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**INCLUSIVE EDUCATION
INITIATIVE**

LEARNERS WITH DISABILITIES & COVID-19 SCHOOL CLOSURES



WORLD BANK GROUP

Findings from a Global Survey Conducted by the
World Bank's Inclusive Education Initiative (IEI)

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SECTION A

CONTEXT & METHODOLOGY OF SURVEY

1.0. INTRODUCTION

At the onset of the coronavirus disease (COVID-19) pandemic, the world quickly experienced a crisis within a crisis—a global public health emergency that exacerbated educational inequalities within a “learning crisis” that was already occurring for hundreds of millions of young people who were attending school without acquiring basic skills in literacy and numeracy (World Bank 2019). Specifically, COVID-19 intensified this learning crisis through two global shocks to education: massive school closures and a subsequent economic recession (World Bank 2020b). In the spring of 2020, at the peak of the pandemic, 180 countries experienced temporary school closures, affecting 1.5 billion young people or 94 percent of the student population worldwide (World Bank, n.d.). For more than half of these students, schools would remain closed for more than seven months. A year after the worldwide spread of COVID-19, in March 2021, schools remained closed in more than 50 countries (World Bank, n.d.). Governments tried to respond to these unprecedented times by employing remote learning initiatives using both digital and nondigital formats. However, inadequate infrastructure or the absence of trained teachers who could quickly transition to online models of teaching often limited the effectiveness of such responses.

DEFINITION OF DISABILITY

Disability has evolved as a concept over time and is now understood as a social, rather than medical concept. Disability resides not in a person’s specific impairment, but rather in the interactions between that impairment and the attitudinal and environmental barriers they face. The UN Convention on the Rights of Persons with Disabilities (CRPD), adopted in 2006, recognizes persons with disabilities as those individuals “who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (CRPD 2006, Article 1).

At the time, limited evidence was available on the impact and effectiveness of remote teaching initiatives on learning, especially for the most marginalized young people, such as learners with disabilities. What was known was that the digital divide resulted in an estimated 40 percent of disadvantaged learners in low- and middle-income countries (LMICs) being unsupported in their education (World Bank 2020a). Lacking in the accounts of global learning barriers, however, was evidence examining the impact of COVID-19 on the education of learners with disabilities. Research from prior pandemics, such as the Ebola crisis, suggest that lockdown measures can be particularly harsh on persons with disabilities because of reduced economic activity, reduced social cohesion, lack of support during quarantines, and the added risk of

stigmatization (UNICEF 2017). Further, even under pre-pandemic circumstances, persons with disabilities face inequalities in accessing public services. For example, persons with disabilities are more than three times as likely to be unable to get health care when they need it, and in some countries more than half of the population of persons with disabilities cannot access rehabilitation services (United Nations Department of Economic and Social Affairs 2019). The overall proportion of persons with disabilities living below the national or international poverty line is also higher, and in some countries double that of persons without disabilities (United Nations Department of Economic and Social Affairs 2019). Persons with disabilities are less likely to access education, health care, and employment opportunities and they are more likely to live in poverty and experience higher rates of violence, neglect, and abuse (UNICEF 2020). COVID-19 further compounded these conditions, disproportionately affecting persons with disabilities both directly and indirectly.

Since the launch of the survey, there has been some emerging evidence of the impact of COVID-19 on persons—and in few cases learners—with disabilities. Policy analysis suggests that few countries included any efforts to support learners with disabilities in their immediate responses (Carvalho and Hares 2020). A review of 20 global surveys identified various challenges as a result of COVID-19 for persons with disabilities, including financial challenges due to gaps in coverage of social protection programs; food insecurity; increased experiences of violence (especially for women and girls); less access to critical public health information due to inaccessible information and mobility restrictions; and difficulties accessing regular health care, assistive devices and rehabilitation, and personal protective equipment (PPE) and hand sanitizer (Hillgrove 2020). Half of all persons with disabilities who responded to a global survey reported that their regular services and supports (for example, personal assistance for daily care and hygiene, home-based therapeutic interventions, and sign language intervention) had been disrupted because of the pandemic (Hillgrove 2020). The review found limited evidence on the remote learning needs and experiences of children (and adults) with disabilities.

This study arose from a deep need to understand the experiences of learners with disabilities during the onset of COVID-19 and the accompanying school closures. The survey was disseminated in May 2020 to inform the “just in time” issues paper, *Pivoting to Inclusion: Leveraging Lessons from the COVID-19 Crisis for Learners with Disabilities* (World Bank 2020a) (referred henceforth as *Pivoting to Inclusion*). The *Pivoting to Inclusion* report highlighted important recommendations for policy makers and practitioners to provide an inclusive and quality education for learners with disabilities during school closures and future emergencies, including the use of Universal Design by Learning (UDL) and a twin-track approach to inclusive education sector planning. A twin-track approach involves two basic principles: (1) ensuring that mainstream education programs are designed for all learners; and (2) developing targeted support to address the specific needs of children with disabilities (World Bank 2020a). The findings from this survey show various examples of f these two tracks, as well as the importance of UDL in remote teaching and learning for learners with disabilities.

Although some of the quantitative data from the survey was presented in Pivoting to Inclusion, this paper serves as a companion piece, adding depth to the survey findings by including qualitative data from survey respondents. The survey was undertaken when there was no knowledge, particularly in relation to the impact global health crises have on the education of learners with disabilities and how parents, caregivers, and teachers were ensuring quality learning for these young people. There was no available evidence from COVID-19 and limited literature about prior epidemics and how they affected the learning of children with disabilities. The World Bank's Inclusive Education Initiative (IEI) created and disseminated a survey entitled "Learners with Disabilities and COVID-19 School Closures," to fill existing knowledge, information, and evidence gaps. Survey methodology was applied to seek understanding of the following question: "Do learners with disabilities and their families have access to the supports they need to continue learning while schools are closed due to COVID-19?"

The survey was intended as a quick study with to the goal of exploring the experiences of learners with disabilities from the perspectives of their parents and caregivers, teachers, and persons with disabilities during the initial school closures that resulted at the onset of the pandemic. This report draws on quantitative and qualitative data to examine both the challenges that hinder access to quality teaching and learning opportunities for students with disabilities since COVID-19, as well as those promising practices that have been considered effective by teachers and parents of learners with disabilities around the globe.

2.0 METHODOLOGY

2.1. SURVEY INSTRUMENT

The survey instrument consisted of 38 questions, some of which were directed to all respondents and others that were directed to the specific type of respondent (parent/caregiver, teacher, or person with disability). Of the questions, 31 were multiple choice and 7 were open-ended (see appendix A for a copy of the complete survey in English). Survey questions examined the demographic characteristics of survey respondents, their views on access to technology and distance learning modes or methods, and their perceptions of challenges and concerns or promising practices relating to the education of learners with disabilities during the COVID-19 pandemic. Two questions also asked respondents to use a 5-point Likert scale to rate the education response and the social response of children with disabilities. The survey was translated into six languages (Arabic, English, French, Portuguese, Russian, and Spanish). The translated versions were done by World Bank colleagues fluent in the languages of the translation. Due to the urgency to disseminate it quickly, piloting of the survey was not done.

2.2. SAMPLING AND DISSEMINATION

The survey was directed at three audiences: the parents/caregivers of children with disabilities, teachers of learners with disabilities, and persons with disabilities. Children with disabilities were not included in the survey sample because of issues regarding ethical clearances necessary for conducting research with minors. However, adults with disabilities were included so they could complete the survey based on their own experiences growing up in their education systems and their observations of what was occurring in their home countries. Persons with disabilities were specifically sampled based on their first-person standpoints and reflections on what the needs of children with disabilities might be during this pandemic.

Survey dissemination included both a purposive and snowball sampling process. First, the survey was disseminated using the IEI Community of Practice (CoP)¹ LinkedIn web page and newsletter. Members of the CoP were requested to fill in the survey only if they self-identified as any of the three categories (parent/caregiver of a child with a disability, teacher of learners with a disability, or persons with a disability). The CoP was also asked to forward the survey to individuals or organizations that would fall into these categories. Finally, the survey was also sent directly to organizations of persons with disabilities (OPDs),² who were asked to disseminate it to their networks. The survey was well received by OPDs, who expressed a strong need for understanding the situation for learners with disabilities and their families. OPDs requested translations of the survey for wider dissemination, leading to a high demand, that was not anticipated by the IEI team. Several of the OPDs made phone calls to their members to conduct the survey to ensure participation for persons with disabilities who may not have access to the internet or the appropriate devices to allow for their participation. Organizations that work on disability and/or inclusive education were also contacted so they could share the survey with respondents from their circles. The survey was disseminated in early May 2020 on Survey Monkey and was left open for approximately one month with some variation across languages.³

2.3. ANALYSIS OF QUALITATIVE AND QUANTITATIVE DATA

All survey data was translated into English before data analysis. Translation of the data into Arabic, French, and Spanish was done by World Bank interpretation services, while the Portuguese and Russian data were interpreted by World Bank colleagues whose first language is the language of the responses. Quantitative data was analyzed using descriptive statistics. Some of these statistics are provided below in relation to the demographic characteristics of survey respondents, while the rest are presented in Section B in relation to the findings.

¹ The IEI CoP is an inclusive and collaborative network, focusing on the creation and dissemination of knowledge within the field of disability-inclusive education. It is made up of a wide range of stakeholders from government officials, international organizations, nongovernmental organizations, donors, civil society organizations, researchers and academics, technical experts, teachers, parents of children with disabilities, and OPDs around the world.

² The organizations the study team reached out to were both international and regional. They mostly cover all types of disabilities, but some were disability-specific, reaching the community of persons with intellectual disabilities or those who are deaf.

³ The survey was translated from English to Arabic, French, Portuguese, Russian, and Spanish.

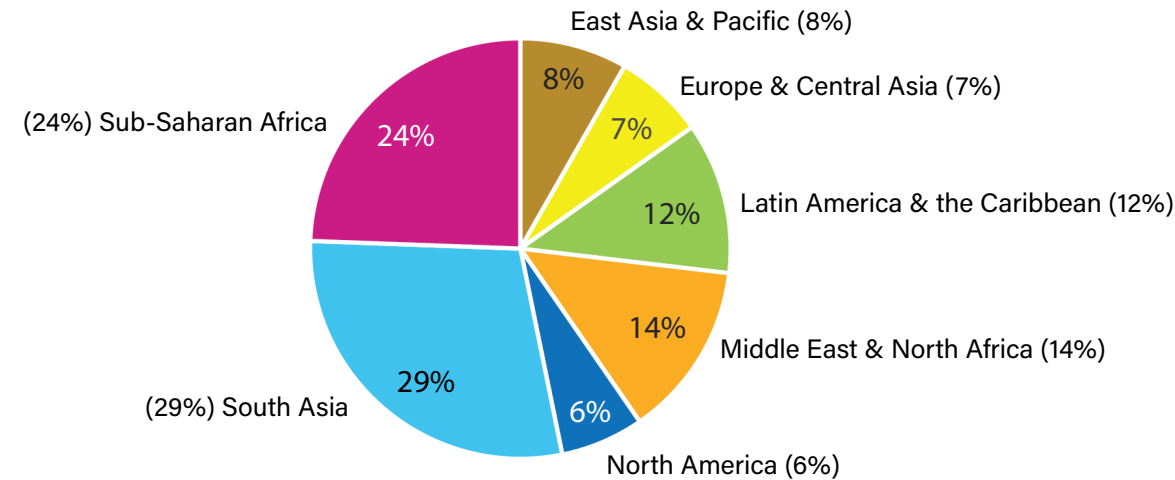
The qualitative data was analyzed using a thematic coding approach. Codes were both deductive, based on common themes from the literature and the Pivoting to Inclusion report, and inductive, emerging from the data itself. Code sheets were made for all seven of the open-ended questions. To present the findings in Section B of this report, the codes were then arranged based on overarching themes or settings. For example, the first subsection of the findings addresses those codes related to the needs of learners with disabilities at home; the second set looks at pedagogical needs, and the third set examines needs in the future (that is, while returning to school or preparing for future emergencies). The triangulation of qualitative and quantitative data adds to the validity and reliability of the findings, and both coherences and tensions among these two types of data are explored in the findings sections.

2.4. DEMOGRAPHIC DATA OF SURVEY RESPONDENTS

ALL RESPONDENTS

A total of 3,993 respondents completed the survey (3,107 in English, 444 in Spanish, 367 in Arabic, 36 in French, 23 in Portuguese, and 16 in Russian). All respondents were asked to identify their region of origin (see figure 1). Approximately a quarter of respondents came from South Asia (29 percent) and Sub-Saharan Africa (24 percent). The regions of Europe and Central Asia and North America were the least represented (7 percent and 6 percent, respectively).

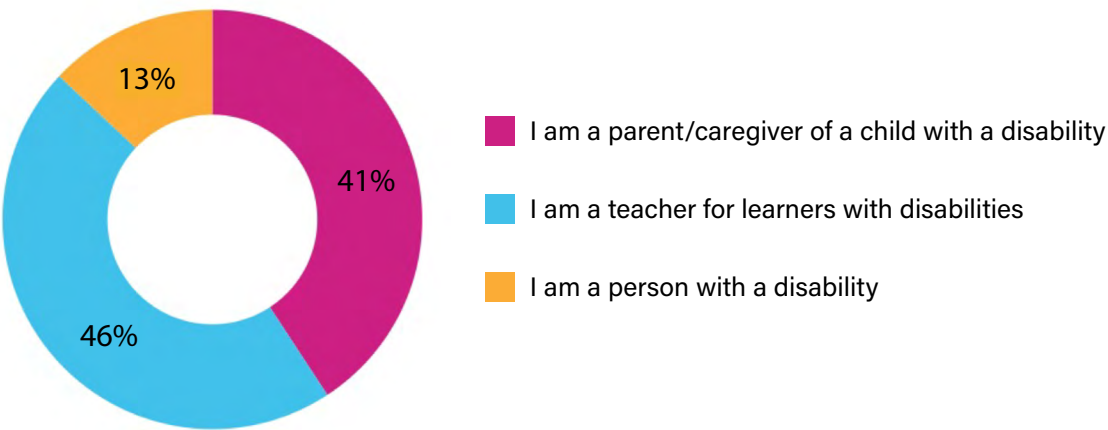
Figure 1. Region of Origin of All Survey Responses



Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey

Figure 2 provides the breakdown of survey respondents based on the three roles of parent/caregiver, teacher, or person with disability: 46 percent of respondents were teachers for learners with a disability (1,485), 41 percent were parents/caregivers of a child with a disability (1,628), and 13 percent were persons with disabilities (520).

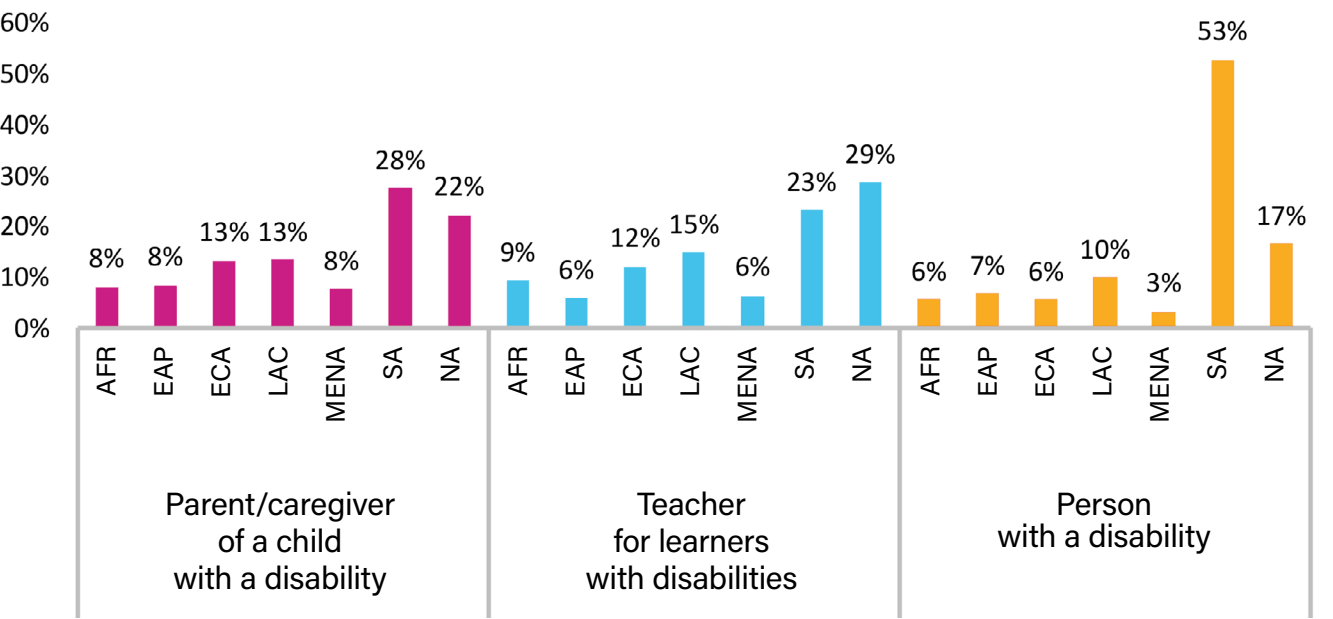
Figure 2. Type of Survey Respondents



Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey

Figure 3 provides a regional breakdown of where the three types of respondents came from. Parents/caregivers and teachers were mostly from South Asia (28 percent and 23 percent, respectively) or Sub-Saharan Africa (22 percent and 29 percent, respectively). It is also important to note that more than half of the persons with disabilities who responded to the survey were from South Asia (53 percent).

Figure 3. Region of Origin of Survey Respondents, by Type of Respondent

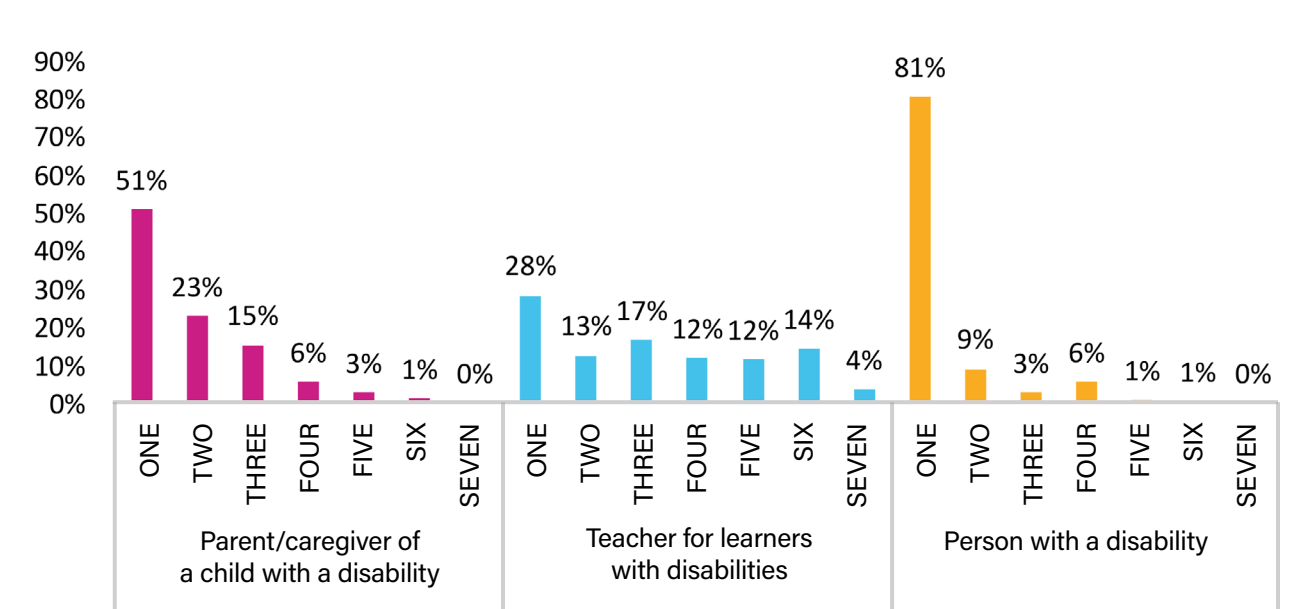


• Africa (AFR) • East Asia and Pacific (EAP) • Europe and Central Asia (ECA) • Latin America and Caribbean (LAC) • Middle East and North Africa (MENA) • South Asia (SA) • North America (NA)

Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey

Overall, nearly half of the respondents (46 percent) answered the survey from their experiences with a child with a single disability. However, teachers reported that they worked with children with multiple disabilities (figure 4). Specifically, most persons with disabilities (81 percent) and parents/caregivers (51 percent) answered questions from their experiences with learners with one disability, but most teachers (60 percent) worked with a group of learners that captured a range of three or more disabilities. In other words, teachers provided a broader perspective on the various barriers that students may face, since all but 28 percent of them had students with various types of disabilities (and sometimes multiple disabilities) in their classrooms.

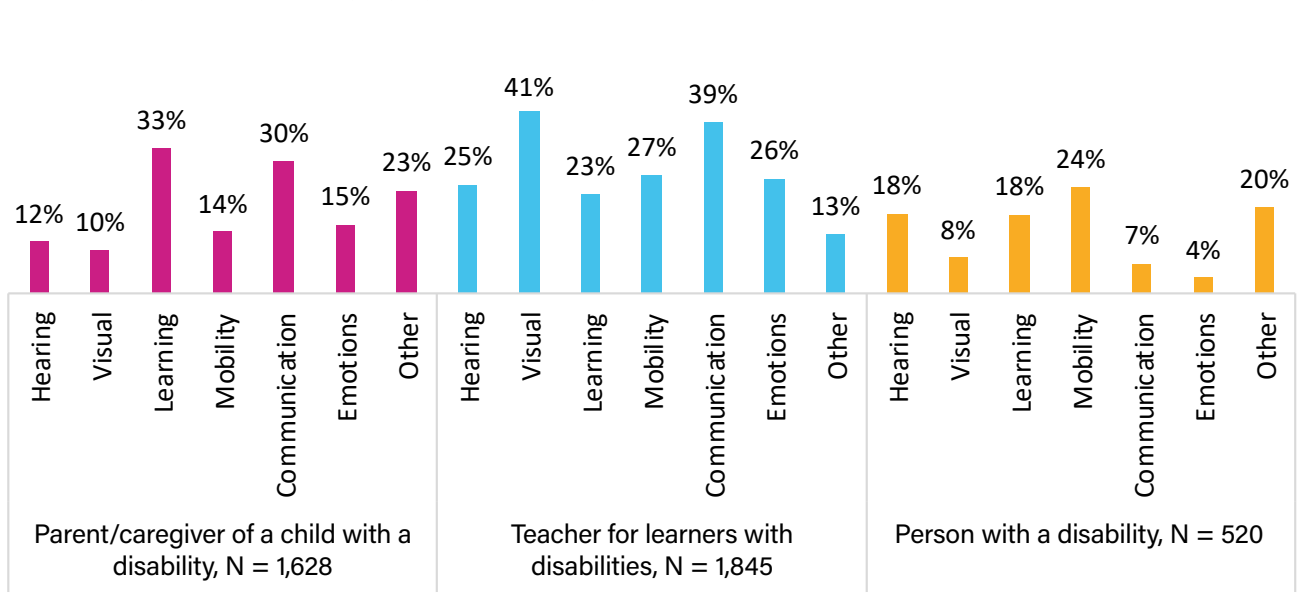
Figure 4. Number of Disabilities Represented by Survey Respondents



Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey

The survey respondents also represented a variety of types of disabilities, from hearing and visual disabilities, to learning disabilities and those affecting communication, mobility, and emotions. Figure 5 illustrates the percentage of each disability represented by the type of survey respondent. As evident in the data, approximately one-third of parents and caregivers had a child or children with learning (33 percent) and/or communication (30 percent) disabilities. The most common disabilities that teachers engaged with were visual (41 percent) and communication (39 percent). Persons with disabilities, on the other hand, represented a more even distribution across the various types of disabilities: 24 percent had a disability affecting mobility, 18 percent had learning disabilities, and 18 percent had hearing disabilities. Despite the World Bank and IEI supporting a social conceptualization of disability (see inset in 1.0 Introduction), the Washington Group Questions reveal important data. This information points to the heterogeneity of disability and the diverse needs of learners with disabilities, dictating what effective remote teaching and learning looks like.

Figure 5. Types of Disability by Type of Survey Respondent



Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey

Those respondents who chose “other” as the type of disability were asked to write it in their response. These responses included a range of disabilities, such as Down Syndrome, autism spectrum disorder, attention-deficit disorder (ADD) or attention-deficit/hyperactive disorder (ADHD), cerebral palsy, posttraumatic stress disorder, hypertension, and dwarfism, among others.⁴

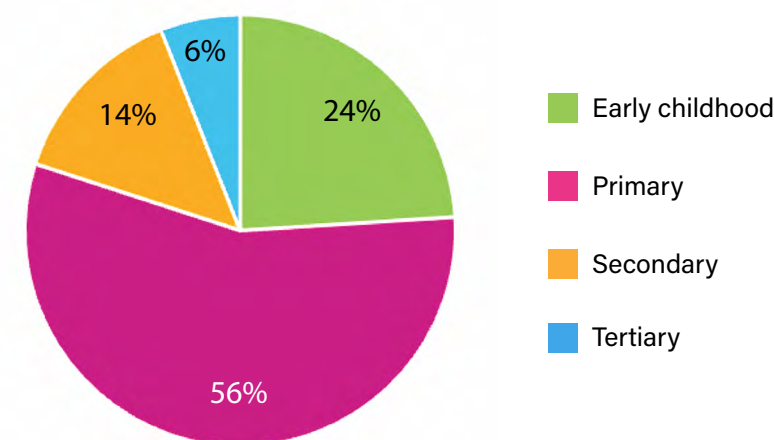
TEACHERS

The teachers who responded to the survey work in a variety of contexts both at the school and classroom level. Some teachers work in mainstream schools, where learners with disabilities work alongside their nondisabled peers, and other teachers work in special schools, where learners with disabilities study apart from others in a segregated approach.⁵ More than half of all teacher respondents work at the primary level (56 percent), 24 percent work in early childhood education, 14 percent work at the secondary level, and 13 percent work at the tertiary level (see figure 6). At the classroom level, some teachers work with students with the same disability, while some work with students with diverse disabilities.

⁴ It can be inferred from some of these responses that respondents were unsure what category their child's/students' disability fell within, and thus these data should be interpreted carefully.

⁵ It is important to note that the IEI does not support a segregated approach, but rather advocates for an inclusive approach in which learners with disabilities do not just study alongside their peers without disabilities, but they are also afforded the resources and support structure needed to thrive in these mainstream school settings, as discussed further later in the paper.

