people with disabilities in the education system.

This activity fill be first carried out and developed in Nairobi.

Six Groups of stakeholders will be established. They will be given a series of blank cards and asked for different impairment groups to identify attitudinal, organisational or environmental barriers in rural areas/urban areas for children with disabilities with different groups of impairing conditions to access and complete primary education.

The groups are a) blind and visually impaired, b) deaf and deafblind, c) physically impaired, d) Cognitive impairment including epilepsy and nodding disease, e) those with speech impairments f) those with impairments affecting their behaviour including Autism, Hyperactivity, Trauma and depression.

These barrier cards are then stuck on the wall to builds a wall of barriers.

Cards are then redistributed to the groups who have to come up with solutions within the reasonably feasible resources available to the barriers.

The groups are then asked if there are different solutions for Early Childhood Development Education, Secondary provision and Higher Education and Adult Education.

The solutions and barriers are then shared and arranged on a timescale of short (less than 1 year), medium (1-4 years) and long term 5- 19 years.

12b.Disability Equality/Inclusion presentation

This tool has the advantage that all stake holders can participate and useful information is gathered. In the feel it should be accompanied by a disability equality training session prior to being carried out explaining the paradigm shift and that disability is caused by barriers to people with impairment and their interaction with their impairment.

12.c SWOT Analysis

A simplified version of the TOR is presented-the Objectives and Aims or else Article 24 of UNCRPD

In groups discussion is held or a whole group to identify- Strengths, Weaknesses, Opportunities and Weaknesses in South Sudan's capacity to implement these aims and objects across the education system.

These activities are then followed by a general discussion to record any other gaps or barriers or factors that need to be taken into account to implement the SNE/Inclusion policy.

12.d Resources. A further activity would be to also identify what the National Government, Ministry of Education, State Ministries of Education and other agencies may need to provide or do to make the policy a reality. If possible estimates of costs on a progressive basis should be developed.

13. Personnel

The lead consultant is Richard Rieser of World of Inclusion, employed for 30 days rlrieser@gmail.com

Assistant consultant is Alexander Hauschild from EENET employed, for 70 days on the project ah@idpn-indonesia.org

Research Assistant is Vera Hendricks of Light of the World who is available 40% of next 6months to support. v.hendriks@lightfortheworld.nl