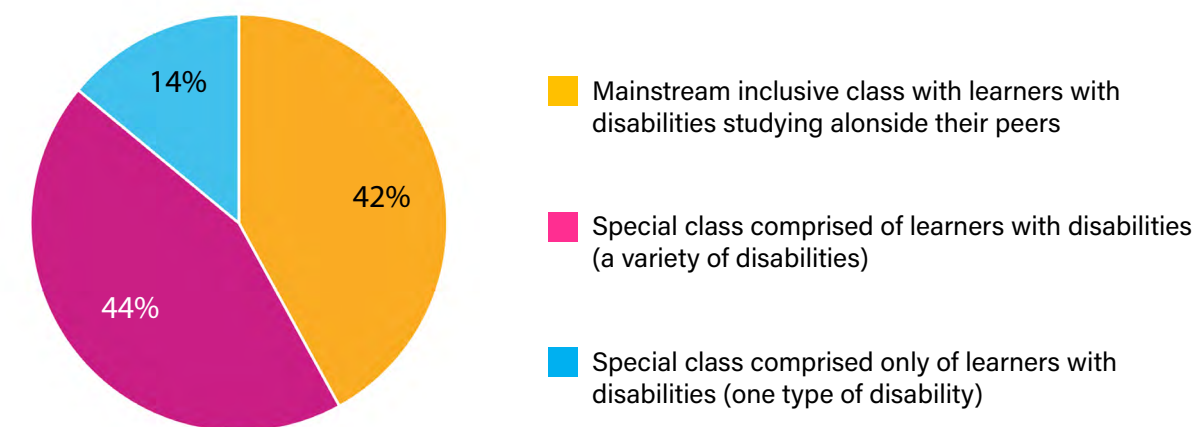
Figure 6. Education Level Taught by Teacher Respondents



Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey

In addition, 42 percent of teacher respondents worked in mainstream inclusive classrooms, in which learners with disabilities studied alongside their peers without disabilities (see figure 7). The other 58 percent of teachers worked in special classrooms reserved solely for students with disabilities: 44 percent worked in special classrooms composed of learners with a variety of disabilities, while the minority (14 percent) worked in special classrooms composed of children who all have the same disability. These classroom dynamics have implications for the social and educational inclusion of learners with disabilities and are discussed in relation to the findings in the following sections.

Figure 7. Type of Classrooms in Which Teacher Respondents Work



Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey

2.5. LIMITATIONS

This research provides important insights into the experiences of students with disabilities, their families, and teachers. There are, however, some limitations and threats to the validity and reliability of the data. For example, two of the survey questions in the original English survey were not written clearly and thus did not yield reliable data. These questions have been excluded from the findings.⁶ Due to the surveys not being piloted in any of its languages before dissemination, two translated surveys unintentionally omitted an open-ended question.⁷

In addition, survey dissemination required the participation of various civil society organizations. During the data analysis process, it became clear that some of these organizations were more involved than others. In South Asia, for example, there were many repeated answers from persons with disabilities. This may be because stakeholders within the organizations provided potential options to survey respondents, who then chose the answer that best fit with their perceptions or experiences. Though the data analyst tried to rectify this during the data analysis process, it has obvious implications for the validity and reliability of the study. Another limitation was the languages selected for translations. To accommodate the unexpected demand for the survey, translations in official UN languages (except Chinese) were offered, which covered most geographical regions. Due to timelines and logistics, the survey was not available in local languages, which was a limitation for full participation. A final limitation was that the survey tool was hosted online, which meant the respondents must have had at least some level of access to the internet and a technological device. This has implications for the demographic characteristics of survey respondents, since the most marginalized communities may not have been reached. Learners with disabilities themselves were also excluded from the sample. However, the voices of persons with disabilities were included as a proxy for students, since they could speak from their experiences, and how it may be for a student with their type of disability during school closures and the COVID-19 pandemic.

Finally, it is critical to underscore that IEI encourages the pursuit of inclusive educational settings and practices as stipulated in Article 24 of the Convention on the Rights of Persons with Disabilities. The IEI believes that including children with disabilities in mainstream school settings can play an important role in moving forward the agenda for quality inclusive education for all. Special schools are not something the IEI promotes as an end goal, even if there are survey respondents expressing opinions in favor of it. The IEI does not endorse those respondent opinions. This report presents evidence of the lived experience and perceptions of stakeholders during the COVID-19 pandemic.

⁶ The Portuguese survey did not include Question 33, "Do you have any particular concerns about girls with disabilities during this time?" and the French survey did not include Question 37, "What challenges do you expect children with disabilities to face once schools reopen? How do you think these can be best addressed?"

⁷ For teachers, Question 6, "While schools are closed during COVID-19, does your child have access to accessible learning resources and services?" For persons with disabilities, Question 31, "As a person with disability, if you are a child with a disability trying to continue your education during COVID-19, based on your specific needs, what materials/services/devices would be most helpful to you to continue learning?"



PICTURE CREDIT - WORLD BANK

SECTION B

FINDINGS

The findings of this study are presented in three sections. The first section examines the need for creating an enabling environment for learners with disabilities at home during COVID-19. The second set of findings identifies accessible teaching and learning materials and pedagogies during school lockdown. The second section further reports on respondents' descriptions of learners with disabilities' needs for studying at home and the materials, modes, methods, and actors involved in achieving quality distance learning. The third section transitions from the home to the school and examines how respondents reported that learners with disabilities must be considered when returning to school and when planning future policy responses to emergencies like COVID-19. Interspersed throughout these findings are two types of boxes: "issues focus" boxes that examine more closely the challenges identified by survey respondents, and "spotlight" boxes on "promising practices" identified by survey respondents. As stated in the methodology section of this companion piece (2.0 Methodology), the findings present evidence of the lived experience and perceptions of survey respondents (teachers, parents/caregivers, and persons with disabilities) during COVID-19. The perceptions of survey participants do not necessarily reflect the opinions of IEI or the beliefs and values it endorses.

1.0 CREATING AN ENABLING HOME ENVIRONMENT FOR LEARNERS WITH DISABILITIES

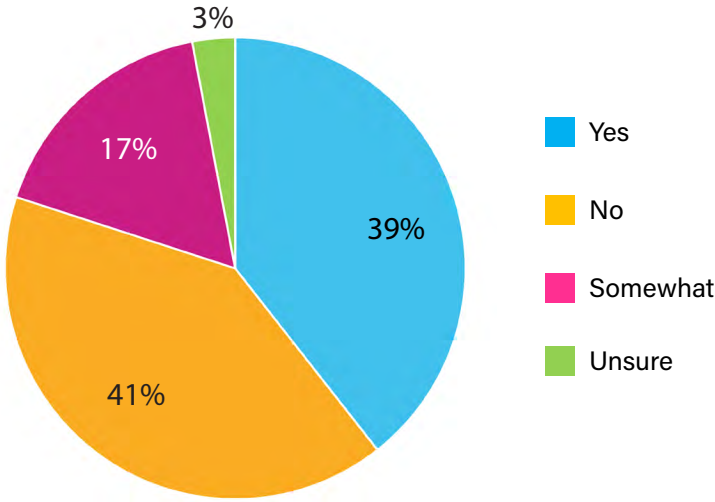
“Providing emotional support by telephone, making suggestions for activities and for bio-security measures, organizing food kits to make up for their lack of food. The families have responded positively to all of these measures. WhatsApp is a useful tool, as is the (half hour) of free internet provided by the local government.” — teacher, Latin America and the Caribbean (Spanish)

The excerpt above is a survey respondent’s example of “good practices” during school closures. It sheds light on the need for comprehensive COVID-19 responses—packages that include necessities, such as food and internet, health and hygiene, and socioemotional support for learners and their families. The following section identifies the complex multidimensional nature of supports needed to ensure a safe, secure home learning environment for learners with disabilities during COVID-19. Section 1.1 highlights the importance of financial security and social protection, followed by Section 1.2, which turns to access to, and availability of, digital devices and the internet. Concerns related to health, hygiene, and sanitation are elaborated on in Section 1.3, followed by access to information (Section 1.4), and the need for a safe and secure home environment that are conducive to learning (Section 1.5).

1.1 FINANCIAL SECURITY

Financial security is critical to creating an enabling home environment for all learners, especially learners with disabilities. Many survey respondents reported that they suffered from economic hardships before the crisis that were exacerbated by the COVID-19 pandemic. When parents/ caregivers were asked to identify the most important kind of support for them and their children, many described the need for “financial support to buy essentials” or the need to pay for “extra tuition” or “school fees.” A parent from North America touched on the multitude of costs they had to consider, describing the need for “financial [support], so I can pay for the supplies she needs to succeed while I’m not working and also keep a roof over our heads and food on the table.” According to quantitative data, of 1,101 parent/caregiver respondents, over half (58 percent) report not having complete access to the financial support they need (41 percent said no, and 17 percent said somewhat) (see figure 8).

Figure 8. Parents/Caregivers Access to Financial Support



Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey

For some parents and caregivers, economic hardships were fueled by losing one’s job because of the COVID-19 pandemic. When asked what type of support they needed, parents from the Middle East and North Africa and Sub-Saharan Africa wrote “income” in their open-ended responses. Similar answers were found in other regions. A mother from Latin America and the Caribbean wrote, “the money does not last very long, and even more so when one is a mother who is not working.” This also calls attention to how household dynamics—and differences between one- and two-parent homes—may shape the needs and priorities of learners with disabilities and their families.

In their open-ended responses, participants often called on the government to provide these kinds of economic support structures. For example, a Spanish-speaking parent from Latin America and the Caribbean described how the most important type of support needed was “for the government to pay more attention to the population, mainly the vulnerable, such as my son, with a view to providing economic, health, and education.” This calls attention to the need for multisectoral COVID-19 responses. Economic support was seen as a foundation for improved health and education. For some, these types of support could come through social protection packages. A parent from South Asia identified “social security” as a need since “the government has done nothing, nor the state government.” Their words emphasize the need for government support at both the national and subnational levels.

The need for financial security and stability at the household level was seen as a prerequisite for effective remote teaching and learning. Many respondents also described how a “good practice” would address the economic needs of learners and their families. Persons with disabilities, especially those living in Sub-Saharan Africa, recognized this:

“I have no proven experience in this area, but I think that children and their families should be in a sound financial and material position to allow them to continue their studies at home” —person with disabilities, Sub-Saharan Africa (French)

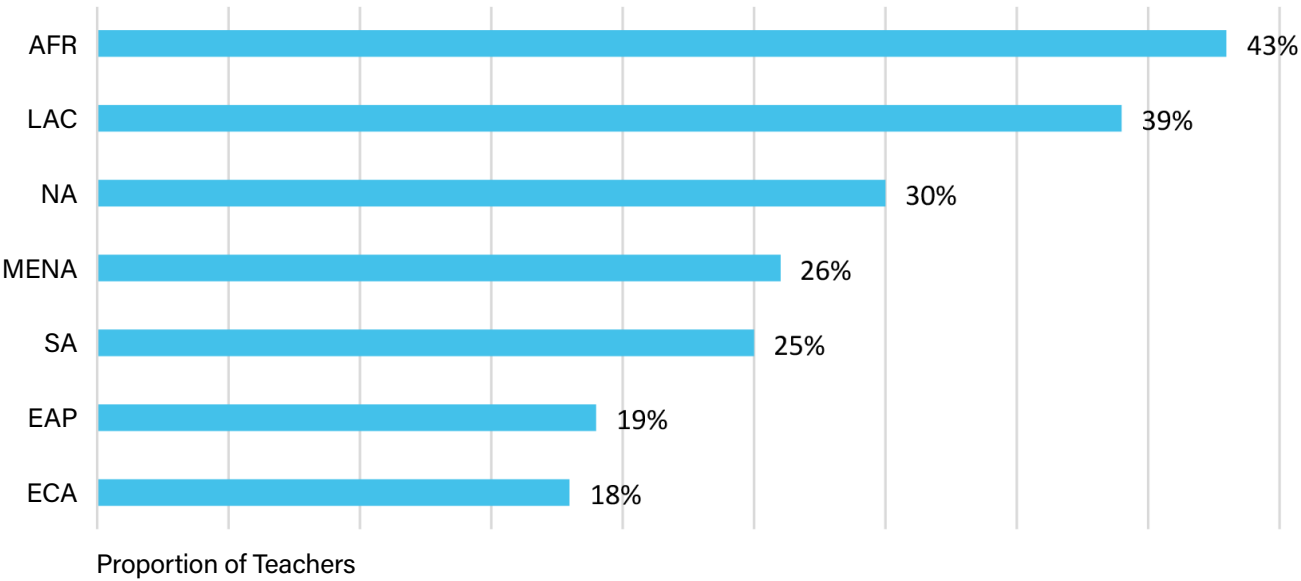
“Most of them they are just at home while parents are busy trying to make ends meet. Some are even begging in the streets due to high poverty levels.” —person with disabilities, Sub-Saharan Africa

Similarly, an Arabic-speaking teacher from the Middle East and North Africa wrote:

“Caregivers of children with disabilities [have] shared [the] need for cash assistance and access to work opportunities and livelihood services in order to provide basic needs then supporting their children by providing additional specialized services (therapy and basic literacy).”

Teacher participants provided similar responses. A teacher from Sub-Saharan Africa described an overall need for “affordability to pay fees, as parents might have lost income.” On average, 30 percent of all parents and caregivers and 31 percent of all teachers reported “cost” as a key barrier to accessing the supports needed for children with disabilities to continue their learning at home. This held true regardless of the type of disability represented by the respondent and the education level taught by the teacher.

Figure 9. Proportion of Teachers That Identified Cost as a Key Barrier, by Region



• Sub-Saharan Africa (AFR) • Latin America & Caribbean (LAC) • North America (NA)
• Middle East and North Africa (MENA) • South Asia (SA) • East Asia & Pacific (EAP) • Europe & Central Asia (ECA)

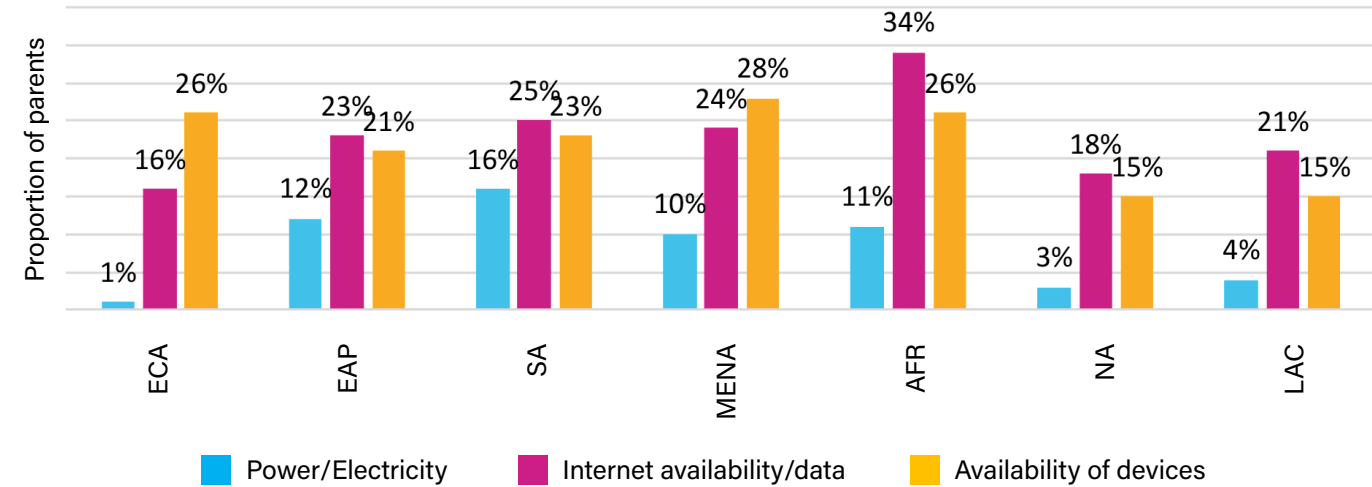
Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey
Note: Sample sizes range from 107 in Europe and Central Asia to 529 in Sub-Saharan Africa.

Monetary or financial support was needed for a variety of expenses that parents and caregivers had when taking care of their children with disabilities, especially while learning from home. According to parents/caregivers and teachers this includes the cost of internet data or utilities, technological devices for remote teaching and learning, “educational toys” or reading materials, basic needs such as food and water, special assistive devices for those learners with sensory disabilities, money for medicine or health services, and access to specialists, such as occupational, physical, or speech therapists and psychologists. The following sections examine these needs in more detail. Despite cost being a major barrier for learners with disabilities and their families, evidence from the Pivoting to Inclusion report suggests that—as of May 2020—of 60 countries that adopted social programs during COVID-19, only 18 (30 percent) specifically target children with disabilities (World Bank 2020a). For more information on social protection policies supporting disability inclusion during COVID-19, see Section 3 of the Pivoting to Inclusion report.

1.2 ACCESS TO INTERNET AND DEVICES

Since the survey instrument was hosted online, a certain level of connectivity was needed for the participation of survey respondents. Despite this, a common theme that emerged from the data was inadequate internet connection or lack of access to technological devices for remote learning. Approximately one in four parents identified the lack of internet access/data (25 percent) or the availability of devices (23 percent) as a key barrier to learning, while one in 10 (10 percent) identified power and electricity as a key barrier. Similarly, 36 percent of teachers identified the lack of internet access/data as a barrier for their students’ families and 30 percent identified a lack of assistive devices as a barrier. Figure 10 depicts the proportion of parents that identified lack of internet or data as a key barrier to learning for learners with disabilities. As evident in the data, regional differences mirror the findings above regarding cost as a barrier: Europe and Central Asia and East Asia and Pacific are the two regions where connectivity is less of a challenge, compared to Latin America and the Caribbean and Sub-Saharan Africa, where nearly half of teachers report connectivity being a challenge for their students and families.

Figure 10. Proportion of Parents Reporting Power, Internet, and Devices as Barriers, by Region



• Europe & Central Asia (ECA) • East Asia & Pacific (EAP) • South Asia (SA) • Middle East and North Africa (MENA)
• Sub-Saharan Africa (AFR) • North America (NA) • Latin America & Caribbean (LAC)

Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey
Note: These data are from survey Question 7 (parents), “What are some of the barriers to accessing the supports needed to continue their learning?” Sample sizes range from 124 in North America to 448 in South Asia.

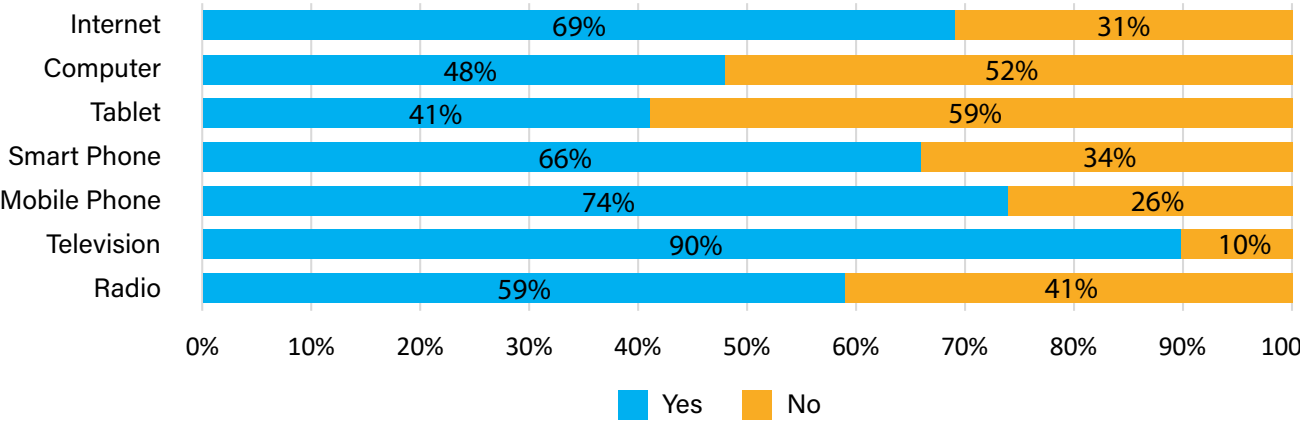
There were significant regional differences in families’ access to assets such as internet and devices. For example, while only 21 percent of all respondents from Sub-Saharan Africa reported having internet access, more than twice as many (55 percent) in North America did. It is interesting to note, however, that even in a region with presumably high levels of connectivity (North America), nearly half (45 percent) of survey respondents were still not reliably accessing the internet.

But qualitative data suggests that even families with internet access often faced challenges due to poor connectivity. A parent from South Asia said the most important type of support their child needed was “better internet connectivity.” Data was a common issue raised by parents and caregivers, suggesting that internet signals were unstable in many contexts. As a teacher from Sub-Saharan Africa reported:

“I set up a WhatsApp group and sent out videos to explain the subject matter, translations of the material into the vernacular (Zulu) and worksheets. Initially participation was good, but most parents now say they do not have sufficient data to download the materials I send. Others have said that they often forget to do the homework with their children as they are constantly anxious about their economic survival.”

According to some parents, weak internet connectivity caused additional challenges. A parent of a child with autism from Europe and Central Asia said, “Internet quality can be different and can make [my son] anxious.” Therefore, even when a family has access to internet at home, the quality of their internet connection was not always reliable.

Figure 11. Parents/Caregivers’ Access to the Internet and Technology



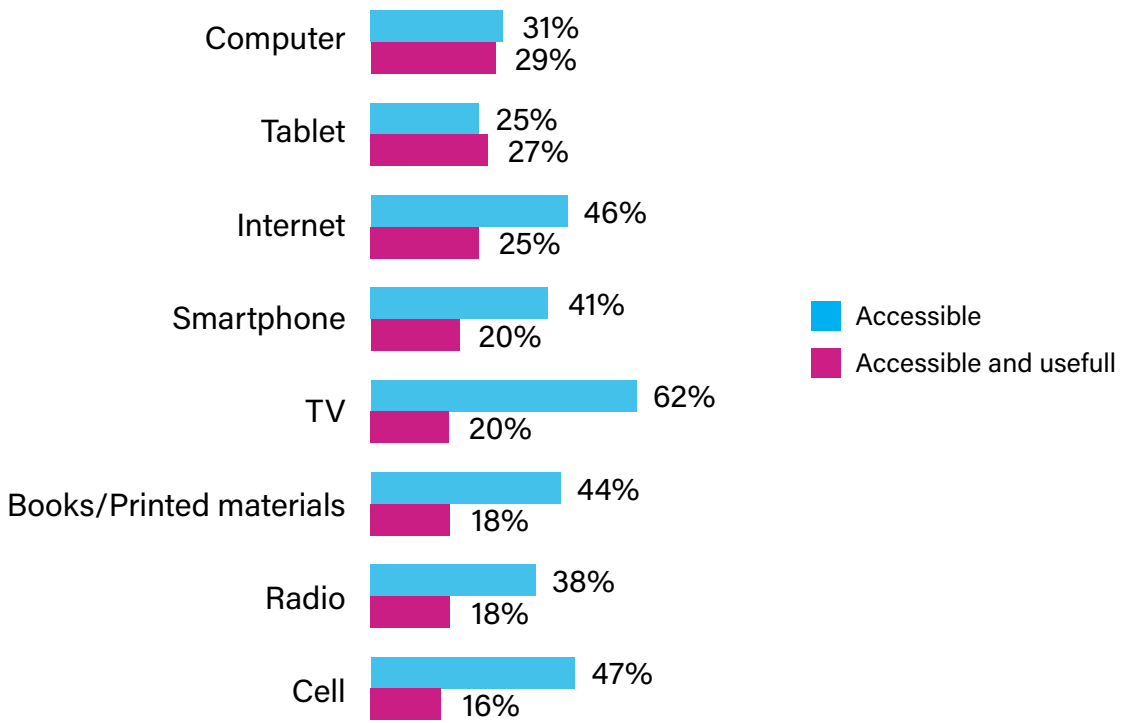
Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey
Note: Data are from Question 5 (parents/caregivers), “While schools are closed during COVID-19, does your child have access to...” Response rates vary from 2,254 (Tablet) and 2,427 (TV). In other words, not all survey respondents responded to all questions about each device.

For some families, “access” to a device at home did not always translate into access for learners with disabilities. Parents sometimes had to use their device for work, for example, or there were not enough devices for all children in the household to use independently. A parent from Sub-Saharan Africa commented on the need for an “extra phone for [my son] to do his work. In situations where there were too few devices available for the number of children in the household, survey respondents doubted that learners with disabilities would have the opportunity to use these devices. Instead, they believed priority would go to their siblings without disabilities. Girls were also seen as a more vulnerable group. A person with disabilities from Europe and Central Asia said:

“If the resources in the family are limited (for instance, [if] there is [a] limited number of gadgets), it is more likely that girls with disabilities will not receive access to them in order to be able to effectively continue their studies.”

The data points to another important caveat: general access to devices or “assets” was not meaningful for all learners with disabilities, depending on their disability. Figure 12 illustrates parents’ responses to two questions on the survey: access to devices and printed materials and whether the device is actually useful. For example, even though more than 60 percent of survey respondents had access to a TV, less than 20 percent believed that the TV was useful for remote learning purposes. As evident in the data above, parents and caregivers believed that computers and tablets were among the most useful devices. For all other devices, however, there is a significant decrease in the proportion of parents and caregivers who reported access and “usefulness.” The “usefulness” of any device or material, would, of course, depend on the type of disability of the learner.

Figure 12. Parents/Caregivers’ Access to the Internet and Technology

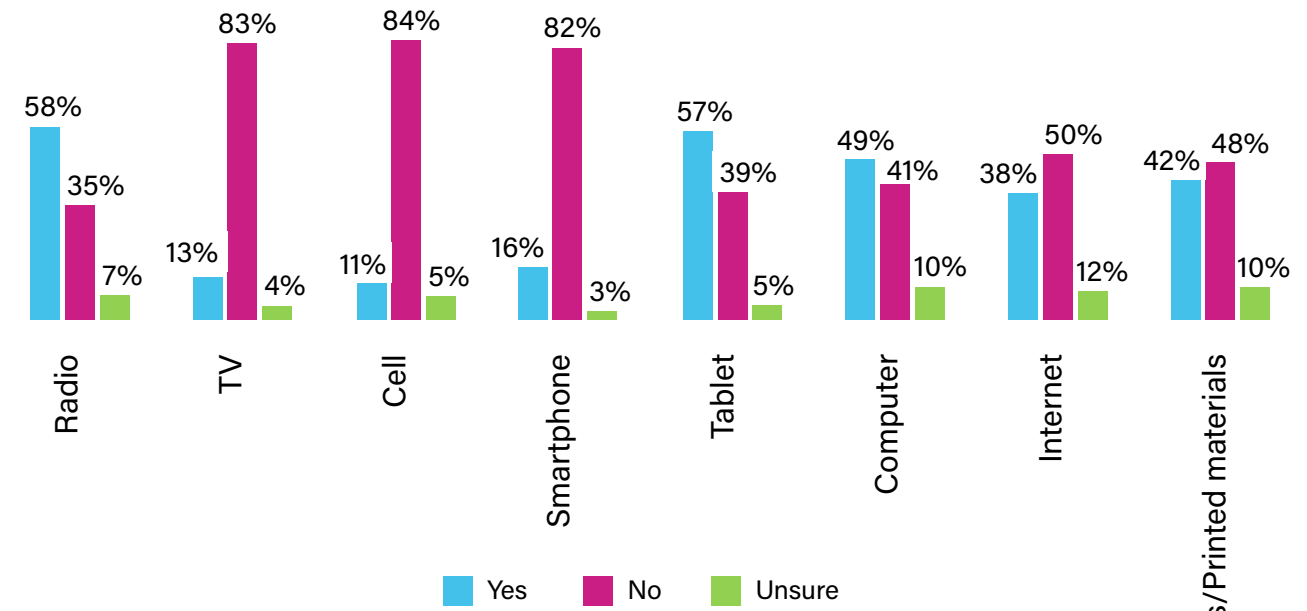


Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey
Note: The data draws on Question 5, “While schools are closed during COVID-19, does your child have access to a [name of device]. Is it accessible and useful for your child with a disability?” Sample size is 1,628.

The perceptions of persons with disabilities are perhaps the most telling of the realities that learners with disabilities experience, as adults’ lived experiences can often inform how they interpret current educational conditions. Indeed, this is why persons with disabilities were included in the survey sample—to reflect on their own lived experiences and share how a

child with their same disability may be affected by school closures during COVID-19. Figure 13 provides quantitative data on what technological tools persons with disabilities believed to be most useful for students with their particular disability. As evident in the data, persons with disabilities were most confident in TVs, cell phones, and smartphones for learning—a finding that echoes the perceptions of parents presented above. The important finding from the data, however, is that the usefulness of each device or material was bound by the physical, cognitive, and behavioral needs of each individual student. The second section of the findings elaborates on this finding in relation to effective remote teaching modalities.

Figure 13. Persons with Disabilities Perceptions of “Useful” Teaching-Learning Devices or Materials



Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey

The lack of access to internet and “useful” devices served as a barrier to learning. When schools closed at the onset of COVID-19, many countries turned to online or blended learning models to support their students. Without access to the necessary devices or adequate internet connectivity to engage in online learning activities, learning inequalities are likely to widen for learners with disabilities. As a person with disabilities from the Middle East and North Africa wrote:

“At the moment, my country has not considered making materials for special need children. Many parents do not have access to internet, laptops and smartphones. Not even radios to access educational packages online or those ones aired on radios. Learners with disabilities stopped learning at the time of school closure.”

The survey respondent aptly notes a range of EdTech resources that can be used in school and government responses, including smartphones, laptops, and radios. Unfortunately, however, if learners with disabilities do not have access to these devices—or the ability to use them for learning as they have been designed—they will be excluded from teaching and learning activities and further marginalized during school closures. In summary, survey respondents described a series of cumulative challenges that learners with disabilities confronted when trying to access devices necessary for remote learning. These challenges are presented in figure 14.

Figure 14. Cumulative Challenges for Learners with Disabilities Accessing Devices at Home



Source: Authors

Survey participants from all three categories (parents/caregivers, teachers, and persons with disabilities) described the role of the government and the donor community in providing these basic necessities. Open-ended responses frequently described the shortcomings of government actors and when the government did provide material support, survey respondents seemed to have mixed reviews. On the one hand, a person with disabilities from South Asia wrote how the government was “performing their role” and another person with disabilities from Europe and Central Asia described a “good practice” as “providing the children with basic computers/smartphones or the vouchers to buy some; subsidizing the internet costs for those families that previously did not already have internet.”

While these support structures were less common, it has been found that in some countries—such as Mozambique and Cape Verde—state-owned telecommunication companies offered significant discounts (and in some cases free) internet packages to those in need (see Tsandzana 2020). On the other hand, a person with disabilities from Sub-Saharan Africa wrote, “[they] don’t have appropriate learning materials as government only gave general learning materials.” Similarly, a Spanish-speaking teacher from Latin America wrote, “the (half hour) of free internet provided by the local government” is “useful” but that, “it would be important to extend the time, capacity, and coverage of the internet connection.” According to survey respondents, therefore, government efforts often fell short or failed to reach the most marginalized learners with disabilities.

For some survey respondents, internet and devices could also be procured at the school level or through community support. Box 1 provides three excerpts exemplifying these efforts at the school or community level. As evident from the third example, when schools did not provide the students with the necessary materials, some teachers took this on themselves and went to great lengths to procure devices.

Box 1. Spotlight on Promising Practices: Leveraging Community Support

“[Our] school buys data [for] all learners. We use WhatsApp as a medium. All learning material is made available in print and audio on WhatsApp. Learners participate using voice notes. It is not perfect, but it is a good solution under the circumstances.” —teacher from Sub-Saharan Africa

“My experience now is working with the ministry of education in [my country], we are giving all classes in accessible format (the national Sign Language) but the principal lack is... the parents don’t know sign language. My idea is to create safe spaces with internet data devices, and all technology can be used for the children, and in that place one teacher supporting classes from home. The strategy is to create internet spots with devices nearly from their homes, with all health procedures, but create accessible places for poor families if they don’t have access to internet and data devices.” —teacher, Latin America and the Caribbean

“A good practice is to ascertain the child’s needs in terms of technical devices, like computers, for example, and to try to procure them. My student did not have a computer, so I put a notice in the provincial newspaper, asking for help. Two days later, she received a computer, thanks to people’s willingness to help.”—Spanish-speaking teacher from Latin America and the Caribbean

The findings explored in this subsection illustrate that wide inequalities exist in accessing tech devices and the internet. Although nearly half (49 percent) of the global population uses the internet, this number drops drastically in low-income countries where only 16 percent of the population uses the internet. The digital divide is especially apparent in certain regions. In South Asia (20 percent) and Sub-Saharan Africa (19 percent), for example, approximately 1 in 5 people use the internet. But this is only part of the picture.⁸ As the findings here have shown, beyond these global inequalities in broadband access, the education of children with disabilities is further complicated by both the accessibility and utility of digital technologies and how children with disabilities are prioritized for learning within households.

1.3 ACCESS TO HEALTH, NUTRITION, HYGIENE, AND SANITATION

A third important component of an enabling home environment is physical health, nutrition, hygiene, and sanitation. This includes food or proper nutrition; water, sanitation, and hygiene (WASH); or other aspects of health and safety. On average, one in four survey respondents (25 percent) reported that their biggest concern was “not accessing basic nutritional needs provided at school.” Although only 17 percent of parents reported this, 29 percent of teachers did so, and 31 percent persons with disabilities felt that this was a major concern. The

⁸ World Bank database <https://data.worldbank.org/indicator/IT.NET.USER.ZS?locations=8S>

qualitative data supported this, as many respondents identified the need for “food parcels,” “food rationing,” and, in particular, the need for a “healthy” or “nutritional” diet.

School closures seemed to have a detrimental impact on the health and nutrition of learners and their families. Many learners with disabilities participate in school feeding programs. Closing schools thus also meant terminating these programs and reducing the amount of food available to these young people. A person with disabilities from the Middle East and North Africa wrote, “because of this virus, many learners that come from poverty have not received food because they feed by [a] feeding scheme at school.” This seemed to especially be the case for respondents from special schools. For example, when asked to identify the most important kind of support their child needed, a parent from the Europe and Central Asia region said:

“For those usually studying in the specialized schools some food vouchers to be given to their families, as they will have additional food, internet and electricity costs related to the fact that a child will be at home all the time.”

The perceptions of survey respondents add depth to an already alarming statistic. As of April 2020, at the peak of school closures around the globe, the World Food Programme estimated that 369 million children (47 percent of which were girls) were missing out on meals (cited in the *Pivoting to Inclusion* report, World Bank 2020a).⁹

The absence of a school feeding plan was only exacerbated by economic hardships at home. A Spanish-speaking mother from North America said she needed food, “because there is hardly any work for my husband.” A parent/caregiver from the Middle East and North Africa wrote: “Food will run out as most parents are home and not getting paid.” Without a healthy diet, families become more vulnerable to illness. A teacher from the Middle East and North Africa spoke of this from his/her context, stating “[learners with disabilities] are poor and don’t have access to healthy fresh food which put them at risk due to a deteriorating immune system.”

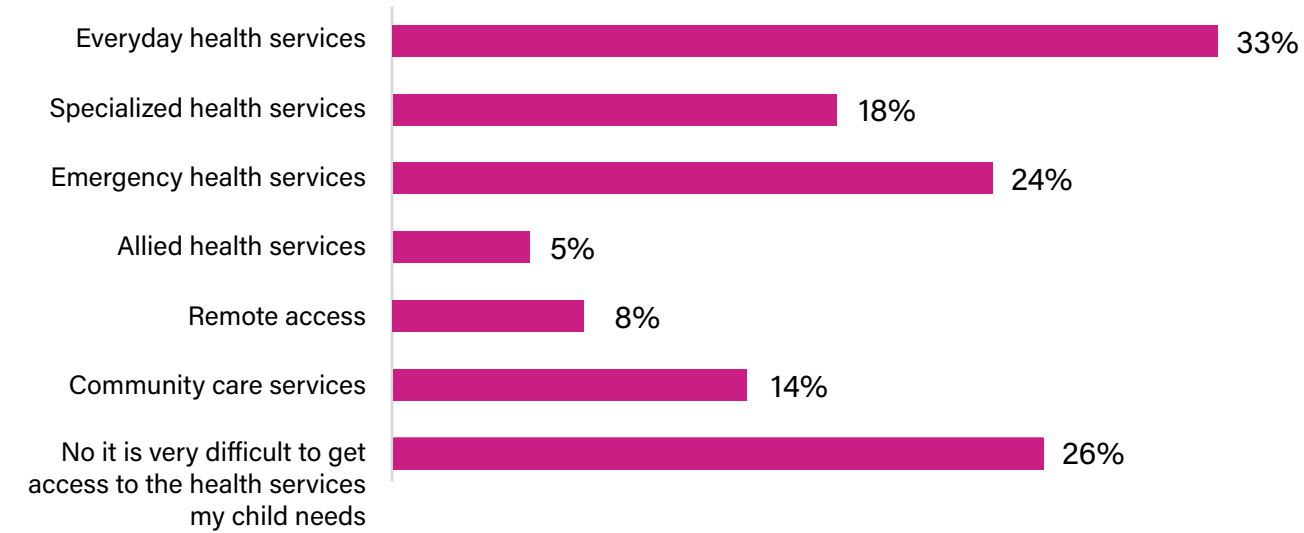
Further, access to food required leaving the house to go to a store or market, which was difficult for some parents who had to stay home to take care of their child or who simply could not leave the house due to lockdown restrictions. A parent from Sub-Saharan Africa said that the most important support needed was “someone to look after [my daughter] so that I can get food from the store” and a parent from Latin America and the Caribbean requested food simply because, “we cannot go out.” Food security is essential for young people and the absence of a healthy diet or nutritious meal ultimately affects young people’s ability to concentrate and learn (see *Save the Children* 2013). As a parent from South Asia reported, “[the] financial burden and lack of resources is certainly [a] big barrier and sometimes food could be [a] priority [over] education.”

This finding is supported by recent evidence. The World Bank (2021) conducted phone

surveys in 45 countries and found that a significant amount of people—especially in LMICs—have run out of food or reduced their consumption since the onset of COVID-19. The World Bank’s International Development Association (IDA) indicates that as many as 96 million people across 54 IDA countries were pushed into acute food insecurity in 2020, bringing the total number of people with food insecurity to 233 million at the end of 2020 (Townsend and Gautam 2021). It is unsurprising, therefore, that parents and caregivers requested extra support in their open-ended survey responses: “Government support for the provision of food” (parent, Latin America and the Caribbean), “support with baskets of basic goods” (parent, North America, Spanish), or schools that could organize “food kits to make up for their lack of food” (teacher, Latin America and the Caribbean). Comments like these were observed across all respondents, regardless of regions, type of schools, or disabilities.

Many survey respondents described their limited access to health services. Overall, 26 percent of parents and caregivers reported that it was “very difficult” to get access to health services during COVID-19. Only one-third (33 percent) of parents/caregivers reported having access to “every day health services,” and even fewer reported having access to emergency health services (24 percent). Figure 15 depicts the types of health services that parents and caregivers report having access to at the onset of COVID-19 and school closures. In their open-ended answers, many survey respondents called on government actors for the provision of these essential resources and services.

Figure 15. Parents’/Caregivers’ Reported Access to Health Services



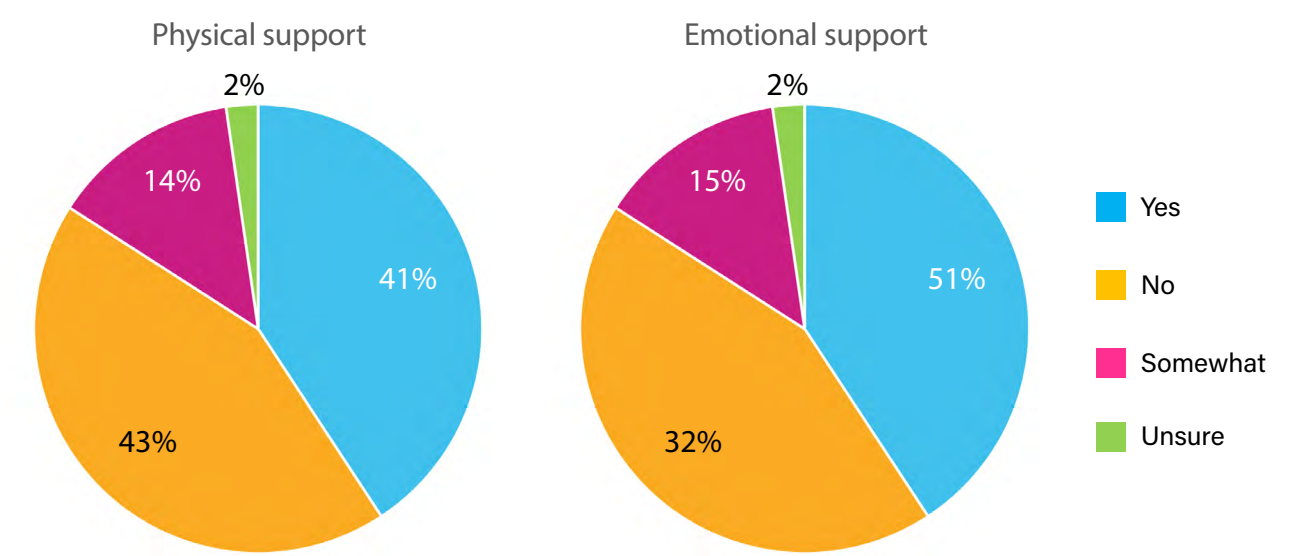
Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey
Note: Data from Question 9 (parents/caregivers), “Does your child have access to the health services needed during this time (tick all that apply)? Sample size = 1,608

⁹ <https://cdn.wfp.org/2020/school-feeding-map/index.html>

As evident in the data above, less than 1 in 5 parents (18 percent) reported having access to specialized health services during COVID-19. In the open-ended questions, respondents wrote of a multitude of treatments and services that learners with disabilities needed, including occupational therapy, physical therapy, speech and language therapy, pathologists, physiotherapy, Applied Behavior Analysis, rehabilitative services, counseling, psychiatry, or psychosocial support.

These requested services address various physical and emotional support structures for parents. Figure 16 suggests that parents and caregivers generally reported having more access to emotional support than physical support. However, still approximately half of parents/caregivers reported not having access to at least one of these services.

Figure 16. Parents’ Reported Access to Physical and Emotional Support During COVID-19



Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey

Note: Data from Question 10 (parents/caregivers), “What kind of supports do you have to help take care of your child with a disability during COVID-19 school closures? Sample size for physical support is 1,107 and sample size for emotional support is 1,120.

Specialized services were particularly important for learners with functional disabilities. A parent of a child with visual disabilities, for example, described the greatest challenge as the “inability to consult ophthalmologist for [my] child’s eye problem. [This has] exacerbated due to constant screen use and eye strain. And visits to doctor for any other medical problem.” Not only did families lack access to services, but also health challenges were exacerbated due to the pandemic, due to isolation during lockdown or the over-use of technology for remote learning.

Survey respondents also mentioned a multitude of hardships prohibiting them from accessing health services. Examples of challenges include economic difficulties due to lockdown measures or losing jobs, limited access to transportation to travel to health service facilities (or not leaving the house for fear of catching the virus), poor access to online/remote services, and the reduction of specialist services by medical facilities. This latter challenge is further supported by the literature: during COVID-19, health services for noncommunicable diseases were severely disrupted, especially in LMICs (WHO 2020b). Survey respondents pointed this out. When asked to describe the support needed, they wrote:

“Access to health services and money. Surgery of our son got postponed due to lockdown. And our financial resources went down significantly. So, affording the surgery at the hospital of our choice is now a challenge” —parent, South Asia

“All our appointments were canceled due to COVID-19. It is even difficult to get to talk to a doctor and we can’t go to the surgery as everything is done over the phone and you can wait hours to hear back from them. My two children with disabilities are finding the whole situation very difficult they don’t understand what’s going on or why they can’t call to a friend or visit family.” —parent, Europe and Central Asia

Remote therapies and specialized services are a potential solution to this challenge but may not address the needs of all learners with disabilities. In the Middle East and North Africa, a national rehabilitation center was identified as providing effective support to parents so learners with disabilities could continue therapies at home (box 2). Other survey respondents mentioned “tele-visits” (person with disabilities, North America) or “tele-health” (teacher, Middle East and North Africa) as “good practices” to support the mental and physical health of learners with disabilities. Unfortunately, however, quantitative data indicates that less than one in 10 (8 percent) of all survey respondents had access to these remote services.

Box 2. Spotlight on Promising Practices: Virtual Guidance to Support At-Home Therapy

“Despite all the circumstances that have been made available in the country and the world due to the coronavirus, the [national rehabilitation center] continued to provide services to its children through social media and developed a weekly program for each therapist who has to send a video with valuable goals and information that the parents can apply to the child through tools available in each home.” —teacher, Middle East and North Africa

Qualitative data suggest these remote specialized services were not the most effective for all learners with disabilities. Further, all survey respondents, especially parents and caregivers, emphasized the need for qualified specialists to provide these services. One parent from Sub-Saharan Africa explicitly said that they need “therapeutic help” because “parent are not therapists.” Data suggests an overwhelming need for reliable, quality, and accessible therapies and specialized health services for learners with disabilities. As a parent from Europe and Central Asia said, “therapy and appointments are crucial [for] a child to continue [learning]. Disability does not stop for any virus.”

Another health-related issue commonly mentioned was the need for access to WASH supplies. The Pivoting to Inclusion report addresses this need: an estimated 11 percent of the 1 billion persons with disabilities worldwide do not have access to improved WASH (WHO and UNICEF 2017, cited in World Bank 2020a). In their open-ended responses, all three types of survey respondents wrote water or hygiene or recognized the need to wash one’s hands or use hand sanitizer. These sorts of comments were made both in relation to COVID-19 and more generally. “Personal hygiene,” “general hygiene,” and the hygiene of girls were all comments made in relation to WASH supplies and services. Parents and caregivers described the need for supplies, such as diapers, or pads. A teacher from Sub-Saharan Africa said: “Some learners have other disabilities as well and battle with basic hygiene. Some learners don’t have access to basic things like running water and toilets at home. In townships they are sharing toilets with other people from community.” A teacher in South Asia said, “some children cannot maintain personal hygiene. They need support.” In general, 17 percent of teacher respondents identified access to WASH as a support that their students with disabilities need.

Girls had additional hygiene needs. Survey respondents wrote about the need for feminine hygiene products. A question inquiring about any particular concerns for girls with disabilities revealed how feminine products are essential to creating an enabling home learning environment for girls. This was especially the case with respondents from South Asia and Sub-Saharan Africa. South Asian respondents often mentioned a general concern for the hygiene and “cleanliness” of girls with disabilities, and respondents from Sub-Saharan Africa said:

“Girls with disabilities will likely be effected most in terms of hygiene where some parents may not be able to meet the cost of buying them pads, also the cost of living in this period some girls with disabilities may not be safe in the hands of poor parents.” —person with disabilities, Sub-Saharan Africa

“Yes. I believe COVID-19 has affected gender disproportionately. Girls with disability while staying home are at higher risk of facing more challenges due to for instance their sexual health needs.” —person with disabilities, Sub-Saharan Africa

These concerns are very much warranted. Literature suggests that during health emergencies,

funding for sexual and reproductive health services and resources tend to be pulled back (WHO 2020a). For example, a recent report identified various challenges that women with disabilities in India faced during the COVID-19 pandemic, including reduced access to sanitary products (Rising Flame and Sight Savers 2020). In addition, emergency food aid and WASH interventions have long been part of humanitarian aid packages, but these emergency models are likely difficult to scale across an entire country since they are often adapted from development settings with different approaches and timeframes (Yates and others 2017), and neglect to include the most marginalized, including learners with disabilities. Threats to health, hygiene, and sanitation were commonly addressed as the support learners with disabilities and their families needed.

Many respondents described a general need for “protection from the pandemic” (parent, Sub-Saharan Africa) or protective measures to be put in place, particularly in relation to COVID-19. As one teacher noted:

“[Learners with disabilities] may not access rightful information regarding COVID-19. They lack WASH items since they come from poor backgrounds and the government is doing less to help them... Some learners with cognitive disability, autism and cerebral palsy may not be aware of the importance of social distancing, regular washing of hands and wearing masks. This exposes them to danger, majority of them have weak immune system which pre-disposes them to COVID-19.” —teacher, Sub-Saharan Africa

Respondents recognized that learners with disabilities were a particularly vulnerable group that could easily contract the virus due to their lack of access to WASH resources and services, or not accessing information on protective measures.

1.4. ACCESSIBLE INFORMATION

Across all regions and respondents, was the need for accessible information about COVID-19, a challenge recognized by persons with disabilities. “Information is not disability- [or] gender- and cultural-friendly,” said one person with disabilities from South Asia. A teacher of children with autism from Sub-Saharan Africa addressed a need for developing an “understanding of the disease and how to respond in a case where children experience intellectual difficulties and cognitive challenges” and another teacher from the same region described how information presented on the TV was not accessible to these young people: “The learners are missing out on the information about COVID-19 because the interpreters on TV screens don’t use the language appropriate to the children level of understanding.” This was especially the case for learners with sensory disabilities, such as deafness or blindness, who could not access news or information broadcasted from the TV or radio:

“The learners are missing out in the information about COVID-19 because the

interpreters in TV screens don't use the language appropriate to the children level of understanding. Parents don't know sign language hence making it hard for them to inform their deaf children on the pandemic. They might be not aware of what they should and shouldn't do. Sad." —teacher, Sub-Saharan Africa

"In the case of students with deaf blindness, the biggest concern is access to information and communication, as well as access to their surroundings using their mobility with the support of special devices; also concerned about their social and family inclusion." —teacher, North America (Spanish)

Because the internet is an important source of information, those families without connectivity also noted how this was a challenge. A Spanish-speaking parent from North America described the need for "access to the internet to enable my child to keep up with his schoolwork and up-to-date with information."

Some survey respondents called on particular actors, such as the government or development organizations, to ensure young persons with disabilities receive this information:

"[Learners with disabilities] must keep informed about COVID-19, [to] know how to apply protective measures to combat the pandemic. Greater assistance is therefore needed, either from the government [or] national organizations." — teacher, Sub-Saharan Africa (French)

Respondents offered solutions such as "training on COVID-19," or the "guidance of health care professionals during COVID-19." They made reference to a general need to build awareness about the pandemic for young persons with disabilities. Picture guidelines on protocols for social distancing or handwashing were suggested as promising practices to inform learners who are deaf or hard of hearing. The use of "social stories" was another effective strategy commonly mentioned by survey respondents in North America, East Asia, and the Pacific, and Sub-Saharan Africa.¹ As a teacher from Sub-Saharan Africa explained:

"Social stories have been published to explain the virus, how to wash hands, importance of washing hands and why we need to wear masks. Social stories are needed when working with Autism Spectrum Disorder learners."

A person with disabilities from Sub-Saharan Africa suggested "visual aids, deaf-to-deaf support" and "drama to teach [deaf children] how to protect themselves from COVID."

Teachers found creative strategies to inform learners with disabilities about the virus and how to take care of themselves (see box 3 below). A teacher from Latin America and the Caribbean reported that a "good practice" was "explaining in simple terms how to avoid getting infected. children learn more easily by example." Modelling safe and healthy behaviors and finding clear, accurate, and accessible ways to share this information for learners, regardless of their type of disability was imperative. A teacher from Europe and Central Asia said learners with disabilities need "information to keep them safe."

Box 3. Spotlight on Promising Practices: Teaching Learners with Disabilities about COVID-19

"We used a puppet named Stormy who sneezed on everyone. But then she learned how to sneeze and cough without spreading germs to her friends. Her nose/mouth is a squeeze bottle. We also did the glitter (germs) in water. First, they touched the water without soap, [which meant] the glitter stuck to them. Then they put soap onto their hands and the glitter jumped away. So, using soap is better when cleaning hands. One child put glitter on their hands and then gave everyone a high-five. That was to teach how and how easily germs are spread. We had a theme where they were surgeons for two weeks. Every day, they had to wash their hands like surgeons do. This taught them how to wash their hands properly. Our health policy states that they [must] sanitize their hands every 2 to 3 hours with SafeCleanse hand sanitizer." —teacher from South Asia

Access to information is a human right. Article 9 of the Convention of the Rights of Persons with Disabilities (CRPD) holds State Parties responsible for identifying and eliminating barriers to accessibility of "information, communications and other services, including electronic services and emergency services,"¹¹ and Article 21 highlights the need, "to provide information and services in accessible and usable formats for persons with disabilities."¹² This holds all parties accountable, including governments, public service providers, the private sector, and especially the mass media. Though not limited to COVID-19-related information, the global health crisis—and the need for information on safety and protective measures, and health services—has heightened the need to ensure accurate information is provided to learners with disabilities and their families promptly. Yet despite this, barriers for persons with disabilities in accessing health services and information have intensified (OHCHR 2020). At the onset of COVID-19, a recommendation was put forward to "make information and communications technologies (ICTs) and assistive technologies that promote communication and autonomy of

¹⁰ Examples of social stories about COVID-19 for learners with disabilities can be found HMEA's Autism Resource Central: <https://www.autismresourcecentral.org/social-stories-for-young-and-old-on-covid-19/>

¹¹ <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-9-accessibility.html>

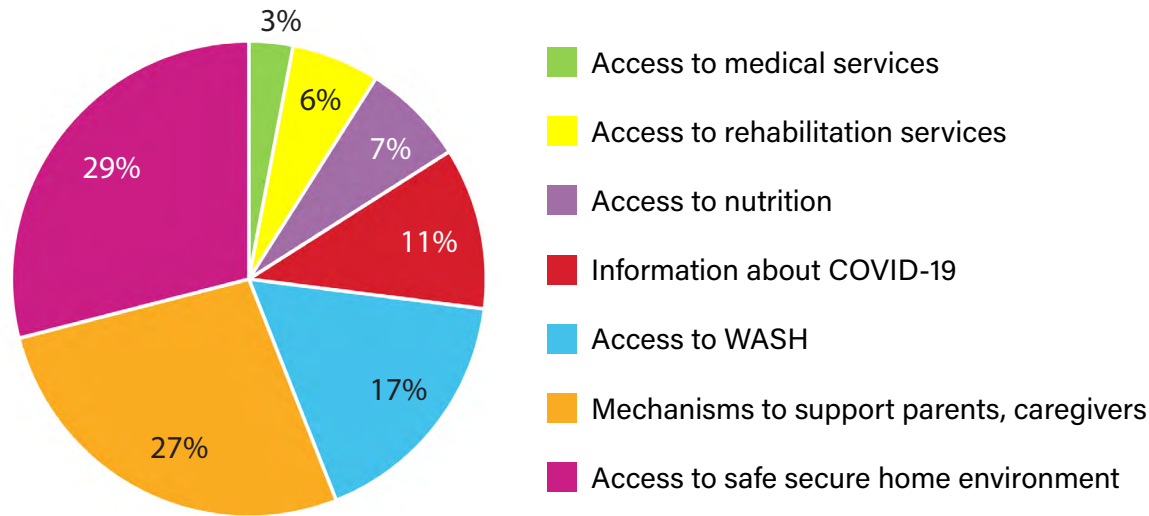
¹² <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-21-freedom-of-expression-and-opinion-and-access-to-information.html>

individuals in emergency situations available to public services and persons with disabilities” (OAS 2020, p. 31, cited in UN-ECLAC 2021). This requires ensuring that persons with different types of disabilities have access to the same information that they know how to prevent the spread of the disease, how to mitigate contamination, and to protect themselves in the case of contagion. Barriers that persons with disabilities may have in accessing public health information, and in particular information on COVID-19, will increase their risk of infection, thus jeopardizing their safety and security (WHO 2020b).

1.5. SAFE AND SECURE HOME ENVIRONMENTS

When asked to identify what their students need “most” during COVID-19 school closures, over a quarter of all teacher respondents (29 percent) reported that the “most” important need was “access to safe, secure home environments,” followed closely after by “mechanisms to support parents and caregivers” (see Subsection 2.5).

Figure 17. Teachers Report What learners with Disabilities Need “Most” during School Closures



Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey

Note: Data draws on responses to Question 24, “In your opinion, what do you think that your students with disabilities need the most during the COVID-19 school closures other than education?” Sample size is 1,845, but 762 respondents did not answer, so total responses were 1,083.

Safety and security at home seemed to especially be a top priority for teacher respondents. Qualitative data suggests that teachers’ understanding of the issues affecting the safety and security of learners with disabilities at home went far beyond COVID-19. Teachers spoke of the risks of violence and abuse at home and in the surrounding communities. A teacher from the Middle East and North Africa said that their main concern was, “Protecting learners with disabilities from abuse and neglect during COVID-19” and a teacher from Sub-Saharan Africa explicitly stated that learners with disabilities “could be exposed to abuse” during school closures. Teachers from Sub-Saharan Africa described a range of safeguarding issues including social, economic, sexual, and physical abuse of learners with disabilities.

Persons with disabilities also recognized the risks of violence at home, and often associated it with increased stressors in impoverished households or poor communities. A parent from Sub-Saharan Africa described how, “some children live in devastating circumstances with no hope of proper care.” A teacher reported concern for “the safety of learners in abusive households and food security for learners in poor communities.” In Sub-Saharan Africa, a person with disability described how, sometimes, the abuse may come directly from parents or relatives: “those [girls] with intellectual difficulties are vulnerable as most of the rape cases are from relatives. Hence this time they are more endangered.” Girls with disabilities are particularly vulnerable to abuse when lockdown measures are in place (see box 4).

Box 4. Issues Focus: Girls and the “Shadow Pandemic”

The previous sections have addressed challenges for learners with disabilities in general, and girls and female adolescents with disabilities in particular. Limited access to sanitary products for feminine hygiene was one example. Gender-based violence (GBV) is another. Many respondents (parents/caregiver, teachers, persons with disabilities) from all geographical regions mentioned the risk of GBV, verbal or physical abuse, domestic violence, intrafamilial violence, physical, sexual, or psychological violence, and even rape. Girls with disabilities were also often viewed as lacking the right to say no to marriage proposals, and thus more at risk to sexual violence, if they are neglected by their family members. A person with disabilities from South Asia even recognized new risks due to remote teaching, such as cyberviolence. Girls face discrimination everywhere, and this in large part due to deeply entrenched social norms around gender roles (see, for example, Harper et al. 2020). According to respondents, this inequity only intensified during COVID-19. A person with disabilities from an organization in Europe and Central Asia described this: “We work with girls with disabilities and during quarantine, discrimination and violence against them increased. They are considered useless and superfluous since they cannot work and buy food.” The concerns expressed by survey respondents is supported by recent evidence. GBV has increased in many parts of the world, leading to what the UN Women (2020a) call the “shadow pandemic.” And girls with disabilities are some of the most vulnerable to this sort of domestic abuse (UN Women 2020b). A person with disabilities from a Francophone country in the Middle East and North Africa wrote how girls with disabilities face a “double vulnerability.” Their response resonates with intersectionality: gender and disability intersect, creating further risks for girls with disabilities.

Economic challenges, a global health crisis, and school closures combine to create a volatile home environment. Some teachers went as far as to recognize how COVID-19 impacted the well-being and mental health of caregivers, which meant it could exacerbate tensions and cause some to resort to violence or abuse:

“Like always, our children are marginalized—authorities must be reminded that they exist and should be taken into consideration in educational and other strategies. Although the only option I see for our children is that of home programs during COVID 19, I am worried that their parents/guardians (often grandmothers or older siblings in our context) do not have the emotional resilience or practical ability to cope with the children day after day. Emotional and other abuse may follow. We therefore need to intensify our support to the family and support system around the child during this time.”

Since lockdown measures were put in place during the onset of COVID-19, reports of domestic violence have increased between 20 percent and 150 percent in some countries (Child Rights Now 2020), including reports of violence against children. In India and Bangladesh, for example, there was a 30 percent and 40 percent increase respectively in calls to child helplines (Peterman et al. 2020). Exacerbating factors include tension caused by food insecurity or financial struggles, cramped living conditions, isolation with abusers, and movement restrictions among others (UN Women 2020a).

The dangers reported by participants appeared to largely be attributed to increased stressors in the home. In addition, there are research reports that highlight that abuse of children with disabilities is also shaped by cultural beliefs that disabilities are in some way cursed and therefore physical abuse or corporal punishment are acceptable practices (Etieyiibo and Omigebe 2016; Njelesani et al. 2018). From this survey there was no data to confirm the risk of abuse was due to cultural practices, but widespread family stress, mental health crises for caregivers, and neglect within families. Nevertheless, negative perceptions toward learners with disabilities—and the stigmatization of disability in general—were mentioned by several survey respondents. A parent aptly noted:

“Some [learners with disabilities] are oppressed, repressed and undermined and taken as a curse, and thus may not start [school] unless parents have paid for their hearing children fast (sic). Reporting of child protection and having a referral web could end this... Some [learners with disabilities] are forced to be married as they are seen as a burden, so even when the schools open, they will not get a chance.”

Survey respondents offered few solutions to address issues of safety and security. A teacher from Sub-Saharan Africa suggested “calling, texting, [or] making regular contact to make sure [learners with disabilities] are safe.” And a person with disabilities from Europe and Central Asia described a “good practice” as “pastoral support”:

“Pastoral supports—where school staff are checking in with children even without their parents’ input. Private conversations, which are really tough in these times. Someone to check on them to ensure they are not being abused at home. A social worker and a therapist.”

The survey respondent raises several important points. First, they name various actors that play an important role in ensuring the safeguarding of children with disabilities. Social workers and therapists, and teachers and school leaders, can all check in on their students. Second, they clearly state these check-ins should take place “even without their parents’ input,” therefore recognizing that young persons with disabilities are capable of identifying their needs, and that, indeed, spaces and opportunities for them to voice their concerns are critical, especially when their abuser may be their parent or caregiver. Third, there is a need for children with disabilities to have opportunities for “private” conversations with adults who can act on their behalf. Because children with disabilities are at home—in isolation with their abusers and with restricted mobility—it is important that safe mechanisms are in place for children to report cases of abuse and seek help (UNHCR 2020).

1.6. SUMMARY AND CONCLUSION

The findings above illustrate how survey respondents describe the importance of fostering an enabling home environment for learners with disabilities during school closures at the onset of COVID-19. An enabling home environment requires financial security; access to the internet and devices for remote learning; physical health and nutrition, including access to essential therapies and water, sanitation, and hygiene resources and services; accessible information regarding the pandemic and how to take care of oneself; and safety and security, free from risks of physical, psychological, or sexual abuse, especially for girls. Girls with disabilities also have specific needs at home, including access to female sanitary products. Because social norms that value boys over girls, girls with disabilities are also more likely to not have access to tech devices available at home. Table 1 summarizes the key challenges and solutions suggested by survey respondents (persons with disabilities, parents, and teachers).

Table 1. Summary of Challenges and Solutions Suggested by Survey Respondents

DIMENSION OF ENABLING HOME ENVIRONMENT	CHALLENGES	SOLUTIONS
FINANCIAL SECURITY	▪ Economic hardships due to parents losing their jobs ▪ Costs of “essentials” (for example, food, water, medicine, assistive devices, health services, specialists and therapist, education materials) ▪ Extra tuition or school fees	▪ Social protection policies inclusive of learners with disabilities ▪ Cash transfers ▪ Reduced school fees
ACCESS TO INTERNET AND DEVICES	▪ Lack of access to tech devices ▪ Not enough devices for learners with disabilities, especially girls ▪ Devices that are inaccessible or do not fit the needs of learners with disabilities ▪ Lack of internet connection or high costs of data packages ▪ Unstable internet connection	▪ Identify ICT needs of each learner with disability ▪ Provide learners with disabilities with accessible devices through social protection policies or community donations ▪ Vouchers for families to buy devices ▪ Governments or schools to subsidize internet costs ▪ Extend the time, capacity, and coverage of internet connection provided by local governments ▪ Create safe spaces as internet hubs within communities
ACCESS TO HEALTH, NUTRITION, AND HYGIENE	▪ Economic hardships and loss of jobs leading to inability to buy food ▪ Not access to basic nutritional needs provided at school ▪ Childcare responsibilities prohibiting parents from going to the supermarket ▪ Limited access to health services, especially therapies or specialists, due to costs, reduced services, or restrictions to transportation ▪ Limited access to water, sanitation and hygiene resources and services, especially feminine products	▪ Provide food parcels or “rationing” ▪ Continuing school feeding schemes ▪ Offer remote therapies, tele-visits, or tele-health to support the mental and physical health of learners with disabilities ▪ Subsidize costs of essential health care services and resources, including feminine products, accessible personal protective equipment (for example, face shields), and hand sanitizer

DIMENSION OF ENABLING HOME ENVIRONMENT	CHALLENGES	SOLUTIONS
ACCESSIBLE INFORMATION	▪ Inaccessible information regarding protective mechanisms such as social distancing and mask wearing ▪ Information about COVID-19 presented on TV do not include sign language interpreters	▪ Create and disseminate information that is disability-inclusive, culturally relevant, and gender-responsive ▪ Sign language interpreters on TV ▪ Creative ways of teaching about COVID-19 (for example, through social stories, visual aids, or puppets) ▪ Model safe and healthy behaviors
SAFETY AND SECURITY	▪ Neglect at home ▪ Risk of psychological, physical, or sexual abuse, especially for girls ▪ Increased volatility and risk of abuse from parents or other family members, due to economic hardships and tense households	▪ Pastoral support from teachers, social workers, therapists, or other members of the school and wider community ▪ Contact learners with disabilities to ensure they are safe—provide private channels of communication to ensure learners can safely report cases of abuse from parents or family members

The above solutions and challenges are limited to those explicitly suggested or referenced by survey respondents. Further detailed and contextual solutions are recommended in the Pivoting to Inclusion report (World Bank 2020a). Section 3, for example, highlights how social protection are essential to bolster income security and access to health care, and to contribute to disability-related expenses for learners with disabilities and their families. Because many learners with disabilities get their only nutritious meal in schools, ensure accessible food distribution sites and food rations respond to the specific needs of learners with disabilities during school closures. Schools and governments should ensure information is wide-reaching and available in multiple, accessible formats. It is also critical to support child protection and other social workers in their response to violence against children with disabilities and gender-based violence, and to increase the number of mental health and psychosocial support services, which are insufficient. Future research should examine the feasibility of the solutions suggested, particularly in relation to the unique needs of learners with disabilities, and the local and national contexts in which they live.

2.0. REMOTE TEACHING AND LEARNING FOR LEARNERS WITH DISABILITIES: ACCESSIBLE RESOURCES AND INCLUSIVE PEDAGOGIES

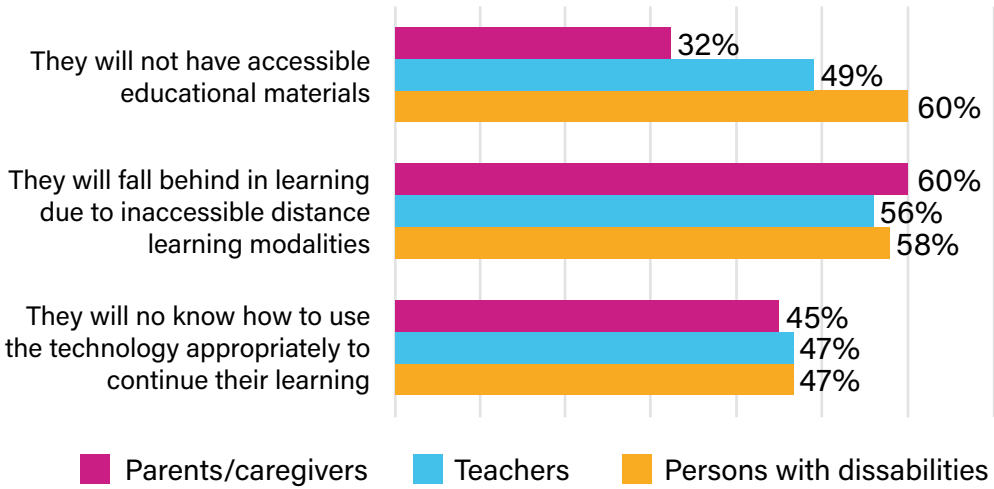
“Keeping contact with beneficiaries. Encouraging safe hygiene practices. Sending audio and/or video training to those who have facility. Follow-up comprehension of lessons. One-on-one home visits with safety mechanisms. Report back. Food parcels to the needy.” teacher, Sub-Saharan Africa

The excerpt above summarizes the elements that make remote teaching and learning both accessible and effective for learners with disabilities. The next set of findings explores these themes through survey respondents’ perceptions of remote teaching and learning during school closures. It examines the challenges that learners with disabilities face when engaging in remote teaching activities, and promising practices that have helped them learn while studying at home. Section 2.1 explores the importance of providing accessible digital or non-digital teaching and learning materials and modalities to learners with disabilities. Section 2.2. turns to how these materials and modalities can best be leveraged, by providing individualized support or differentiated instruction, and meaningful curriculum content. Next, Section 2.3 looks at the importance of communication and fostering feedback loops to assess the learning needs of, and explain, learners with disabilities, especially when remote learning is conducted asynchronously. Section 2.4 then examines the importance of human connection and how learners with disabilities can be provided socioemotional support through fostering social networks outside of school. Finally, Section 2.5 turns to teachers and parents/caregivers, both of whom are facilitators of learning during school closures, and thus need to be supported so they can better support learners with disabilities.

2.1 ACCESSIBLE TEACHING AND LEARNING MATERIALS AND MODALITIES

In general, the most common (58 percent) concern across all respondents was that learners with disabilities would fall behind in learning due to inaccessible distance learning modalities. Nearly half of all respondents (48 percent) were concerned that learners with disabilities would not have accessible education materials, and 42 percent shared a concern around their not being able to use technology properly (for example, because of physical impairments or not having the assistance they typically received in classrooms). Figure 18 below provides the breakdown of these responses by type of respondent. As evident in the data and predicted in our sampling plan, persons with disabilities seemed to have a heightened understanding of the challenges that learners with disabilities face: 60 percent of persons with disabilities reported concerns about learners with disabilities not having accessible education materials, compared to 49 percent of teachers and only 32 percent of parents and caregivers. In addition, many parents and caregivers said that the most important support their children needed were printed or digital resources for learning. There is a “huge lack of resources,” said one parent from Europe and Central Asia and another parent from Sub-Saharan Africa asked for “accessibility to gadgets to use [for] learning.” Other open-ended responses included support in “study materials,” “learning materials,” “reading materials” or “lesson plans.”

Figure 18. Concerns about Remote Teaching Resources and Modalities, by Type of Respondent



Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey

Parents/caregivers requested resources and devices appropriate for the particular disability of their children. A common theme in the data was the need for “accessible” or “meaningful” teaching and learning resources and materials. “Visual aids,” “audio format books,” and “learning resources with an interpreter” were among the materials and support structures identified by parents and caregivers as something they perceived was needed for their children. For other survey respondents, there was a demand for “practical work” or more interactive teaching and learning strategies that allowed for sensory stimulation. One parent from East Asia and Pacific whose daughter is deaf, said the support needed was “relevant materials in line with my daughter’s disability.” Their response points to an important point: learners with disabilities have diverse needs and there is not one specific educational material or approach that effectively facilitates learning for all. To be effective, learners with disabilities must receive educational materials and modalities tailored to their unique needs.

Interpreters and devices to support deaf and hard of hearing learners reappeared in respondents’ open-ended answers. Teachers, parents/caregivers, and persons with disabilities wrote of a multitude of assistive technologies they needed—including low-tech devices, such as walking sticks, reading stands, writing slopes, wobble cushions, or glasses, and high-tech devices, such as educational apps with built-in sign language interpreters. Audio books, audio translated materials, audio descriptions, and books with large print were identified for learners who are blind or have low vision. Sign language interpreters, closed captioning, or recording devices were needed for learners who are deaf or hard of hearing. Teachers from Sub-Saharan Africa described the most important support needed for their students with disabilities:

“Distribution of braille materials, optical magnifiers and hearing aids for easy content delivery. Introduction of sign language classes and sign language interpretation during online classes via internet platform.” —teacher, Sub-Saharan Africa

“Providing blind learners, learners with weak motor abilities and learners with

intellectual impairment with recorders so that they can record the lessons being taught on radio and television, which they can use as their remedial during their free time. Assigning learners with hearing impairment and those who are deafblind interpreters so that they learn effectively and do not forget the sign language.” —teacher, Sub-Saharan Africa

As a person with disabilities from Sub-Saharan Africa noted, “materials and equipment should be available according to specific needs of each learner.”

Unsurprisingly, when the survey asked respondents to identify a “good practice,” many persons with disabilities referenced the importance of understanding the particular needs of learners with disabilities. For example, a person with disability from the Middle East and North Africa wrote that a necessary step would be to “identify these learners.” Indeed, Article 25 of the CRPD addresses the need for the early identification of disabilities, although it is likely that special education needs evaluations paused at the onset of COVID-19 and school closures (for example, NCLD 2020). A common theme in the data from persons with disabilities in South Asia was the need for recognizing “differences” both in the “academic requirements” and “services” provided. Only once the unique situation of each individual learner was understood, could proper accommodations be made. As a Portuguese-speaking person with disabilities from Latin America and the Caribbean wrote, “it is necessary to know the specifics of each student and provide different resources.” Indeed, there are no silver bullets to effective remote teaching, especially for learners with disabilities.

A common way that governments attempted to bridge educational gaps was through television programs. Survey respondents had mixed reviews of this intervention. Many survey respondents spoke highly of these remote teaching modalities were described as “good practices,” especially because they required less support from parents and caregivers. A teacher from South Asia wrote, “Being able to follow lessons on TV seems to work well. They learn and are occupied. Less stress on the family who needs to take care of them.” Broadcast media, such as TVs and radios, are two low-tech options that have been found to be effective for learners in LMICs (Damani and Mitchell 2020; Watson and McIntyre 2020). This general finding of this survey, however, contrasts earlier claims of effectiveness. A person with disabilities in Sub-Saharan Africa explicitly stated the opposite:

“Learners with disabilities cannot learn on their own by just looking at the TV. They will need guidance someone to make them understand the reason why animations are very good particularly for deaf learners.”

Another reason respondents complained about TV programming is that educational TV programs were not accessible for many learners. There were four main ways respondents identified inaccessibility. First, not all learners with disabilities have access to televisions. Second, the TV programs were generally designed to teach the mainstream school curriculum, which meant those learners from specialized schools with different curricula, did not find the

content relevant. In Sub-Saharan Africa, a parent pointed this out, writing, “the content on television and radio is not relevant for my child who is in a special school as the curriculum is not the same”¹³ and a teacher requested “reading materials for those with disabilities on TVs, radios and newspapers just like they’ve did for mainstream schools.” Third, even when the content was relevant it was too advanced for some learners with disabilities. A teacher from Sub-Saharan Africa described the support needed for their students as, “TV lessons to fit [learners’ with disabilities] levels.” Lessons on TV must also fit the sensory needs of learners, especially those with difficulty hearing or seeing. This is the fourth reason TV programs were not accessible to many learners. Survey respondents across various regions commented on this, suggesting that TV and radios programs—particularly those set up by the government—did not reach learners who are deaf or hard of hearing, and/or blind or have low-vision respectively:

“The government started an educational TV channel. It’s good. But it’s not fulfilling the requirements of vulnerable community and students because of its access and quality. —teacher, South Asia

“TV courses can’t be understood by persons with visual disabilities. As [of] right now there are programs in English and short films with sign language that the visually impaired cannot see or understand. Furthermore, the questions do not stay on the screen for a long enough time.” —parent/caregiver, North America (Spanish)

This response was especially common in the region of Sub-Saharan Africa:

“TV stations and Radio educational programs should also include assistance for blind and deaf children as well as children with intellectual disabilities.” —person with disabilities, Sub Saharan Africa

“Deaf learners prefer visual texts and a lot of information using the interpreter. There should be signs created for them to keep being informed of what is happening as they don’t have access to hear [what’s] on radios. TV programs are not benefitting [deaf learners] because there are no interpreters, and some cannot lip read.” —teachers, Sub-Saharan Africa

Respondents identified a particular need for interpreters. A person with disabilities from Sub-Saharan Africa described, “[the] government [is] sponsoring lessons on TV without including interpretation.” Another respondent in the same region, a teacher, described how the use of interpreters on the TV was a “good practice”: “Those [learners with disabilities] whose parents have TVs are included in [remote] teaching, especially the hearing impaired because there is a sign language interpreter in every lesson presented.” It was unclear from which country this respondent came.

¹³ Examples of social stories about COVID-19 for learners with disabilities can be found HMEA’s Autism Resource Central: <https://www.autismresourcecentral.org/social-stories-for-young-and-old-on-covid-19/>

Survey respondents also suggested that parents and teachers knowledgeable of sign language could interpret television content for children who are deaf. In the Middle East and North Africa, several teachers suggested that they themselves serve as interpreters for their deaf learners, so these young people could benefit from lessons broadcasted on TVs:

“For my learners [who] are deaf, the provision of tablets and TV screen and internet connectivity should be more helpful and provision on sign language interpreters. Like me, I am ready to give that support.” —teacher, Middle East and North Africa

“The education of Ministry of Education and Sports, and district education officials should provide teachers of learners with SEN with all the support so that all children with SEN learn with their counterparts the lessons being conducted on radio and TV. This is best done by identifying those teachers and facilitating them to reach all the children.” —teacher, Middle East and North Africa

There are no one-size-fits-all approaches for effective remote teaching modalities and methods, especially for learners with disabilities. As one teacher from North America wrote:

“Best-practice in the inclusion of children with disabilities in the COVID-response to education would simply be to actually meet their needs within their new learning environment none of which is truly being done. Ingenuity in inclusion isn’t helpful if it isn’t truly meeting student needs for learning within the learning environment.”

A theme emerging from the data, therefore, was the importance of finding what works for each individual student, depending on their cognitive and physical needs, and finding ways to get supports and resources to them. Survey respondents addressed the multitude of options for remote teaching and learning resources and devices:

“Even if parents do not have laptops for their children to use, they all have cell phones and can learn via YouTube videos, Google and WhatsApp support. There are also many educational games on [Google] Playstore to use for free via cellphone. Many learners have a TV and additional channels.” —teacher, Sub-Saharan Africa

“We have created a digital platform using Google Classroom, where they can access the material [that] we create. This way they make good use of their leisure time and at the same time they enhance their knowledge. We also have Skype meetings with our students in order to maintain their social skills and at the same time to organize some useful activities linked to those they used to do.” —teacher, Europe and Central Asia

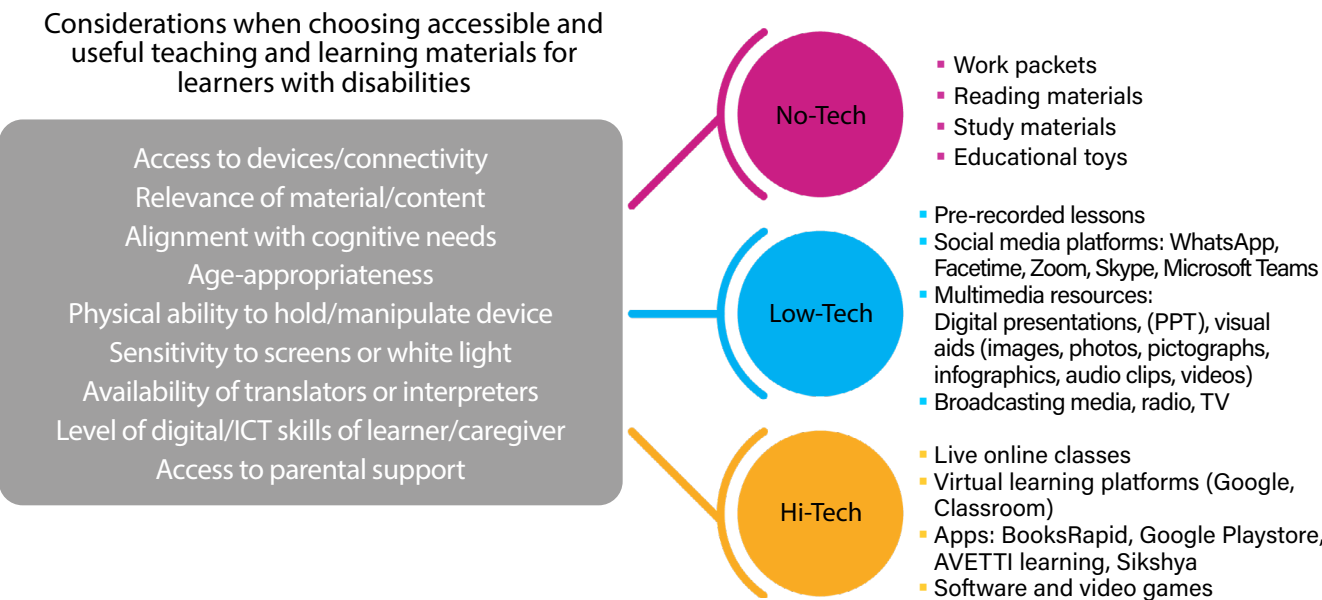
Technology-based learning can present opportunities, but also introduce new barriers or other detrimental impacts. Learners with epilepsy, for example, cannot sit in front of screens for long periods of time, as it can have detrimental effects on their health. A parent from Sub-Saharan Africa pointed this out: “Children are using tablets, phones and other devices for long hours, playing games. This is disturbing them during the nights. One of our members has got seizures

with long hours on games.” Further, learners with physical disabilities may be unable to hold and manipulate tech devices. A parent from the Middle East and North Africa illustrates this in their open-ended response, when they describe how their daughter is in “surgical boots plus hand splints” making it nearly impossible to engage with any handheld technical device. A person with disabilities from East Asia and Pacific suggested learners with disabilities would need “interactive, friendly and accessible online learning platforms... [and] accessible and interactive education materials,” emphasizing the need for not just accessible remote teaching and learning opportunities but also those that are child-friendly, fun and dynamic. Similarly, a parent from sub-Saharan Africa also wrote the support their children needed was “stimulating and easy to use Apps.” “[My son] cannot read or write,” the parent said, but [he] can play music, movies, [and] games, [so] I’d like more of these to be educational.” The use of multiple modes of teaching and learning creates a more inclusive learning environment and is aligned with the principles of Universal Design by Design by Learning (UDL). For more on the UDL see Section 2.1 of the *Pivoting to Inclusion* report.

Non-tech resources, however, were also important teaching and learning tools, especially for those learners and families with limited access to technological devices or internet. Survey respondents offered a multitude of nondigital and digital devices and resources in their open-ended responses, and the effectiveness of each could be determined only by the unique situation of each learner, their disability, and their home situation. Ten percent (10 percent) of parent/caregiver respondents reported that they were “unfamiliar with how to use technology.” This also came up in teachers’ responses—teachers wrote of parents/caregivers, especially older grandparents who look after children with disabilities and who are unfamiliar with new digital technologies.

It was therefore up to teachers and parents to find what tool worked best for each learner. A teacher from a Hispanophone country in Latin America and the Caribbean touched on this in their response—a “good practice” was, to the respondent, “using a variety of tools to contact the students: WhatsApp, telephone calls, Zoom, private Facebook groups, distribution of documents door to door.” For this teacher, finding the right fit for individual students was determined through trial and error—experimenting with the available resources until they found the one that would work for each learner with disabilities. Survey respondents addressed both challenges and solutions for identifying accessible and “useful” digital and nondigital teaching and learning materials for learners with disabilities. Figure 19 summarizes these findings, including the considerations that must be considered, and the no-tech, low-tech, and high-tech resources that teachers and parents identified as “good practices” for learners with disabilities.

Figure 19. No-Tech, Low-Tech, and High-Tech Resources and Materials Identified as Effective



Source: Authors

2.2 INDIVIDUALIZED INSTRUCTION AND MEANINGFUL CURRICULUM CONTENT

Effective remote teaching and learning is not just determined by the resources, tool, or device. Rather, two additional factors play a role in shaping the effectiveness of such materials: how learning is facilitated and the content of the material. Remote teaching may involve purely digital content, face-to-face teaching, or hybrid approaches. Teaching and learning activities may also take place synchronously (that is, in real-time through Zoom meetings and virtual lessons) or asynchronously (for example, through recorded lessons or videos that students must watch on their own). Survey respondents wrote of these diverse approaches in their open-ended answers.

“Students with disabilities need accommodations and modifications to distance learning materials. Tiered work and the ability to have assistance with assignments through one-on-one tutoring sessions would be helpful. Parental involvement and support, internet availability, and measurable goals are key to successfully communicate during this time.” —teacher, North America

“When giving out tasks, the children with disabilities should have their tasks modified on the side. It’s the same work as the rest of the class but modified for easy understanding. The total number of subjects given to the children with disabilities should be reduced in case they’re struggling somewhere. Emphasis should be put on the main scoring subjects for now so that they aren’t overwhelmed with work. Teachers should be considerate and flexible. They should not forget about the existence of children with disabilities.” —teacher, sub-Sahara Africa

Additional forms of differentiation suggested by survey respondents include allowing for extra time to finish assignments, providing one-on-one support or individualized attention, and simply having patience, compassion, and understanding. One teacher from Sub-Saharan Africa described tailoring instruction to students needs as “individuality.” A good practice for inclusion identified by one respondent was “for [learners with disabilities] to produce given tasks in their way, in their time. If not written, then [through] voice notes... [for teachers] to accept a way in which [learners] are comfortable with producing their work. They tire easily, so a no rush approach is necessary.”

The need for differentiated instruction was especially a concern for learners with disabilities in mainstream schools. Although this was apparent across regions, two responses from parents in Europe and Central Asia shed light on the matter. One parent wrote that the most important support needed for their child was “differentiated work compared to [my son’s] peers in mainstream” and another commented:

“Because teachers and the education system do not think my son should be in a mainstream school there are no plans for him to be educated there—hard to see that changing.”

A teacher from Sub-Saharan Africa agreed, “[learners with disabilities] need a different protocol than mainstream learners.”

Besides differentiated instruction, learning content should be meaningful and relevant. When asked what the most important support needed for their child, a parent from Latin America and the Caribbean said:

“That all the teachers demonstrate an awareness of and concern for the importance of providing a meaningful learning experience, one that is useful for the life of the child. They focus on imparting content that will not be applied in real life situations, and that is difficult for the children to understand because of their disabilities.”

Some teachers found creative ways of teaching the school curriculum. When asked to provide “examples of good practice in the inclusion of children with disabilities” (Question 25), they listed a range of activities, such as storytelling and games, creative arts through drawing and coloring, sports, dance, musical instruments, and other interactive activities. In the absence of materials, teachers and parents suggested using everyday household items. A teacher from North America wrote that one example of good practice is “assignments that encourage a child to safely explore the nature in their backyards for a biology lesson, rather than visiting public spaces” and a teacher from South Asia wrote how learners with disabilities “can do activity-based learning through available things at home.” Some schools went above and beyond to find ways to provide meaningful learning opportunities for their students with disabilities (box 6).

Box 6. Spotlight on Promising Practices: Innovative Online Classes to Engage Learners

“A specialized school for the blind supported its students to set up an online discussion room. Every week they are hosting an interesting person, to whom the rest of attendees can ask questions. The discussion is attended by a teacher.” —person with disabilities, Europe and Central Asia

“Learning games. Not face-to-face, but online games. Computer games imitate reality, it can be the same with the learning process. For example, if it is a history lesson, the game should be based on history, allowing yourself to feel it. It’s not about playing fights in war, but the history of the great discoveries and biography of leaders. Or, for example chemistry, I had a game on my computer, the game takes place in a professor’s house, the professor was gone. And your task would be to solve riddles and create a chemical product, for example, soap. Or clear water from other elements or create metal and so on. This will help to increase engagement.” —person with disabilities, Europe and Central Asia (Russian)

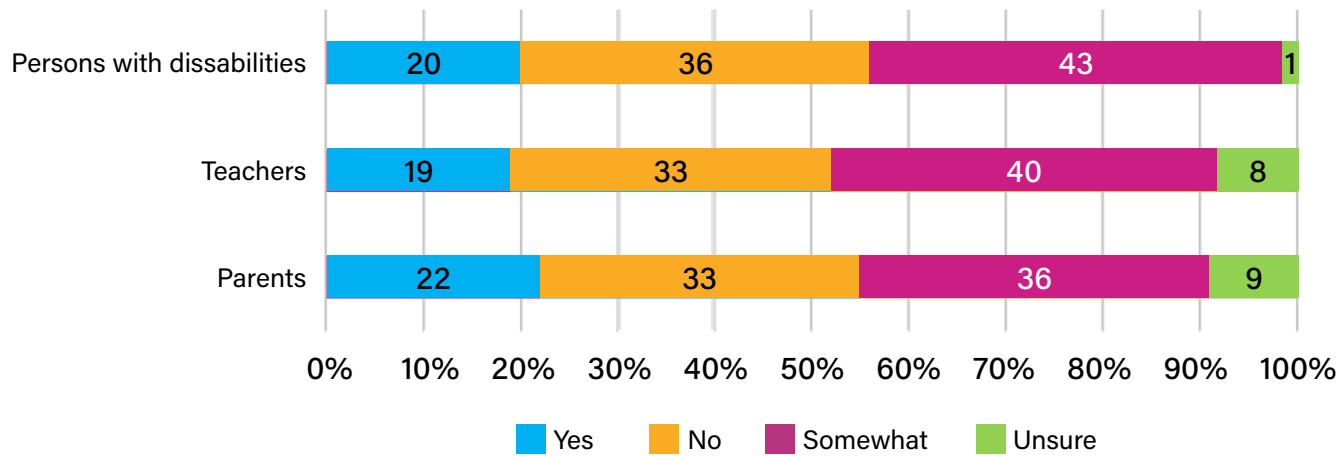
Other teachers looked beyond the curriculum for new ways to engage learners with disabilities in meaningful ways. For example, many teachers suggested developing life skills to support learners with disabilities—skills that would allow them to develop independence and to participate in everyday activities around the house, such as brushing one’s teeth, getting dressed, cleaning up or cooking. Survey respondents called these “Activities of Daily Living” or “Skills Training and Learning Methods.” One teacher admitted that they “emphasized the Activities of Daily Living more than academic [activities]” due to her students’ needs and a teacher from Sub-Saharan Africa wrote:

“In my case [my students] need their teacher (because of autism they will not accept someone else) and individual help with their activities. I have a 10-year-old who is not even on a 1-year-old level academically. So, we teach them to dress, brush teeth and many selfcare things. Also, fine and gross motor activities. Not so much academic.”

Despite individual innovations, few learners with disabilities seemed to receive this tailored

and individualized attention during the onset of COVID-19 and school closures. Overall, only approximately a fifth of parents/caregivers (22 percent) reported believing their children with disabilities were engaged in “meaningful” learning opportunities while studying at home, compared to 36 percent who reported they were not. Similarly, 19 percent of teachers felt their students were continuing to learn during the time schools were closed during COVID-19, and more than twice as many (40 percent) believed they did not (figure 18). Therefore, while the data suggest that a third of parents/caregivers and teachers were “somewhat” sure that learners with disabilities were continuing their learning, it was still more common for them to doubt the quality of the teaching and learning opportunities at home.

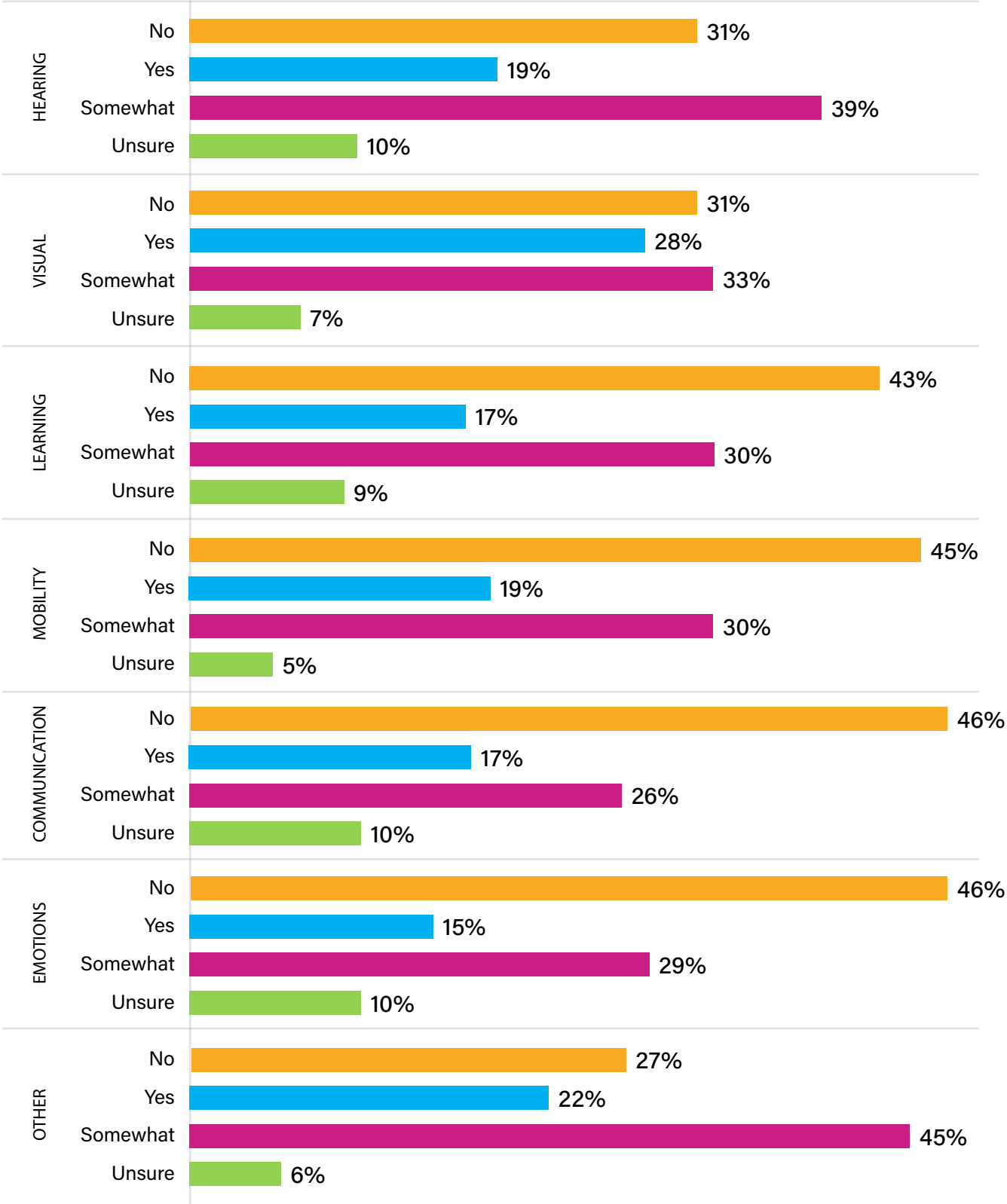
Figure 20. Do You Believe Learners with Disabilities Are Learning during School Closures?



Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey

Note: Data drawn from Question 8 (parents/caregivers), “Do you feel that your child with a disability is learning meaningfully compared to your children without disabilities during this time when schools are closed due to COVID-19?”; Question 20 (teachers), “Do you feel that your students with disabilities are continuing to learn during this time when schools are closed due to COVID-19?”; and Question (persons with disabilities), Given your lived experience of disability, how confident are you that children with disabilities are receiving education and support during the COVID-19 lockdown? Sample size is 1,187 parents/caregivers and 1,845 teachers.

Figure 21. Parents’ Beliefs about “Meaningful” Learning, by Type of Disability



Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey
Note: Data from Question 8, “Do you feel that your child with a disability is learning meaningfully compared to your children without disabilities during this time when schools are closed due to COVID-19?” Sample size is 1,187.

2.3 COMMUNICATION: ONGOING FEEDBACK AND EXPLANATIONS REGARDING ACADEMIC LEARNING

Besides having accessible teaching materials and modalities, a common theme in the data was the need for teachers to provide ongoing feedback and explanations to learners. Parents and caregivers—and persons with disabilities—often described this as a “support” that learners with disabilities needed, and teachers described it as a “good practice.” Persons with disabilities wrote about the ways in which these communication channels could be established, and the diverse actors involved:

“Follow-up teachers and supervise children through social communication with the parent” —person with disabilities, Middle East and North Africa

“Direct and reliable communication from the school and local authorities” —person with disabilities, Sub-Saharan Africa

Parents and caregivers described disconnected schools, or teachers that would simply hand out teaching and learning materials providing no sort of explanation of the instructions and content. When asked to describe the most important kind of support needed, parents/caregivers addressed the need for “clearly outlined work” with due dates (Sub-Saharan Africa) or for teachers to “get in touch to explain” (Latin America and the Caribbean) or to provide “positive comments” (Europe and Central Asia) to support learners. They wrote:

“Explain the goals in a simple manner and continuous communication.”—parent, East Asia and Pacific

“For teachers to explain some work and not just email all the activities without any explanation. Thus, to make some videos while explaining the work will be very helpful especially for every subject, not just mathematics.” —parent, Sub-Saharan Africa

The above excerpts depict how this ongoing feedback and support for academic learning serves multiple purposes. On the one hand, feedback loops provided explanation on the learners’ academic progress—it allowed teachers to assess what the learners were or were not understanding, to explain to the learner how to correct their mistakes, and to provide general feedback on their progress, in relation to the school’s curriculum and learning objectives. It also allowed parents to follow deadlines and work schedules, to follow-up with their children and ensure they meet deadlines or “due dates.” Another reason for these feedback loops provided positive reinforcement for learners with disabilities, to encourage them and recognize their achievements. These are standard practices that are highly effective at the classroom level. Parents thus realized their importance and the need for teachers to continue with these feedback loops even during school closures and when learning from home.

Teachers also described in-person or virtual feedback loops as examples of “good practices.” A teacher from Sub-Saharan Africa wrote of “home programs with small teams going to the homes [of students] to demonstrate” how the teaching-learning activities are done, while another wrote of online assessments and feedback. A teacher from Latin America and the Caribbean wrote that a good practice was, “providing children with feedback for every activity they do” (emphasis added), and a Spanish-speaking teacher from North America wrote about the usefulness of “training and support online or by telephone.” This was particularly important for learners engaging in asynchronous remote teaching modalities. For students who were asked to watch prerecorded lessons or follow along on TV—without a teacher supporting them in real-time—it was critical that they had some follow-up with their teacher to ensure that they understood the new content. A teacher from a Francophone country in Sub-Saharan Africa emphasized the importance of “real-time assistance from teachers for children with disabilities” and a Spanish-speaking teacher from Latin America and the Caribbean provided an example of what this may look like.

“There is an established practice of three synchronous sessions per week and asynchronous sessions in the form of three weekly videos. In addition, the teachers monitor their groups every day.”

Some schools seemed to find creative ways of fostering these feedback channels. Box 2 below provides an example of “good practices” in which videos are sent between students, parents, and teachers to monitor learners’ progress. The examples illustrate the impact of feedback loops on student learning and engagement. Feedback loops serve multiple purposes. They not only support learning, but they are also a way of encouraging students. Several other teacher respondents also described how parents could foster these feedback loops during remote teaching. For example, parents could take photos of their children or student work and send it through WhatsApp (South Asia). Any form of text, video, audio, or image allowed teachers to see student work, identify mistakes, and provide feedback.

Box 7. Spotlight on Promising Practices: Creative Ways of Establishing Learning Feedback Loops

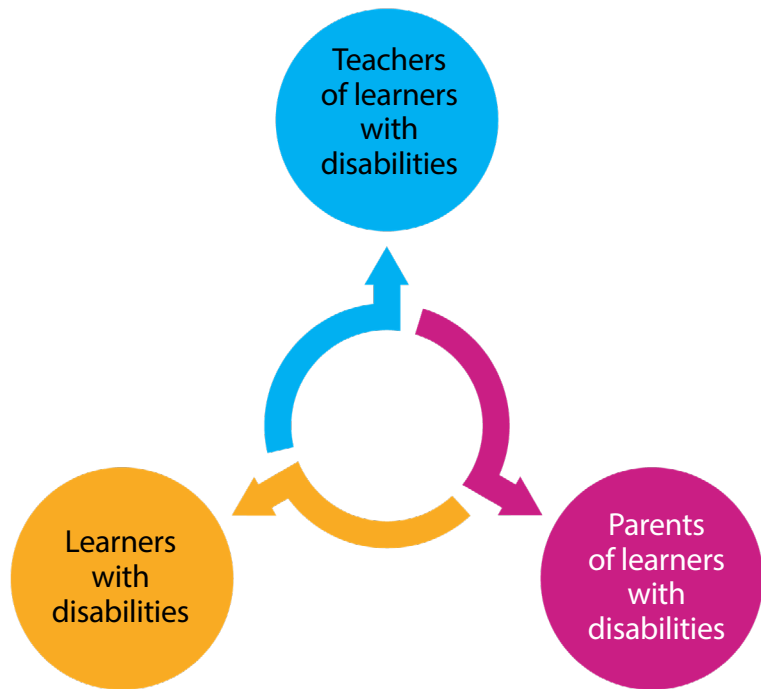
“Well, everything that we have managed to do with the students and their families so far: we have a new plan to use Zoom to carry out the proposed activities. Families may film the children as they are engaged in their activities, even if they have not been able to access Zoom. We edit the footage and upload it to Facebook, where they can see themselves and be encouraged to do their work.” —teacher, Latin America and the Caribbean

“We have constant communication with the families of the students through the applications of visual communication and guide the families and train the children and then send videos to give feedback” —teacher East Asia and Pacific (Arabic)

“We are not a school, but a company that is providing skills development programs to our candidates so they can get employment. We have had to swiftly move to online learning to ensure our learners continued to get their training. We have combined the use of the facilitator as well as the Sign Language Interpreter on the WhatsApp video facility. Our facilitators give the instruction via WhatsApp and then [the] SASLI [South African Language Interpreter] makes a video explaining the instruction and the learners do their exercises. Learners also do a video asking for clarity or explaining concepts back and this is shared among all the learners to assist everyone to understand. We were skeptical to do this before as we felt our learners with hearing loss need to have the SASLI and facilitators face-to-face with them in the classroom but with us having no option but to go online, we have found that the challenge is not as huge as we anticipated. In fact, some of the learners who were somewhat shy and cocooned in the classroom have now opened up and participate more in this form of learning platform. They are freer to express themselves and take part in the activities given to them. This was indeed a welcome surprise which has prompted us to think more about the possibilities of offering our programs in this way. We will have to do more sampling so we can be assured that this method will work universally.”—teacher, Sub-Saharan Africa

Communication channels should be established across the three actors most intimately involved in the teaching and learning processes: parents, teachers, and the learners themselves. A parent from Latin America said that the support needed was “More personalized communication between the teacher and the student and parents when the work activities are assigned.” Similarly, a teacher from Sub-Saharan Africa wrote, “Communicate with parents but also with learners, where possible. Two-way communication. Get feedback about work and give feedback about completed tasks.” This idea of feedback being received and reciprocated by learners with disabilities emphasizes the importance of ongoing communication channels. Survey respondents commonly described how these communication channels, illustrated in figure 22, involved three actors who each play key roles in the education of learners with disabilities: parents, teachers, and the learners themselves.

Figure 22. Three-Way Communication Channels between Parents, Teachers, and Learners



Source: Authors

Some parents even wrote of other actors at the local or national level that should be involved in these conversations. They described the need to involve “local authorities” (parent, Sub-Saharan Africa) or “a competent authority and treatment specialists” (parent, South Asia). Academic support was intrinsically linked with other forms of support, from subnational or national actors, and especially health service providers. Parents described how these communication channels should be “direct” and “reliable”—it was through communication with teachers, schools, local or national authorities that learners with disabilities and their families could stay informed on educational matters. It was also through these communication channels they could receive socioemotional support.

2.4 CONNECTION: SOCIOEMOTIONAL SUPPORT AND THE IMPORTANCE OF SOCIAL NETWORKS

A common theme in the data was the need for communication, connection, or support networks, across teachers, peers, and friends. When asked to describe the most important support needed for their child, a parent from Europe and Central Asia wrote “human support. The isolation is causing regression [in my child’s] behavior.”

Opportunities for social interactions for children with disabilities was an important theme in the data. As a teacher from North America wrote, “Social learning experiences are often as critical as academics (sic) and they have been extremely limited.” Many learners—especially those accessing asynchronous remote learning modalities—did not have opportunities to interact with their peers or teachers on an everyday basis. These sorts of interactions are critical to developing all young learners, and especially those with disabilities. Learners with communication or psychosocial/emotional disabilities must learn to socialize effectively with others to be self-sufficient. “My son has autism, so it is most important he interacts with other people for his communication and social impairments” wrote a parent from the Middle East and North Africa. The need for social interaction—and the risk of isolation—was particularly a concern for learners with disabilities related to hearing and sight. Survey respondents wrote of how many of these young people lived with parents/caregivers or family members that did not know sign language:

- “Social interaction especially for those with communication challenges as they are forced to remain at home with parents and relatives who don’t understand sign language. Also, those with specific difficulties such as autism who cannot be confined.”
—person with disabilities, Sub-Saharan Africa
- “Also, the parents of children with hearing impairment to be taught sign language immediately [when] a deaf child is born in the family. All the family members to learn sign language. In every country in the world, sign language to be the second national language to be taught as compulsory subject in all levels of education in the country.”
—teacher, Sub-Saharan Africa

Parents and caregivers recognized the need for “maintaining connectedness” during school closures. This sentiment was most evident in responses from Europe and Central Asia and North America. Participants wrote of how their children missed their classmates and friends. A parent from Europe and Central Asia described a feeling of “loneliness.” “Not seeing other children is a real concern,” the parent wrote, “the concept of the closure and staying at home I’m not sure [my son] understands.” Another parent wrote of the need for “group sessions with the community of people [children with disabilities] used to see on [a] daily basis before lockdown. The loss of routine and personal interaction is hard for her to understand.” A parent/caregiver from North America also addressed this:

“Social connection with friends and teachers is highly motivating for children and without it they feel less motivated and overwhelmed. They miss sports and other activities that motivate learning. The social relationships with coaches, admin staff and teachers inspire learning and without it they struggle. Also, they are worried and scared and if children have anxiety this is very difficult.”

Parents/caregivers requested, “being connected to schools and peers,” “socialization,” “social peer groups,” “social communication,” “structured interactions with typical peers” and “the company of children.” There was a recognition this would be nearly impossible in person, and therefore survey respondents provided alternative methods. Two parents from Sub-Saharan Africa, for example wrote of “online contact time with teachers and therapists” and “contact (via social media) with family and friends.” Lockdown and school closures—and the ensuing feeling of isolation—was an important concern for many parents and caregivers of learners with disabilities. One parent from Europe and Central Asia wrote

“I have had to prioritize my son’s social inclusion over academic inclusion and, because the school didn’t really understand that they have excluded him within the school so that he mainly only interacts with other disabled children. At this time, they are all struggling with communication.” —parent from Europe and Centra Asia

During school closures, it was important for survey respondents to address the socioemotional challenges learners with disabilities confronted by providing support, contact, and connection. Teachers also recognized this, and wrote about it in their responses regarding “good” practices:

“Regular nonacademic personal contact with students and parents kept them positive.” —teacher, Sub-Saharan Africa

“Maintaining open communication with our students, to give them support, a sense of security, and showing them affection.” —teacher, Latin America and the Caribbean

As evident in the data, however, check-ins were also important for learners’ parents, caregivers, and families. This leads to the final finding in the section on effective remote teaching during COVID-19: the paramount need to support parents, and teachers, so they can better fulfill their duties and pass on that support to learners with disabilities.

2.5 SUPPORT FOR PARENTS AND TEACHERS

A fourth critical component of effective teaching and learning during school closures supports parents and teachers. During remote teaching, the roles of parents and teachers change drastically. The qualitative and quantitative survey data suggests that both parents and teachers felt overwhelmed in their positions. Lack of personal assistants or additional academic support was the most common barrier to continued learning that parents identified (40 percent), and the second most common barrier to continued learning that teachers identified (35 percent).

At the household level, parents felt overwhelmed and unprepared to take on their new role as teachers. They often had to support their children’s learning and take care of household duties or their jobs. Juggling multiple responsibilities, on top of feeling unsupported by schools and teachers, meant added stress for these parents. When asked to describe the support structures they needed they wrote of these challenges:

“My child has a learning barrier problem, [as well as a barrier in] speech and comprehension. [He/she] needs a lot of attention and as [a] parent I don’t have the skills to support my child 100 percent but I do assist her with homework every day.” —parent, Middle East and North Africa

“Sensory support and autism specific anxiety and behavior management tools to keep him calm and allow him to engage in learning at home. I do not know how to do these things. We are in lockdown for over six weeks with only text communication from his special school. —parent, Europe and Central Asia

The data above suggests that parents of learners with disabilities felt unprepared to support their children’s academic learning and psychological or behavioral needs. Because of this, they often described the need for training and support from teachers and specialists.

Teachers also identified “good practices” as strategies that supported parents/caregivers and better equipped them with skills to support their children. Teachers from the Middle East and North Africa wrote of the need for “constant communication” in the form of verbal, written, or visual information, by “sending awareness leaflets to parents,” uploading “training videos” on the school’s website, or sending lesson plans in “a simple and clear way” through social media. A teacher from Latin America and the Caribbean wrote:

“During this lockdown period, we teachers continue working to ensure that our pupils do not fall behind. We prepare videos and slides explaining various activities that can be done at home, so that the children can keep up with their classes. Unfortunately, not all parents have internet, or some don’t even know how to use social networking, smart devices or computers that they can use to keep in touch.”

Many parents and caregivers also asked for “reprise.” Parents generally felt they needed an extra set of hands, so they themselves could rest or take a break from their multiple duties. A parent from Europe and Central Asia highlights this as one of their “other concerns”:

“Too much onus on parents as replacement for teachers when parents have other children other relatives to care for as well as work, but no school and no childcare. Concerned that parents will be burnt out and also don’t have the same skills or time availability as special education teachers.” —parent, Europe and Central Asia

Quantitative data also indicates that only 14 percent of parents reported having access to community care services. For parents with young learners this was especially a challenge. Teachers also recognized this. It was more likely for teachers of younger students to report the need for personal assistants.¹⁴ Parents who constantly had to look after their children with disabilities meant that they did not even have time to handle day-to-day tasks. Working parents had to juggle their jobs and facilitating remote learning. A parent from Latin America and the Caribbean wrote that the support needed was simply “flexibility and willingness of my employers to allow me to telework during the pandemic” so that they could be home and take care of their child.

Many teachers seemed to recognize the need to support families. Teachers identified the need to provide socioemotional support to caregivers, by creating parent support groups or virtual social networks across the school community. Teachers suggested that counseling sessions for parents, social networks where parents could share ideas or solutions for the challenges they face during remote teaching, or to simply share information about the virus and other matters:

“Online counseling session for parent groups—recommendations for parents from speech therapists and psychomotor therapists.” —teacher, Middle East and North Africa (French)

“Using Facebook groups to make it easier for families to participate.” —teacher, Latin America and the Caribbean (Spanish)

“Parents and caregivers should be invited on WhatsApp group for coronavirus in-depth information sharing. It is important for challenges be shared, for other parents to support each other. This will include the easy exercises, importance of preparation of cheap nutritious food, educational games to play at home, stories to read, to test memory and comprehension.” —teacher, Sub-Saharan Africa (English)

Further, teachers described “good practices” that involved other members of the household to

support parents. A teacher from Latin America and the Caribbean, wrote: “There may be good examples of inclusiveness with siblings, mother, father, [or] grandparents when they engage in activities that include their children.” Another teacher wrote, “In homes where siblings are not disabled,” learners with disabilities could get “help from a buddy” (Sub-Saharan Africa) and other “students can use their brothers, sisters and parents to read for them” (Middle East and North Africa). Involving diverse actors created a more conducive learning environment at home:

“Children without disabilities (siblings/friends) can teach the children with disabilities because they learn from peer group quickly. One of my hearing-Impaired students studying in 5th grade and her class friend is a good interpreter and learned sign language too. She explains everything to her (hearing Impaired girl) that teacher teaches in the class.” —teacher from East Asia and Pacific

“Involving parents, siblings and other relatives in caregiving to the learners with disabilities. In the past weeks since the lockdown started in my country, we have been engaging parents of learners with disabilities in online discussion about how to keep helping them from home. We have so far received positive responses from them on improved functionality.” —teacher, Sub-Saharan Africa

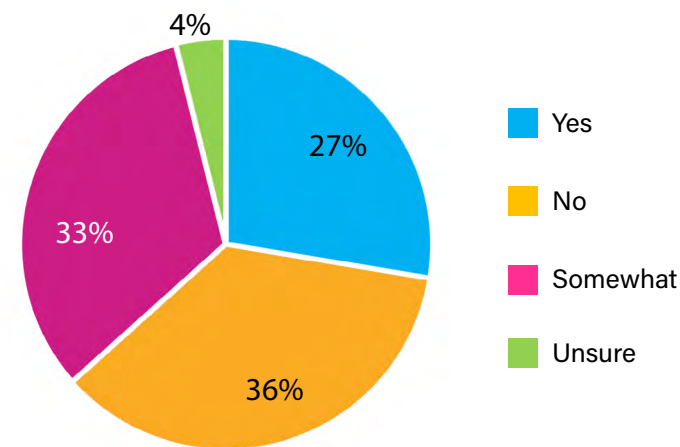
A person with disabilities from Sub-Saharan Africa also addressed this need for collective support from the family. When asked to provide an example of a “good practice” they said:

“Parents of young children with disabilities needs to be provided with stimulation and intervention guidelines to implement at home whilst under lockdown. When all children in the household engage in their education, children with disabilities too can be part of that teaching and learning circle.”

At the school level, however, teachers also needed support systems. Less than a third of teacher respondents believed they were receiving adequate support to continue helping their students with disabilities learn compared to their students without disabilities (see figure 23).

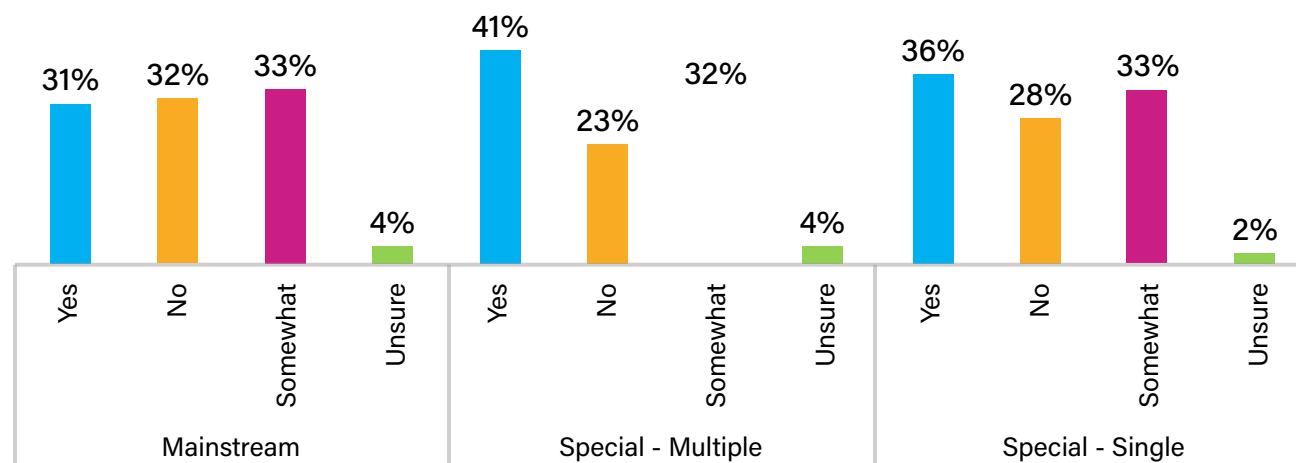
¹⁴ For example, 58 percent of early education teachers and 60 percent of primary school teachers reported a need for personal assistants, compared to 48 percent of tertiary level professors.

Figure 23. Do Teachers Feel Like They Have the Supports They Need to Continue Helping Their Students with Disabilities Learn Compared to Their Students without Disabilities?



Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey
Note: Data based on 1,100 responses by teachers.

Figure 24. Proportion of Teachers Who Feel Supported to Help Their Students, by Type of School



Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey
Note: Data from Question 22, “Do you feel like you have the supports you need to continue helping your students with disabilities learn compared to your students without disabilities during this time?” Sample is 1,100 teachers.

Teachers often described opportunities for training and collaboration at the school level as “good practices.” A teacher from Sub-Saharan Africa wrote of “training, collaboration [and] support,” for example, and a teacher from North America described how training for teachers should focus on “how to provide differentiated instruction alongside the accommodations and modifications students need for success.” A teacher from South Asia suggested allowing teachers to engage in online professional development to improve their capacity to use digital technology for remote teaching, thus “maximize learning opportunities.” In their response, however, they also explicitly identified the role of the government in providing these opportunities for teacher professional development:

“Special provisions can also be made for allowing special educators to undertake online classes to maximize the learning opportunities for them. Deploying E- learning methods can also assist special educators to reach many children simultaneously. All of this is possible only when the government takes an active interest in building technologies and capacities to make education truly inclusive and universal.” — teacher, South Asia

There was particular reference to various types of teachers and the role of “interdisciplinary” teacher teams. Collaboration among, for example, “general education teachers,” “special education teachers,” “subject teachers,” and “teacher assistants” was critical for effective remote teaching. Some responses even included other actors in these teams, such as school leaders, therapists, or specialists. For example, a teacher from Sub-Saharan Africa wrote that a good practice was when, “Learners have access to specialized teams that are working with them, for example, psychologists, physiotherapists and occupational therapists and also specialized teachers who care for them.” A teacher from Europe and Central Asia recognized the importance of “teacher support forums, coming together and sharing good practices.”

Teacher collaboration was particularly important in mainstream schools, since there were less qualified specialists who knew how to support learners with disabilities. In open-ended responses from parents and caregivers and teachers from mainstream schools, there was often mention of the role of the Special Education teacher or the need for this person to get more involved. A parent from Europe and Central Asia said the most important support needed was “[my son’s] one-to-one daily sessions with his special education needs teacher” and a parent from North America wrote, “Specially designed instruction at my child’s level based on the general education curriculum.” Similarly, in response to the question, “what are the supports you would suggest to enable children with disabilities to continue their education during this time of school closures?” a Spanish-speaking person with disabilities from Latin America and the Caribbean wrote:

“Look for special education teachers for young children with different disabilities,

such as Down syndrome and motor function impairment. There are no teachers in place now to deal with such cases.” —person with disabilities, Latin America and the Caribbean

The participation of the special education teacher was of paramount importance to ensure all learners with disabilities were being taught by qualified personnel.

Parents and teachers pointed out that sometimes the special education teacher was the only teacher involved, meaning learners with disabilities did not have opportunities to interact or learn alongside their peers without disabilities. This was particularly evident in the responses of teachers from mainstream schools. In mainstream schools, over-reliance on special education teachers may lead to the segregation of learners with disabilities. In response to “what kind of supports do learners with disabilities need most?” one teacher wrote:

“My students are given access to specials classes (art, music, PE, library) the same as their general education peers, and a few were invited to their general education teacher’s Zoom meetings. Otherwise, the students are being taught 100 percent by their special education teacher without inclusion.” —teacher, North America

Therefore, for mainstream schools, especially, survey respondents expected a balance between inclusive practices with the general education population, as well individualized support by a qualified special education teacher. Two survey respondents from North America described what this might look like:

“Most of the students with disabilities are getting instruction from the general education teacher with access to a special educator throughout the day. Students who want to do well will make sure to reach out and take advantage of the additional support of the special education teacher.” —teacher, North America

“So, I am super lucky. I am a teacher so easily able to instruct my disabled child... What [my daughter] benefits most from are modifications to the general education curriculum sent home. Much of the time those modifications are being made by me. I wish her special Ed teacher and special ed teacher were a bit more proactive. My daughter also misses all her classmates from whom she learns so much.” —parent, North America

And another teacher from South Asia wrote:

“[Learners with disabilities] are all included well along with their peers in mainstream classes and inclusive educators are working with them using various means to provide intervention with whatever resources [are] available to both students and teachers. [Also, by] continuously providing [learners with disabilities] counseling.” —teacher, South Asia

For remote teaching to be effective, it was important to have instructional support from special education teachers or other teachers who were trained in inclusive teaching practices, but not an over-reliance on special education teachers at the expense of children’s meaningful participation in mainstream activities.

As a parent from North America said, “These are unprecedented times. Everyone is trying their best.” Supporting teachers and parents ultimately results in a stronger team of adults that can facilitate learning for learners with disabilities. Both parents and teachers recognized the need to work with one another to develop not just skills but also to foster understanding and empathy across the home and school contexts. COVID-19 has not been easy for anyone—and what emerged from the data was the need for a sense of mutual respect and collaboration. When identifying “good practices” for inclusion, teachers wrote of a range of potential solutions, many of which are summarized and presented in box 8 below.

Box 8. Spotlight on Promising Practices: Fostering Connection within School Communities

To foster connection and build stronger, more positive relationships between teachers and learners with disabilities, their parents and families, teachers offered the following suggestions:

Get to know your learners with disabilities and their parents and families better

Try not to create added pressure for parents and families—be flexible if they do not always follow up on their child’s work or progress immediately

Involve parents in decision-making processes, particularly around scheduling of classes, therapies, or other trainings for their children

Be patient—it takes parents’ time and effort to try and support their child’s learning, and many of these parents do not have pedagogical training or knowledge of how to provide academic support

2.6. SUMMARY AND CONCLUSION

The findings above illustrate how survey respondents describe effective remote teaching efforts for learners with disabilities during school closures at the onset of COVID-19. Effective remote learning requires: accessible teaching and learning modalities; individualized instruction and meaningful curriculum content; communication from schools and feedback loops on academic progress; socioemotional support and social networks; and support for teachers and parents. Table 2 summarizes the key challenges and solutions suggested by survey respondents (persons with disabilities, parents, and teachers).

Table 2. Summary of Challenges and Solutions Suggested by Survey Respondents

DIMENSION OF EFFECTIVE REMOTE LEARNING	CHALLENGES	SOLUTIONS
ACCESSIBLE TEACHING AND LEARNING MATERIALS AND MODALITIES	▪ Lack of teaching and learning resources and/or devices ▪ Inaccessible education materials ▪ Inability to use technology properly ▪ Inaccessible distance learning modalities (for example, TV programs without sign language interpreters) ▪ Screen time and long periods of immobility exacerbating physical health conditions (for example, seizures)	▪ Identify the unique needs of learners with disabilities, and/or draw on diverse tools or modalities through trial and error ▪ Provide materials that are relevant and accessible to the unique needs of learners with disabilities (for example, audio format books, assistive devices, visual aids, interpreters) ▪ Use non-tech resources where appropriate ▪ Leverage parents, teachers, school staff, or learners' peers to support in interpretation or academic tutoring

DIMENSION OF EFFECTIVE REMOTE LEARNING	CHALLENGES	SOLUTIONS
INDIVIDUALIZED INSTRUCTION AND MEANINGFUL CURRICULUM CONTENT	▪ Instructional methods are not accessible for learners—they are too difficult or only fit the needs of nondisabled peers ▪ Learners with disabilities are not being engaged in “meaningful” learning opportunities while studying at home	▪ Tailor curriculum content to the cognitive needs of learners (for example, Universal Design by Learning) ▪ Differentiate instruction and adapt teaching methods to learners ▪ Provide extra time and be flexible in what is demanded of learners ▪ Provide one-on-one support to learners with disabilities ▪ Create meaningful learning opportunities (for example, storytelling and games, art, sports, music, or exploring in the garden) ▪ Invite guest speakers to provide special online classes ▪ Focus on life skills development, for example, Skills Training and Learning Methods or Activities of Daily Living
COMMUNICATION: ONGOING FEEDBACK AND EXPLANATIONS REGARDING ACADEMIC LEARNING	▪ Assignments are unclear ▪ Assignments are too difficult for learners with disabilities ▪ Asynchronous teaching and learning modalities result in assignments being given without explanation from teachers ▪ Teachers and schools are disconnected, do not check to ensure learners with disabilities are understanding, or to provide feedback loops	▪ Explain learning objectives in a simple and accessible manner ▪ Provide clear instructions with deadlines for assignments ▪ Follow-up with learners to ensure they are understanding, especially when teaching is conducted asynchronously ▪ Provide virtual or in-person feedback loops between teachers, parents, and learners with disabilities (for example, through WhatsApp, Facebook groups, house-visits, and so on) so teachers can respond to learners' needs ▪ Establish direct and reliable communication channels with local authorities, specialists, health providers, and other relevant actors

DIMENSION OF EFFECTIVE REMOTE LEARNING	CHALLENGES	SOLUTIONS
CONNECTION: SOCIOEMOTIONAL SUPPORT AND SOCIAL NETWORKS	▪ School closures have led to feelings of isolation, anxiety, and fear ▪ Some learners with disabilities do not understand why they cannot see their friends or go to school ▪ Limited access to social interactions causes some learners with disabilities to regress (for example, learners with communication/social impairments) ▪ Disruptions to learners' routines and lack of physical exercise exacerbate mental and physical health challenges	▪ Provide opportunities for social interaction, which may be just as important as academic learning ▪ Maintain connectedness through group sessions, or one-on-one sessions with various actors, including peers, teachers, school leaders and staff, or specialists ▪ Establish regular, nonacademic, personal, and positive contact with learners and their families

The above solutions and challenges are limited to those explicitly suggested or referenced by survey respondents. But many of these solutions are recommended in the Pivoting to Inclusion report (World Bank 2020a). The need for accessible educational materials and the importance of Universal Design by Learning (UDL) as an inclusive pedagogical approach are both promoted by the IEI. Teachers should be trained in remote learning strategies based on UDL principles, and the curriculum should be focused on the safety and well-being of learners with disabilities, rather than their academic outcomes. Community support groups (for learners with disabilities and their parents or families) can be established, as well as phone-based psychosocial support. Future research should examine the feasibility of the solutions suggested, particularly in relation to the unique needs of learners with disabilities, and the local and national contexts in which they live.

3.0. LOOKING FORWARD: ADDRESSING THE NEEDS OF LEARNERS WITH DISABILITIES WHEN RETURNING TO SCHOOL AND IN FUTURE EMERGENCY-RESPONSE PLANS

“Difficulty in grappling with missed lessons that will probably kick off at a very fast pace making those with learning/intellectual disabilities to fail. Failure by parents to raise school fees. Some children may not report back to school. Lack of transport facilities and restrictions on space on passenger vehicles. Difficulty in complying to social distancing and inaccessible environment coupled with lack of information. Most children get basic information from school, for instance the Deaf. Provision of financial aid for children with disabilities through sponsorships. The majority comes from poor families. Sensitization at school on COVID-19. Support to special needs schools to have user friendly methods of association and hygiene.” —person with disabilities, Sub-Saharan Africa

In the above excerpt, a person with disabilities from sub-Sahara Africa lists the myriad of challenges and concerns that must be considered when schools reopen and learners with disabilities return to school. The third and final section of findings addresses these needs, and the potential solutions that will support learners with disabilities on returning to school. Section 3.1 explores survey respondents’ concerns about learners with disabilities not returning to school, and how these concerns can best be addressed. Section 3.2 turns to what happens once learners with disabilities are in school, particularly in relation to addressing their learning needs, learning loss, and regression that may have occurred during school closures. The next section (3.3) examines the importance of continuous support for the mental and physical health of learners with disabilities. Section 3.4, the final section, transcends the school level to examine the importance of designing COVID-19 response policies that forefront the needs of learners with disabilities. In doing so, this final section of findings summarizes the learnings from this companion piece to inform future emergencies and school closures.

3.1 ENSURING LEARNERS WITH DISABILITIES RETURN TO SCHOOL

Survey respondents generally shared common concerns regarding the academic challenges

that learners with disabilities would face when schools reopen. On the one hand, many respondents believed that some learners with disabilities would simply not return to school. Both parents and teachers—especially from Sub-Saharan Africa—wrote of increased “dropout” rates and the threat of learners with disabilities not being able to return to school. In South Asia, a parent and teacher reported that learners with disabilities may not “show interest to come [to school] again” or that they would “lose their desire to go back to school.” Similar concerns were found across other regions and actors. For example, persons with disabilities agreed:

“Most [learners with disabilities] would have lost out on the school year, and if they don’t have supper at home, they are not going to make it back. To address it, they would need support in all kinds of ways.” —person with disability, Middle East and North Africa

“Due to social distance, the children with disabilities might have to face social and assistance-related problems. Due to fear of virus, other students will keep distance from children with disabilities that may result in absence or dropout.” —person with disability, East Asia and Pacific

As evident in the responses above, persons with disabilities realized the diverse challenges that learners with disabilities face at home and at school. During emergencies such as the COVID-19 pandemic, education can become less of a priority when learners do not have access to basic needs at home. At the same time, for some learners, these basic needs may only be met at school and are not at home. Social distancing measures at school may lead to further feelings of isolation, which may dissuade learners with disabilities from attending. To add to this, some teachers also believed that parents would not want to send their students to school, due to fear of catching the virus. Quantitative data indicated that—on average—nearly one in five respondents (18 percent) were concerned about children not returning to schools once they reopen out of fear of contagion and COVID-19: 19 percent of parents, 17 percent of teachers and 20 percent of persons with disabilities. In response to this, some respondents offered possible solutions, such as making home visits to encourage learners to return to school or involving parents.

Girls, in particular, were seen as at risk of not returning to school. Two persons with disabilities from Sub-Saharan Africa reported that girls may be forced into early marriages or fall pregnant during lockdown, thus inhibiting them from returning to school. Again, these concerns are supported by the literature. Research suggests that rates of early, child, and forced marriage, and unintended pregnancies have increased since lockdown, particularly in low- and middle-income countries (Save the Children 2020). Adolescent girls who marry or have children at a young age are less likely to continue their studies (Wodon, et al. 2017), and in some countries young mothers are prohibited from attending school due to stigma around early age pregnancy (Human Rights Watch 2018).

Economic hardships at home were one factor seen as inhibiting learners with disabilities from returning to school. This was the case in all regions, but especially Sub-Saharan Africa and South Asia. Survey respondents listed “cost,” “financial issues” or “poverty” as challenges that learners with disabilities would face. In Sub-Saharan Africa, a teacher described how some learners may not return to school on time, due to their financial struggles, and a person with disabilities wrote how economic insecurity may prohibit them from “meeting their educational and other needs.” Many survey respondents described how families of learners with disabilities came from marginalized households or communities, including migrant workers in South Asia. It was also mentioned that “parents might have lost income” and for that reason schools needed to make school more “affordable.” Survey respondents wrote of a range of costs, including reading materials, internet, and technology. As a parent from South Asia wrote, “[my son’s] specific needs would require a caregiver. And we don’t have money to pay the caregiver in school.” Even in North America, a person with disabilities wrote, “the financial situations of families may make it impossible for the child to continue in school.”

Finally, transportation to schools—and its associated costs—was another common theme related to return to school in South Asia, Sub-Saharan Africa, the Middle East and North Africa, and Europe and Central Asia. Transportation was especially an issue for those learners with physical or mobility disabilities, and those who lived in remote or rural communities:

“Some of these children are from deep rural areas and are wheelchair bound. How will assistance be provided when they need to use the bathroom on their long journey back to school and how will social distancing be practiced during these trips? — teacher, Sub-Saharan Africa

Several of these challenges—including the costs of transportation, particularly for learners with disabilities living in remote or rural communities—were barriers to learning even prior to the pandemic. Nevertheless, the Pivoting to Inclusion report recognizes how the global pandemic provides a unique opportunity to “build back better” (World Bank 2019a). Moving forward, equity and inclusion must be considered from the design and planning stages to ensure that delivery and recovery efforts meet the specific needs of children with disabilities, especially those living in remote areas.

Survey respondents offered few solutions to address the challenge of learners with disabilities not returning to school. On the one hand, “campaigns” were suggested as a way of encouraging parents and families to register their children. Financial aid through sponsorships and donor support were common themes in the data. Moreover, many respondents identified the role of the government in either providing financial support to families or ensuring learners with disabilities reenrolled in school. Persons with disabilities, in particular, recognized the role of the government:

“Some may not go back to school. Some may lag behind because of lack of access to self-study materials before. How to address: the department in charge of disability

in the Ministry [should] follow-up and endeavor to bring them back to school. The department responsible to mobilize children through radio announcements, the ministry and district education office to work together. [For those] lagging behind there is a need to organize accelerated programs to help children catch up. Provision of enough learning materials and monitoring of teaching and learning.”—person with disabilities, Sub-Saharan Africa

“Most children with disabilities will not be able to return to schools due to the lack of school fees as a result lack of work during the coronavirus. Governments need to offer free education for them sometimes or they need to get some sponsorships.”—person with disabilities, Middle East and North Africa

Other survey respondents emphasized the need for a collective effort from the government and other stakeholders of the school community:

“Many [learners with disabilities] may not return to school, especially if there is economic depression complicating the COVID-19 lockdown. The government needs to be aware of the special needs of children with disabilities. Many times, the government in my country hardly have budgetary provision for their education. The teachers too need to be motivated, and they can then go the extra mile to assist their students. The parents, as well as the community, needs to appreciate the need to support these children. — parent, Sub-Saharan Africa

“Children with disabilities should have access for education and the government, parents and all responsible bodies must have work jointly to achievement.”—person with disabilities, sub-Sahara Africa

The above findings are supported by the literature. Children with disabilities are 2.5 times more likely to never go to school than their peers (UNESCO 2020). The World Bank seeks to partner with governments and local stakeholders in achieving a safe and accessible return to school for children with disabilities.

3.2 REGRESSION AND ACADEMIC NEEDS ONCE IN SCHOOL

Once in school, learners with disabilities must address any learning loss that occurred during school closures. Survey respondents commonly described a concern regarding the learning loss experienced by learners with disabilities as a result of COVID-19 and school closures. Students who had “regressed” in their learning or skills development was a common theme in the data, regardless of the category of respondent or their region of origin. Learning regression was generally believed to have occurred in two ways. First, some respondents believed learners with disabilities would have forgotten what was taught to them before schools shut down. Others believed that they simply did not have access to quality learning opportunities during lockdown, thus hindering any potential progress. For these two reasons, learners with disabilities would be far behind their peers, increasing the learning gap and leaving them

further behind. As a parent from Latin America and the Caribbean said, “I think they will be behind, as their learning characteristics were not considered during quarantine.” A teacher from North America called attention to how those learners with disabilities who could not easily use technology for remote learning would be especially behind their peers:

“I think students who need consistency and hands-on practice are going to suffer and lose the progress that they were making, while students who can use tech and Google classroom independently will be okay.”

Teachers in South Asia also drew connections between this learning loss and parents’ inability to support their children with disabilities at home during remote teaching:

“I think children with disabilities need more attention in school in comparison to normal students, because most parents don’t know how to support or teach their children academically and they did not know how to use technology for distance learning.”—teacher, South Asia

“I think that recovering the drawbacks of curriculum is not easy to compare with normal students. Because most of parents of my students are illiterate and they didn’t know how to [provide] academic support their children in this lockdown period at home.”—teacher, South Asia

Other respondents believe there would be new challenges at the school level, which would hinder the academic progress of learners with disabilities. For example, a teacher from North America specifically said that “hybrid schedules” or “online learning” would not be “conducive to the learning needs of children with disabilities.”

There was particular concern regarding the inclusion of learners with disabilities in mainstream schools. A parent from North America wrote, “I am super fearful that increased segregation will occur as children with significant learning needs may be sent back separately,” and a teacher from Sub-Saharan Africa commented, “reintegration into the mainstream classroom might be a challenge.” In addition, many teachers—in Sub-Saharan Africa, the Middle East and North Africa, and South Asia—reported how pressures to rush through the curriculum or course syllabus may further hamper their learning. A teacher from Sub-Saharan Africa wrote, “teachers in mainstream schools will hardly pay attention to their learning needs as they will be rushing to cover up syllabuses,” and a parent added how this pressure may come from actors at the national level:

“As [the] government may want to accelerate activities to comply with annual plans, the learning pace may not be adjusted to children with disabilities, who already experience challenges within a normal pace that does not take into consideration of their challenges.” —parent, Sub-Saharan Africa

The academic challenges that learners would face on returning to school would thus continue to exacerbate their exclusion at the school level, especially in mainstream schools. A teacher from Europe and Central Asia described the sort of challenges that learners with disabilities

may face when their mainstream schools reopen:

“The noise, the number of staff and children, the pressure to get everyone back to where they were before, plus the very obvious fact to children with special education needs that it has been so much easier to work and focus at a much less pressured pace. Once everyone is back, nobody will have the time again. That luxury will be gone. There is no way around this, the children without special education needs have to go back to school. I’ve begun to see the benefits of special education schools in a new light where once I was very much a champion of inclusion.” —teacher, Europe and Central Asia¹⁵

A person with disabilities recognized this and highlighted the particular benefits of specialized schools: “special schools should be reopened immediately, but with special care considering the slow pace of curriculum delivery due to various disability needs.”

Some survey respondents provided potential solutions to these academic challenges. Teachers from East Asia and Pacific, for example, suggested providing “catch-up lessons” for learners with disabilities, or simply “refreshing” or “repeating” the material multiple times so that they could more easily retain the new content. Similarly, respondents from Latin America and the Caribbean wrote about the need to “reteach” or “revise.” A teacher from the Middle East and North Africa also suggested “revision [and to] try to cover the syllabus.” In sub-Saharan Africa, teachers suggested “curriculum acceleration,” “remediation of learning,” and “mentoring and coaching.” In South Asia, a teacher suggested “opening [school] early to more quickly address learning gaps” and parents from Europe and Central Asia suggested providing summer school classes or additional one-to-one support. There were endless potential solutions, but as a teacher from North America emphasized, there were no one-size-fits-all approaches:

“As a special ed teacher myself, I feel that each child needs to be evaluated and put on an education plan independently. Not a one-size-fits-all virtual learning. If a child needs in person education that really needs to be looked at.”

Some survey respondents also suggested making accommodations regarding standardized tests or national exams. This was particularly necessary because of the absence of inclusive teaching practices during school closures. For example, a parent from the Middle East and North Africa wrote:

“Our children are left out in learning as government has provided Tv and Radio lessons, but with no interpreters, yet they all seat the same exam. Our children will not be able to perform well. Our children need to be given a different set of exams.” —parent,

¹⁵ As stated in the methodology section of this report (p. 7), we believe it is important to keep the authentic voices of survey respondents in our findings, despite where they may be disagreement with the core values and principles of IEI. Although debates exist for promoting either special schools and mainstream schools (see Shaw 2017, for example), IEI encourages pursuit of inclusive educational settings and practices. In particular, IEI believes integrating learners with disabilities in mainstream school settings can play an important role in moving forward the agenda for inclusive education for all. Special schools are not something the IEI promotes as an end goal, even if there are respondents of the survey advocating for it.

Middle East and North Africa

A parent from East Asia and Pacific also describes what this would look like. After months of being away from school, learners with disabilities will be expected to “appear for government-based exams to sit for three hours and write.”

There was a general understanding among participants that—to address the academic needs of learners with disabilities—one would have to be “flexible” and provide “time.” However, this resulted in a trade-off for teachers: on the one hand they would need to continue to teach to the curriculum because their job demanded it, while on the other hand, rushing through the curriculum meant some learners with disabilities might be further left behind. Addressing this, therefore, required coordination and collaboration across stakeholders. A person with disabilities from Sub-Saharan Africa recognized this:

“Teachers or instructors in inclusive school arrangements will be rushed for the so-called ‘catch up’ and [as] a result, adequate attention may not be given to learners [with disabilities]. The approach to prepare for the reopening of schools is also missing the point. Recently, I was asked what learners with disabilities should do to prepare for school when it reopens. I went to great length to explain that it is [up to] the teachers [and] school managers to prepare taking onboard learners with disabilities in the new school order. That is the solution. Special needs officers working in consultation with organizations of persons with disabilities should guide teachers and administrators on how to reintegrate learners with disabilities in the education system.”

Yet many survey respondents also doubted that schools have the material or human resources to provide these sort of support structures. Survey respondents from all regions shared concerns regarding access to various teaching and learning materials. When asked to identify challenges that learners with disabilities may face once schools reopen, a teacher from North America said, “definitely access to materials, internet.” Another highlighted that there may be a “lack of material due to budget cuts,” thus calling attention to how the pandemic may have lasting negative effects on educational institutes just as it did parents and families. A parent from South Asia added to this list of inadequate physical and human resources at the school level:

“Large class size, lack of child centered and relevant curriculum, limited appropriate teaching-learning materials, teachers lack competence and will to modify methodology as per the need, lack of proper infrastructure, lack of access to mainstream and lack of participatory activities.”

Due to new models of hybrid or remote teaching when at school—and hence a need for more digital technology—survey respondents realized that many schools would need to upgrade their facilities. A teacher from Europe and Central Asia wrote:

“Their equipment may need to be updated these include computers. Seating and tables may need to be adjusted. It may not be possible to have these things in place from day one of reopening... Many children with disabilities need personal care and will not be able to attend school without a Personal Assistant or Special Needs Assistant.”

Survey respondents frequently suggested that it was the responsibility of the government, civil society, and the donor community to procure materials. This was true across regions. When asked to describe the concerns they had about schools reopening—as well as potential solutions to address these concerns—survey respondents wrote:

“[Learners with disabilities] will face challenges like [a] lack of educational materials and assistive devices. [How to] best address: international or local nongovernment organizations and [the] government [to] support them [with the] necessary education materials and devices.” —teacher, East Asia and Pacific

“Lack of scholastic materials of which it needs donors.” —parent, Sub-Saharan Africa

“The government should put more things in place for children with disabilities: teachers, aides, more schools.” —parent, Latin America and the Caribbean.

It was not just physical materials that needed upgrading. Survey respondents also frequently mentioned the need to train teachers or enhance their skills in inclusive education. A “lack of trained teachers” was repeatedly mentioned as a challenge, and a parent from Europe and Central Asia also recognized how teachers may need training in technological pedagogy, as this was seen as a proven inclusive approach for learners with disabilities:

“COVID-19 has made education dependent on the use of technology. This has been a positive situation in our circumstances. We fear teachers will go back to not using technology, which will cause difficulties for this student. Education should embrace the use of technology and internet communication in all classes.”

A parent from South Asia also described the need for “different types of teachers” including a shadow teacher or special education teacher. “[Learners with disabilities] will not be able to cope up with the academics as compared to their peers,” the parent wrote, “This can be addressed if they are given support of individual attention by a special educator.” Similarly, a teacher from the Middle East and North Africa wrote, “if possible, the number of specialists can be increased to help [learners with disabilities].” Skills alone were not enough.

Rather, there was an overall dearth in the number of teachers and a need for more teachers and specialized, qualified professionals to support learners with disabilities. Some respondents describe contexts in which teachers had left the school or migrated to other communities on the onset of COVID-19. A teacher from Sub-Saharan Africa mentioned that there was “a lack

of support staff,” and therefore they required “proper support by the department of education to all schools [and] replacement of staff that have retired.”

“Continued lack of supports in schools. Lack of staff, lack of proper accommodations and modifications to curriculum. Lack of access to visual supports and appropriate materials for alternative forms of teaching and learning. By attaching spec. ed funding to the specific child. Not just supporting children with safety and behavioral needs. Children with disabilities deserve academic supports as well in order to access the curriculum.” —parent, North America

“[Learners with disabilities] will be left behind. They will be having a lot of notes to copy. Since they are not learning like others. Some may not come back due to poverty levels. However, they can be given enough time (extra) to cope up. Teachers need to take time and revise all the work that is being learnt. There is need for well-wishers to come up and lend a hand.” —teacher, Middle East and North Africa

There was a general understanding among survey respondents that—to maximize support for learners with disabilities—coordination, communication, and collaboration across stakeholders would be critical. Just as survey respondents believed communication was vital to effective remote teaching (refer to section 2.3), so too did they believe this communication should continue once schools reopen. At the school level, teacher teams, and “networking with the respective departments” was necessary. At home, parents/caregivers and families should be involved. But also, at the local and national levels, community members, civil society organizations, donors, and government bodies all played a role in providing inclusive education to learners with disabilities. When asked how to address the challenges learners may face once schools reopen, respondents wrote:

“Consultation and communication with parents, teachers, student and communities at large are necessary to understand concerns and address them.” —teacher, South Asia

“There needs to be continuous dialogue among stakeholders, especially between the Ministry of Education and special needs schools.” —teacher, Latin America and the Caribbean

“Children with disabilities should have access to education and the government, parents and all responsible bodies must work jointly to achieve this.” —person with disabilities, Sub-Saharan Africa

3.3 MENTAL AND PHYSICAL HEALTH CONSIDERATIONS WHEN RETURNING TO SCHOOL

The mental health and socioemotional well-being of learners with disabilities was a common concern across survey respondents. All respondent groups agreed that the isolation experienced during lockdown measures would have lasting effects on the mental health of learners with

disabilities. As a result, returning to school would lead to distress or “behavioral problems.” They may have “anxiety” or “fear” due to COVID-19, or simply due to the change in environment.

Returning to school also meant changing one’s routine and getting used to a new schedule and seeing new people. As one parent from the Middle East and North Africa wrote, “[learners with disabilities] will not be able to cope being put in a social environment after a long break. They could feel lost and may throw tantrums being away from home.” The abrupt change could bring with it challenges, such as “separation anxiety.” Learners with disabilities already had to get used to new ways of living once schools were closed, and—as respondents pointed out—they would now have to readjust to new routines again, once schools reopened. This is particularly difficult for learners on the autism spectrum. A parent from the Middle East and North Africa wrote, “it will be like starting over for many children on the spectrum. I expect major undesired behaviors and major impairments in social skills.” Learners’ loss of social skills was an especially common theme in the data. As discussed in earlier section, many young persons with disabilities—particularly those engaging in asynchronous remote learning modalities—did not have opportunities to interact with their peers or teacher while at home. Therefore, many survey respondents feared they would lose those social skill that they had developed prior and struggle to foster constructive relationships when they return to a classroom environment.

Some respondents offered potential solutions to these challenges. For example, a teacher from the Middle East and North Africa suggested using “pairing activities to motivate students” and two parents from Europe and central Asia suggested a “phased reintroduction” or “slow, staged reentry” to support learners’ gradual adaptation to their new learning environment. A teacher from North America added to this:

“I believe the challenges students with disabilities will encounter when schools reopen will include socialization, sleep schedules, following rules (behaviors), and a more severe loss of gained knowledge. To address these issues the school schedule could be adjusted to a later start time, blended courses could be offered (online and in person), review rules frequently for the first few weeks, review last semester materials, and provide simplified notes for procedures both for in class and materials covered.”

Respondents from Sub-Saharan Africa also proposed new education models for when schools reopen, calling attention to the government’s role in designing and implementing these systems:

“Catching up may be difficult for some of the learners as teachers rush to complete the curriculum for the year. It would help if the government staggers the year’s calendar and changes it to allow more months of teaching. instead of the January to December

calendar year, we could explore closing off this December only for the crucial national holidays, reopening on January 4th and writing exams by end of February and restart the new school calendar year in April 2021. This might help for learners to catch up without losing a full school year.” —person with disabilities, sub-Sahara Africa

“Social distancing with younger children especially will be difficult. Young deaf children and those with cognitive impairment will find that rule difficult. We will implement staggered recess for each class to keep learner numbers on the playground low, teachers and assistants will be on duty during recess for more adults watching the kids, government is phasing in the youngest learners last. We also expect several psychosocial issues and will have to employ our school-paid counselor on more days as there is no government appointed social workers etc. for deaf children —teacher, Sub-Saharan Africa

As evident in the data above, innovative and holistic approaches would be necessary to not just ensure learners with disabilities are included in schools but also to safeguard and protect them from physical or mental harm. A parent from Europe and Central Asia described how the school culture would need to change—that there should be more “familiar staff, access to play, [and a] focus on learning through play and well-being rather than academic [learning].” “Guidance counselors” or “counseling” in general—for both learners and their families—was another common theme in the data. Respondents generally seemed to agree that a successful return to school required all actors at the school level to be “patient,” “supportive” and “encouraging.” A teacher from South Asia elaborated on this:

“All children love encouragement, and support and for kids with learning disabilities, such positive reinforcement can help ensure that they emerge with [a] strong sense of self-worth, confidence and the determination to keep going even when things are tough.”

Another major concern was the physical health of learners with disabilities on returning to school. For some survey respondents, this concern stemmed from prior health conditions that were only exacerbated by the pandemic. In North America respondents wrote of concerns for “medically fragile students” or “health hazards for immune-compromised children.” Several survey respondents from Latin America and the Caribbean suggested the need to ensure “proper health care” at school, or “to keep [learners with disabilities] safe, as [they] have many health issues.”

Some survey respondents feared that services available for learners with disabilities, pre-pandemic, will not be available once schools reopen. A parent from Sub-Saharan Africa emphasized, “children with severe disabilities need regular check-ups but this service may not be possible,” and a teacher from the same region, wrote, “rehabilitation services [have] largely ceased, so [learners with disabilities are] missing necessary early intervention, and many will not return to this service.” These sorts of comments were made across all respondents and regions. In the Middle East and North Africa, for example, a parent said their child needs one-on-one

services, “which probably cannot happen now” and a teacher showed concerns regarding “the closure of care institutions due to the deterioration of the economic situation.” A person with a disability from Europe and Central Asia explicitly stated, “the availability of deaf mental health services for the specific group is scarce,” and another from the same region provided an anecdote to illustrate families’ general inability to access services that were once available:

“I learned that a family who had social worker support before COVID-19 was dropped due to high demand from new cases. This shocked me, as families at risk will only worsen under the current conditions. I understand resources are stretched but this family has probably been dropped permanently and will fall through the cracks. It seems that things will only go downhill for them.” —person with disabilities, Europe and Central Asia

There was an overall concern that—on returning to school—learners with disabilities would “not receive the usual interventions” (parent, North America). In fact, some survey respondents believed that even regular activities—such as going outside—would not be possible, thus having negative effects on the health and well-being of learners with disabilities:

“My students are severely cognitively impaired students who are aged 18–26. They need community outings as part of their educational experience. I fear these will be taken away.” —teacher, North America

Even more common were concerns regarding COVID-19. Respondents of all categories (parents, teachers, persons with disabilities) wrote about how COVID-19 would still be a dangerous threat, especially for learners with disabilities who are more vulnerable. As one parent from Sub-Saharan Africa said, “How safe is it for them to return to school? Because most of the children have weakened immune systems.” Survey respondents also suggested that learners with disabilities might have trouble following the guidelines or protocols to protect their own health and the health of others. Social distancing in particular was commonly described as something learners with disabilities might not be able to understand, since they may not be able to gauge the need for “boundaries.” But also, just the simple act of wearing masks would be difficult to cope with for some learners, and in extreme cases could cause anxiety or distress for young persons with disabilities. For example, a teacher from Sub-Saharan Africa described a major concern for returning to school is learners’ ability to “understand what is going on.” Because of this, they may face a range of challenges, including:

“Not coping with wearing face masks. Being scared of everybody, and especially caregivers and teachers wearing masks. Not adhering to social distancing because of lack of understanding. Not coping emotionally with all the changes in normal routines, especially in hostel settings.”

Respondents pointed out how following certain protocols may not even be possible for certain learners. Social distancing would be difficult for learners with mobility disabilities, for example, or those who require physical therapy. For learners who are deaf or hard of hearing and

benefit from lip-reading, masks were seen as an obstacle rather than a protective equipment. Respondents wrote of these challenges in their open-ended responses:

“Social distancing has been widely promoted as the best strategy to avoid transmission, [but] that advice may not be realistic for [those] who care for children with disabilities who may require therapy or assistance with daily tasks.” —teacher, South Asia

“Some learners need physical support from the educator, how will that be done if we have to practice social distancing. Learners with speech problems are not always clear when speaking, wearing a mask will make it even worse and I’m not speaking about the deaf learners” —teacher, Sub-Saharan Africa

Because of this, survey respondents from special schools were particularly concerned about reopening schools. This was especially the case for data from Sub-Saharan Africa. A parent, for example, commented, “social distancing measures cannot be adhered [to] in special schools” and a teacher wrote how “COVID would be exceptionally dangerous to a special needs school.” They further explained, “kids with hidden disabilities might have other underlying conditions. But nobody would know because it hasn’t been a problem yet.” One teacher from Sub-Saharan Africa went as far as to suggest the need to, “close special schools for longer” since “these children are more vulnerable to illnesses.”

Teachers from both special and mainstream schools shared concerns regarding reopening. A teacher from North America asked, “Will health fragile children have the immune system, or will there be so much fear, they don’t return?” Others said:

“Health and safety for immunocompromised students with disabilities is our biggest concern. Until we have a suitable treatment or vaccine, I can’t see how it would be safe for them to return to school” —teacher, Europe and Central Asia

Learners with disabilities are not the only ones whose health is at risk when returning to school. Many teacher respondents also wrote of concerns regarding their own health. Box 9 below provides various excerpts to support this. It is important to remember the needs of teachers in these discussions, and to ensure precautionary measures are taken to protect the safety of not just learners but also those who take care of them.

Box 9. Issues Focus: Caring for Teachers' Health When Returning to Schools

"Although the risk to students themselves appears relatively low, reopening schools will also expose teachers to risk—especially those who are older or immune-compromised—and might contribute to higher risk for the larger community. Children's role in transmitting the novel coronavirus is still unclear, making it difficult to estimate the extent to which reopening schools might contribute to resurgence. Potentially relaxed confinement measures outside the education sector add to the uncertainty. Decision makers will therefore need to determine when to reopen schools in the context of reopening society at large." —person with disability, South Asia

"My biggest concern is safety of teachers who work with learners who do not understand fully what is happening and the new behavior they have to apply to be at school safely" —teacher, Sub-Saharan Africa

Finally, there was concern over schools not being prepared to care for the physical health and safety of learners with disabilities and the rest of the school community. In some contexts, overcrowded classrooms were already a challenge for teachers. Add to that the need to social distance, and many respondents believed that it would simply not be feasible with their schools' current infrastructure. Even in Europe and Central Asia a parent/caregiver wrote, "It will be very hard for [learners with disabilities] to socially distance. It is also likely that schools may need to halve classes to distance properly, which will play havoc with routines, and so on." The size and number of classrooms was thus important to ensure social distancing measures could take place, and these complications may only bring with them ensuing challenges.

Survey respondents also wrote of schools' lack of water, sanitation and hygiene (WASH) facilities or resources. For example, a teacher from Sub-Saharan Africa wrote, "the major challenge children with disabilities will face once schools reopen is access to efficient WASH services in the schools." In addition, many seemed concerned about the protocols that would be established should new cases of COVID-19 arise. A teacher from North America wrote, "What happens if someone is exposed, does the whole room shut down?" A tone of uncertainty emerged from the data, and survey respondents, regardless of their category or region, seemed unsure of their schools' capacity to care for the mental and physical health of learners with disabilities. Reopening schools thus presented a trade-off. A parent from South Asia touched on this in their open-ended response:

"As school-system leaders weigh possible timelines, they can consider four interlocking components of reopening: risks to public health, schools' importance to economic activity, impacts on students' learning and thriving, and safeguarding readiness." —parent, South Asia

Survey respondents pointed again to the government to provide the support structures that schools would need to reopen. In particular, teachers from Sub-Saharan Africa wrote of various materials and resources that the government would need to facilitate schools to ensure their safe reopening:

"Lack of funds for transport to school, fees, food provisions and stationery. Need for government and donor support." —teacher, Sub-Saharan Africa

"Provision of food supplements, and food stuffs by our local government. Masks, clean water, hand wash and sanitizers and how to use these safely since [my students] are deaf, blind, visually impaired and [with] multiple disabilities." — teacher, sub-Sahara Africa

Some, however, suggested that they had doubts over whether the government would fulfill their duties:

"The government has promised that protective masks, which allow for lip-reading will be delivered, but I am worried that this promise will not be fulfilled or that the masks will be delivered late." —parent, SSA

For learners with disabilities to safely return to school, the school environment must also be conducive to learning, and support their basic health, hygiene, and nutrition needs. A multisectoral approach—interweaving education and health services and resources at the school level—would therefore be required to successfully reopen schools.

3.4 Forefronting the unique needs of learners with disabilities in response policies

Survey respondents described myriad challenges that learners with disabilities faced at the onset of COVID-19 and school closures. The majority of respondents from all three categories (parents/caregivers, teachers, and persons with disabilities) generally felt unsatisfied with their schools, districts, or governments' COVID-19 responses. They described the importance of more inclusive and equitable approaches to emergency-responses now and in the future. Likewise, to "build back better," the Pivoting to Inclusion report describes the need to "maintain meaningful consultations/collaboration with families of children with disabilities" (World Bank 2019a: p. 11). This section explores how to do this, according to the perceptions of survey respondents.

Respondents often described how they felt "forgotten" or "left behind." In Latin America and the Caribbean, a French-speaking teacher wrote how "they are not taken into account in mass awareness raising" and a Spanish-speaking parent wrote, "I don't see much willingness on the part of the education center or the teachers to put forward a more suitable program for my daughter." In Sub-Saharan Africa, a parent wrote, "we are not mentioned anywhere," and persons with disabilities wrote how "[learners with disabilities] and their families are completely left out" or "excluded." This obviously had an emotional impact on survey respondents. As a teacher from sub-Sharan Africa expressed, "they are sidelined! It hurts!"

Another set of open-ended responses illustrated that even when learners with disabilities were included, they were often an afterthought. A parent from Europe and Central Asia described how “children with disabilities are always last on the list for very little or no help, support, grants.” Two anecdotes below illustrate this:

- “They are always thought of at last minute. Like self-study materials were developed [and] distributed in districts without materials for children. Then, after concerned people raised the issue, that’s when they started working on their materials. Therefore, this calls to all planners to always consider disability issues as part and parcel of programming.” —person with disabilities, Sub-Saharan Africa
- “They are treated as secondary citizens and no mentioned is made about their needs. Everyone else is catered for, but they are regarded as byproducts. Their health needs are not prioritized, and these are the people vulnerable to attack. No guidance is given with regard to their care and prevention of COVID-19 even before the lockdown.” — parent, South Asia

A teacher from the Middle East and North Africa wrote the same: “they get forgotten, like second-class citizens.” Learners with disabilities being “last on the list,” treated as “second-class citizens” or “byproducts” paints a powerful image and exemplifies the sort of lack of consideration that survey respondents experienced.

Teachers working in mainstream schools particularly felt that the needs of their learners with disabilities were not being considered. This was especially the case for data from Sub-Saharan Africa. For example, a teacher wrote, “[learners with disabilities] need full consideration” (emphasis added), “and not to be compared to the mainstream students.” Another teacher wrote a similar comment, and called attention to the role that the government must play in ensuring this:

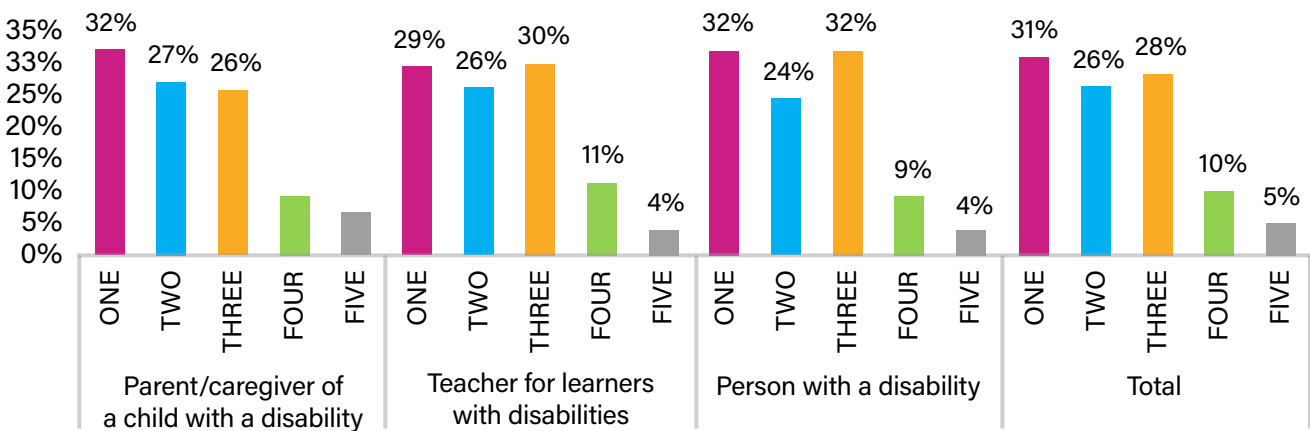
- “[The] government should prioritize learners with disabilities as well, and not only focus on mainstream education. [They should] give more guidelines of how to handle learners that would not understand the rules in regard to COVID-19 e.g., social distancing, wearing masks.” —teacher, Sub-Saharan Africa

For some respondents, the feeling of exclusion or of being forgotten was always there and the pandemic only exacerbated it. This was especially the case of the data from North America and Europe and Central Asia. “The system already seemed to neglect them before COVID-19,” wrote a parent from North America, so “a majority of these children are going to be even more left behind.” Similarly, a parent from Europe and Central Asia, expressed, “I feel that our children always come last even before COVID-19. Now my worry is that they will be completely forgotten and certainly not prioritized.” Another parent from North America wrote, “It became clear some of these learners didn’t have quality programs even before pandemic,” and another agreed and continued with, “I am afraid pandemic will be used as an excuse to

lower expectations even more.” Respondents believed that the lack of inclusion would only get worse in the future. “There needs will become a lower priority,” a parent from North America wrote. “They will be overlooked in the rush to reopen schools,” wrote another.

Quantitative data supports the findings above. Respondents were asked to rate the education response and social response for children with disabilities on a scale from 1 to 5. The data in figure 25 and figure 26 below demonstrates that, on average, over half of respondents reported a low rating (1 or 2) for both the education response (57 percent) and social response (58 percent) of COVID-19 for learners with disabilities. There were only slight differences across survey respondents. The responses below were also highly correlated with each other. In other words, a respondent who gave a low rating for the education response was likely to rate social response low as well. Moreover, there was a negative association with number of disabilities and a positive association with access to assets. In other words—and somewhat unsurprisingly—respondents of children with multiple disabilities were more likely to rate the responses lower, while those with more access to assets were more likely to rate the responses higher.

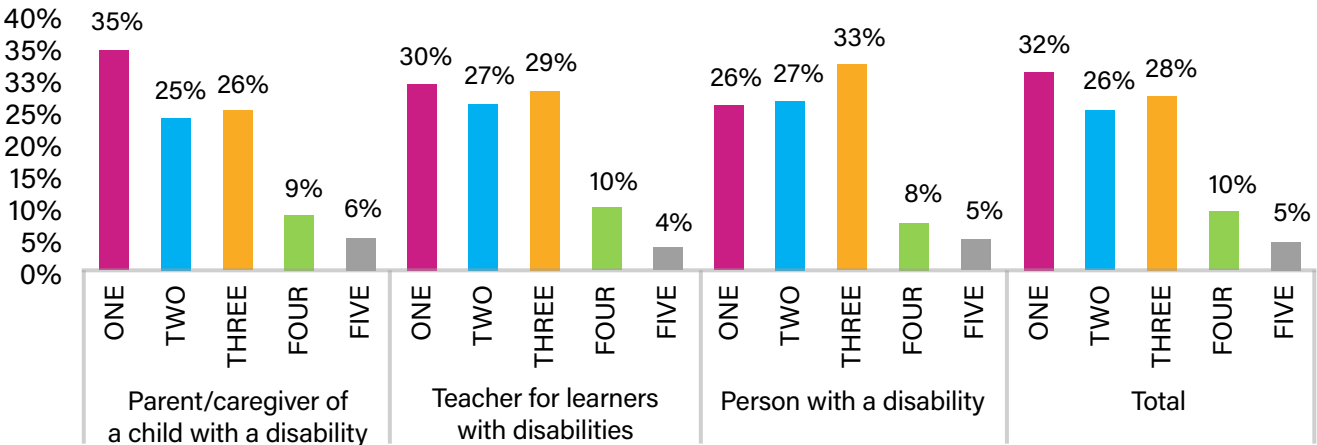
Figure 25. Respondents’ Rating of the Educational Response for Learners with Disabilities



Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey

Note: Data drawn from Question 35, “Given the current circumstances, how would you rate the education response to children with disabilities from 1 to 5?” Sample size is 2,655 total survey respondents (1,187 parents/caregivers, 1,100 teachers, and 368 persons with disabilities). A response of 1 indicates the lowest level of satisfaction with the education response, while a response of 5 indicates the highest level of satisfaction.

Figure 26. Respondents' Rating of the Social Response for Learners with Disabilities



Source: IEI 2020, Learners with Disabilities and COVID-19 School Closure Survey

Note: Data drawn from Question 36, "Given the current circumstances, how would you rate the education response to children with disabilities from 1 to 5?" Sample size is 2,655 total survey respondents (1,187 parents/caregivers, 1,100 teachers, and 368 persons with disabilities). A response of 1 indicates the lowest level of satisfaction with the education response, while a response of 5 indicates the highest level of satisfaction.

The social response to COVID-19 was also inadequate according to survey respondents. Parents from North America and Latin America and the Caribbean wrote of concerns about "discrimination" and parents from sub-Saharan Africa shared concerns regarding "isolation at school" or "integration in the larger society." A parent from Europe and Central Asia added to this, explaining they were concerned that "because of [my son's] disability he will now be further discriminated against and maybe won't be able to go back to school at the same time as his peers." A teacher from Latin America and the Caribbean emphasized, "there must be work done to ensure real, harmonious coexistence in schools... doing away with all forms of discrimination."

According to survey respondents, inclusive COVID-19 responses would require mainstreaming the educational and social needs of learners with disabilities. A teacher from Sub-Saharan Africa described how they must be "placed at the forefront in terms of support." Respondents from all categories frequently wrote of the need to not just "consider" the needs of learners with disabilities, but to "prioritize" them:

"They should be given the first priority as they are the most likely to lose when school is not in session" —person with disabilities, Sub-Saharan Africa

"Disability learners need to be prioritized by government authorities as they are often neglected." —parent, Sub-Saharan Africa

"They should be given priority by the response team when giving out sanitation and food materials." —teacher, Sub-Saharan Africa

"They are forgotten, and their lives and progress are not a concern or priority in government response." —teacher, South Asia

The notion of prioritizing learners with disabilities and their families is repeatedly emphasized throughout the *Pivoting to Inclusion* report. The report highlights how inclusion must be a priority and the needs of learners with disabilities must be prioritized throughout every stage of COVID-19 response and education sector planning. This will ensure the necessary budgetary and resource allocations are made to support learners with disabilities. "Prioritizing (emphasis added) and targeting financing will ensure that governments are planning effective emergency programs that genuinely reach the most marginalized and most at risk of being left behind," including learners with disabilities (World Bank 2020a: p. 51).

Many respondents also wrote of how they felt certain disabilities were being considered and not others. For example, a person with disabilities from Sub-Saharan Africa wrote that "children with disabilities in general, and deaf children in particular, have been excluded from the response." There was disagreement across participants regarding who was being more left out. A teacher from Sub-Saharan Africa wrote that "especially the hearing impaired" were being "left out," for example, while a second teacher from the same region said, "everything is focusing on the hearing people." A parent from Sub-Saharan Africa added to this: "most of the response is being geared to [learners with] visible disabilities. Those with invisible disabilities aren't getting the attention they deserve." The heterogeneous nature of disability cannot be understated. Learners with disabilities have immensely diverse needs depending on the type of disability that they have, and recognizing this heterogeneity is vital to effective and inclusive education sector planning. A recent literature review of EdTech for learners with disabilities found that research tends to focus on learners' with 'lower incidence impairments' (for example, visual impairment and deafness) and that few studies addressed 'higher incidence groups' (for example, learners with autism or intellectual disabilities) (Lynch, Singal, and Francis 2021). More research is needed to examine how to best address the remote learning needs of these learners especially.

A first step, therefore, would be to consult learners and disabilities and their families, and hear their needs, so that programs and policies can be aligned to those needs. Survey respondents from all categories and geographical regions addressed the need to provide spaces and opportunities to listen to the voices of learners with disabilities and their families:

- “How are [learners with disabilities] coping? Has anyone taken the time to hear their VOICE?” —parent, Latin America and the Caribbean
- “Where are voices of parents/caregivers of children with disabilities in this COVID-19 Era? I seem not to read/hear from them. Are we empowering them to be the change makers we want to see?” —person with disabilities, Sub-Saharan Africa
- “[They are] being left out of educational decisions [that are] being made at a strategic level by governments. Their voices are not being heard or weighted properly.” —parent, Middle East and North Africa

In fact, the survey tool itself was identified as a “good practice” by a teacher from Sub-Saharan Africa: “This survey is also a good practice as it will help improve on already existing education plans for children with disabilities this COVID-19 season.” There was an obvious need to reach the most marginalized and to leverage their voices in COVID-19 response plans. Consistent with Article 4 of the CRPD, “States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.”¹⁶ It is a human right for learners with disabilities to be involved in decisions that affect them.

3.5. SUMMARY AND CONCLUSION

The findings above illustrate how survey respondents describe various considerations that must be considered when designing inclusive and safe return to school policies in response to COVID-19 or other emergencies. Effective COVID-19 and emergency-response policies for learners with disabilities must: ensure learners with disabilities return to schools; address the academic needs of learners with disabilities once in school; provide mental and physical health support services and resources; and forefront the unique needs of learners with disabilities in all aspects of policy responses. Table 3 below summarizes the key challenges and solutions suggested by survey respondents (persons with disabilities, parents, and teachers).

Table 3. Summary of Challenges and Solutions Suggested by Survey Respondents

DIMENSION OF LESSONS FOR THE FUTURE	CHALLENGES	SOLUTIONS
ENSURING LEARNERS WITH DISABILITIES RETURN TO SCHOOL	▪ Learners with disabilities, especially girls, may not return to school once they reopen (for example, due to poverty, unintended pregnancies, or CEFM) ▪ Parents may not allow their children to return to school due to fear of contracting the virus ▪ Lack of transportation would prohibit some learners with disabilities from attending school	▪ Campaigns targeting families and the wider community, to advocate for learners with disabilities’ (especially girls’) reenrollment ▪ Financial aid through sponsorships and/or donor support ▪ Government should offer “free education” for learners with disabilities or inclusive education financing more broadly
REGRESSION AND ACADEMIC NEEDS OF LEARNERS WITH DISABILITIES ONCE IN SCHOOL	▪ Learners with disabilities will forget what they learn and regress in their academic studies (especially learners who did not access remote teaching) ▪ Hybrid schedules or online teaching approaches will not be conducive to the learning needs of learners with disabilities ▪ Increased segregation of learners with disabilities in mainstream schools ▪ Schools may not have the human or physical resources to provide adequate support (for example, internet and infrastructure, teacher aides, and so on)	▪ Provide catch-up lessons and extra tutoring to reenforce curriculum ▪ Create Individualized Education Plans, curriculum acceleration or remediated learning plans ▪ Assign coaches or mentors to learners with disabilities ▪ Make accommodations, for example, for standardized tests, national exams, or classroom assignments (be flexible, provide more time, and so on) ▪ Leverage multisectoral support from the government, CSOs and donor community to procure human and material resources

16 <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-4-general-obligations.html>

DIMENSION OF LESSONS FOR THE FUTURE	CHALLENGES	SOLUTIONS
MENTAL AND PHYSICAL HEALTH CONSIDERATIONS WHEN RETURNING TO SCHOOL	▪ Learners with disabilities may feel anxious or fearful due to COVID-19 ▪ Change in routines, due to returning to school, may exacerbate mental health challenges (for example, separation anxiety) ▪ Regression during school closures may cause some learners to have behavioral challenges ▪ Exacerbated health hazards for some students with chronic comorbidities; limited rehabilitation services ▪ Lack of WASH facilities and resources at school (for example, clean water, PPE, sanitizer) ▪ Some learners with disabilities may not understand social distancing or other protective measurements, increasing risks, especially at special schools	▪ Use slow, staged reentry to schools or stagger reentry for students ▪ Focus on socioemotional well-being, including learning through play ▪ Provide guidance counselors or other mental health professionals ▪ Foster supportive and encouraging school environments ▪ Leverage multisectoral support from government and donors to supply accessible PPE (for example, clear face shields that allow for lip-reading) and hand sanitizer, food rationing and potable water, and accessible information on COVID-19 prevention and mitigation
FORE FRONTING THE UNIQUE NEEDS OF LEARNERS WITH DISABILITIES IN RESPONSE POLICIES	▪ Learners with disabilities are excluded from government and school responses, especially in mainstream schools and especially learners with certain types of disabilities ▪ Inadequate educational and social responses (that is, increased discrimination and stigmatization)	▪ Forefront and prioritize the needs of learners with disabilities in school and policy responses ▪ Leverage the voices of learners with disabilities and their families (for example, through needs assessments, surveys such as this one, and so on) to understand their unique educational and social needs, while paying particular attention to differences across types of disability

The above solutions and challenges are limited to those explicitly suggested or referenced by survey respondents. But many of these solutions are recommended in the Pivoting to Inclusion report (World Bank 2020a). In particular, the report highlights the need to use Universal Design by Learning principles to meet both the immediate needs and long-term needs of learners with disabilities on reopening schools. In addition, it says, “for caregivers to feel comfortable and confident for their child to return to school, soap and handwashing stations need to be accessible to all” (p. 46). Returning to school, “will require children and teachers to accept, adjust, and apply new social and classroom norms, where personal safety will be pivotal and supports for learning may not be available (p. 7). Finally, the report recommends disability-inclusive financing, a cross-sectoral approach, and maintaining “ongoing consultations and collaboration with families of children with disabilities, persons with disabilities (including adolescents and youth), and their representative organizations so that programming is reflective of the priorities (emphasis added) and requirements of the target group” (p. 44). Future research should examine the feasibility of the solutions suggested, particularly in relation to the unique needs of learners with disabilities, and the local and national contexts in which they live.



SECTION C

CONCLUSION

As evident in the survey data presented above, there are no silver bullets to effective COVID-19 response strategies for learners with disabilities. Rather, programs and policies must prioritize learners with disabilities in their design and implementation and ensure to accommodate their diverse needs. One of the key strategies for inclusive education sector planning is to use the twin-track approach, which involves two basic principles: (1) ensuring mainstream education programs are designed for all learners; and (2) developing targeted support to address the specific needs of children with disabilities (World Bank 2020a). To do this, multisectoral approaches—involving the government, public and private sectors, and civil society, including organizations of persons with disabilities—are paramount for success. The findings called attention to a wide range of environmental, educational, and health-related challenges that learners with disabilities faced at the onset of COVID-19 and during school closures. There is a need, therefore, for comprehensive emergency-response plans that tend to the diverse social, cognitive, physical, and psychological needs of learners with disabilities.

The first layer of support for learners with disabilities is to create an enabling home environment. In particular, survey respondents described the need for financial security, and food security, for access to basic health services, and hygiene, and sanitation. Financial security and support from social protection programs is crucial for families. Safety and security—especially for vulnerable learners such as girls or those from lower socioeconomic levels—is necessary to safeguard all children. In addition, all households involved in e-learning modalities should at least have access to internet with strong connectivity and EdTech devices. The government—at both the national and subnational levels—play an important role in providing these resources and services. Social protection policies, for example, could be put in place. The donor community, local and international nongovernment organizations and civil society also play an important role in procuring financial or material donations.

The second layer of support involves the use of accessible teaching and learning materials and individualized instruction for remote teaching and learning. Learners' unique cognitive, physical, and psychosocial needs must all be considered when designing remote teaching programs. This aligns with the principles of Universal Design for Learning (UDL), an approach that asserts that teaching and learning should encompass a multitude of methods to support all learners (World Bank 2020a). Survey respondents suggested a range of remote teaching and learning devices and materials, including nondigital and digital, low-tech and high-tech resources and devices. Some learners with disabilities could access online classes, but others could not. Some engaged with learning synchronously with their classmates and teachers. Others watched prerecorded videos or other asynchronous material. Lessons broadcasted through televisions and radios provide learning opportunities for many. But not those with difficulty hearing and/or seeing. In remote communities and households with limited access to internet and technology, printed materials and books are most effective.

According to survey respondents, however, one of the most critical elements of education in a pandemic comes from communication and collaboration among teachers, specialists, parents, students, and other helping hands, including siblings and the wider family, community members

and NGOs, and social workers and other professionals. Remote teaching and learning cannot just involve providing homework or assignments, or online lessons. It should also include explanations from teachers, feedback loops to monitor the learners' progress. Good practices involve regular check-ins to assess not just learning but also the socioemotional well-being of learners and their families. Parents and families should be involved and “empowered” as important support systems for learners with disabilities. On the one hand, parents also need reprise and assistants to better support their children. On the other, however, they should be trained in pedagogical practices. They should be taught how to support their children both academically and behaviorally. Those learners with psychosocial or physical disabilities must have opportunities for remote therapy or coping strategies that their parents can facilitate to ensure their mental and physical health.

Specialists, social workers, and teachers should work together with parents. Special education teachers, in particular, should provide support to mainstream teachers, as they are qualified in providing inclusive instruction. Opportunities for teacher professional development and collaboration is critical. And this, therefore, requires action from school leaders, local authorities, districts, or ministries. Effective remote teaching and learning requires the active involvement of the entire school community, including learners with disabilities, teachers, school leaders, parents/caregivers, and policy makers. Survey respondents called on these various actors—those most intimately involved with the teaching and learning processes—to fulfill their duties. Teachers, parents, and school leaders must support learners and their cognitive and socioemotional needs.

The final findings section addresses what needs to be done next, when reopening schools or planning for future pandemics. Survey respondents feared, for example, that many learners with disabilities would not return to schools once they reopen. Either due to financial hardships or health challenges, or due to fear of catching the virus, many parents and families may be reluctant to send their children back. In addition, girls—who are more at risk of getting pregnant or married during school closures—may be unable to continue their studies. Survey respondents believed it was the role of national and subnational governments to campaign and advocate for the participation of all learners with disabilities. In addition, schools should make efforts to reach out to their students and their families, and to follow-up if they do not register for school.

Once in school, students' learning regression must be addressed. Survey respondents offered a variety of potential solutions to this, including catch-up classes, extra time to study, tutoring, and the continued use of educational technology to employ inclusive pedagogies. In addition, students' mental and physical health needs must be addressed. Survey respondents believed that school closures will have led to feelings of isolation or experiences of psychological, verbal, or sexual abuse. Hence, it would be necessary to provide socioemotional support at the school and classroom level. Due to their limited access to therapies and specialized health services during school closures, there may also be regressions in other skills. The development and growth of learners with disabilities may have halted due to the abrupt termination of health

services. Again, these findings imply that a cross-sectoral approach would be most effective to address the health and educational needs of learners with disabilities on returning to school.

Schools, however, must be properly equipped. This includes not only physical materials, such as educational technologies, and WASH facilities. This also means ensuring that teachers are trained and that enough of the teaching staff return in the first place. Safe and accessible protocols must be established so that learners with disabilities understand how to take care of themselves and others around them. And of course, the health of teachers must also be central to any school reopening plan. The physical and mental health of the entire school community is essential.

An important take away point from this final set of findings is how politicians and leaders must learn from their failures and/or inactions. The impact that COVID-19 has had on the education of learners with disabilities has revealed the multitude of shortcomings and misprioritizations of systems and institutions. If anything has been learned, it is that the world was unprepared for a pandemic. Thus, we should use this as an opportunity to better prepare for the future. Learners with disabilities cannot be an “afterthought.” Their education and health needs must be fore fronted, taking into account the array of needs and the diverse accommodations that each individual requires. In addition, more data are needed to inform these decisions. While this survey has been an effort to fill in the evidence gaps, we encourage others to collect similar disaggregated data to get a more comprehensive picture of how health emergencies affect learners with disabilities. Data addressing the needs and experiences of learners with disabilities can inform the creation of inclusive policies and responses to future crises.

Finally, transcending policy and COVID-19 response plans is the need for a humanizing lens when working with and for learners with disabilities and their families. As one survey respondents said, “these are unprecedented times” and everyone has been struggling with the challenges caused by COVID-19. Some have struggled more than others, but all have been thrown into a whirlwind of life changes that is challenging to adapt to. What is needed now is understanding, compassion, and empathy. People involved in the education and health responses of learners with disabilities must be flexible and patient. Survey respondents expressed overwhelming feelings of confusion, fear, doubt, and uncertainty. The only way forward to support learners with disabilities is through teamwork, collaboration, and coordination across all actors involved.



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APPENDIX A:

COMPLETE SURVEY (ENGLISH VERSION)

LEARNERS WITH DISABILITIES AND COVID-19 SCHOOL CLOSURES

The Learners with Disabilities and COVID-19 School Closures Survey is being conducted by the Inclusive Education Initiative's Disability-Inclusive Education Community of Practice and Knowledge Hub. As the COVID-19 pandemic continues to spread across the globe, schools are closed nation-wide in 192 countries and sub-nationally in many others, leaving an estimated 1.58 billion children out of school. These school closures put children with disabilities at an even greater risk of being left behind, but also serve as an opportunity to re-think how emergency educational plans can better include children with disabilities.

PURPOSE

The purpose of the survey is to understand if learners with disabilities and their families have access to the supports they need to continue learning while schools are closed due to COVID-19. Data collected from this survey will help us to better understand what children with disabilities do and do not have access to around the world. We hope to use the information we collect from this survey to ensure that solutions are, in fact, allowing children to continue learning during this health crisis.

PARTICIPATION

This short, 10-15-minute survey is meant for parents/caregivers of children with disabilities, teachers of children with disabilities, and persons with disabilities/OPDs.

Your responses will remain strictly anonymous. All questions are voluntary, and you may skip any questions you do not want to answer.

If you have any questions, please reach out to the Inclusive Education Initiative at iei@worldbank.org.

Thank you for your participation!

The IEI team

GENERAL QUESTIONS (FOR ALL RESPONDENTS)

1. What region of the world do you live in?
 - o East Asia and Pacific
 - o Europe and Central Asia
 - o Latin America and the Caribbean
 - o Middle East and North Africa
 - o South Asia
 - o Sub-Saharan Africa
 - o North America
2. What are your biggest concerns for children with disabilities while schools remain closed during COVID-19 (please select all that apply and add any comments in other)?
 - o They will fall behind in learning due to inaccessible distance learning modalities.
 - o They will not have accessible educational materials.
 - o They will not know how to use the technology appropriately to continue their learning.
 - o They will not go back to school once they reopen.
 - o They will not have access to basic nutritional needs that are typically provided at school.
 - o They will not have access to important therapies, services, or accommodations that they typically receive at school.
 - o Other. Please, explain.
3. Please describe yourself (please select one)
 - o I am a parent/caregiver of a child with a disability.
 - o I am a teacher for children with disabilities.
 - o I am a person with a disability.

FOR PARENTS/ CAREGIVERS

4. What type of functional difficulties does your child have (Please tick all that apply)?
 - o Hearing
 - o Vision
 - o Learning
 - o Mobility
 - o Communication/Comprehension
 - o Emotions (anxiety/depression)
 - o Other

5. While schools are closed during COVID-19, does your child have access to a:

	Yes	No	Is it accessible and useful for your child with a disability?
Radio			
Television			
Mobile Phone			
Smart Phone			
Tablet			
Computer			
Internet			
Books/Materials in print			
Other? Please specify.			

6. While schools are closed during COVID-19, does your child have access to accessible learning resources and services?

	Yes	No	Not applicable
Braille Materials			
Plain language Materials			
Large Print Materials			
Print Magnifier			
Sign Language Interpretation			
Audio Formats			
Closed Captioning			
Transcripts of Audio Services			
Visual/Tactile Aids			
E-Readers/Screen Readers			
Communication Boards			
Other. Please specify			

7. What are some of the barriers to accessing the supports needed to continue their learning?

- o Cost
- o Power/Electricity
- o Internet availability/data
- o Availability of devices
- o Availability of accessible materials
- o Lack of personal assistant/additional academic support
- o I'm unfamiliar with how to use technology
- o Other. Please, explain.

8. Do you feel that your child with a disability is learning meaningfully compared to your children without disabilities during this time when schools are closed due to COVID-19?

- o Yes
- o No
- o Somewhat
- o Not sure

9. Does your child have access to the health services needed during this time (tick all that apply)?

- o Every day health services (i.e. primary care physician, health clinics, etc.)
- o Specialized health services (i.e. specialists' appointments, etc.)
- o Emergency health services (i.e. ambulance or emergency room facilities)
- o Allied health services, like physical therapy
- o Remote access (i.e. virtual physiotherapy)
- o Community care services

- o No, it is very difficult to get access to health services during COVID-19
- o Other. Please, explain.

10. What kind of supports do you have to help take care of your child with a disability during COVID-19 school closures?

Support	Yes	No	Somewhat	Not sure
Financial support (for medical, therapeutic and learning needs)				
Physical support (for activities of daily living, etc.)				
Emotional Support				
Support from teachers- to guide thru lesson plans, school tasks and/or online classes				

11. What is the most important kind of support needed for you and your children during COVID-19? (open ended)
12. Given the current circumstances, how would you rate the education response to children with disabilities from 1 to 5?
13. Given the current circumstances, how would you rate the social response to children with disabilities from 1 to 5?

TEACHERS

14. What type of classes do you teach?
- o Mainstream inclusive class with children with disabilities studying along their peers
 - o Special class comprised only of children with disabilities (a variety of disabilities)
 - o Special class comprised only of children with one type of disability
15. What type of functional difficulties do the children you work with have (Please tick all that apply)?
- o Hearing
 - o Vision
 - o Learning
 - o Mobility
 - o Communication/Comprehension
 - o Emotions (anxiety/depression)
 - o Other
16. What level of education do you teach?

- o Early childhood
- o Primary
- o Secondary
- o Tertiary

17. While schools are closed during COVID-19, do your students with disabilities have access to:

	Yes	No	Not sure
Radio			
Television			
Mobile Phone			
Smart Phone			
Tablet			
Computer			
Internet			
Other. Please specify.			

18. While schools are closed during COVID-19, do your students have access to the accessible learning resources and services they need (click all that apply)?

	Yes	No	Not applicable
Braille Materials			
Plain Language Materials			
Large Print Materials			
Sign Language Interpretation			
Closed Captioning			
Audio Formats			
Transcripts of Audio Services			
Visual/Tactile Aids			
E-Readers/ Screen Readers			
Communication Boards			
Books/Printed Material			
Other. Please specify.			

19. In your opinion, what are some of the barriers to accessing the supports your students with

disabilities need to continue their learning?

- ☐ Cost
- ☐ Internet availability/data
- ☐ Lack of assistive devices
- ☐ Lack of accessible materials
- ☐ Lack of personal assistant
- ☐ Other

20. Do you feel that your students with disabilities are continuing to learn during this time when schools are closed due to COVID-19?

- ☐ Yes
- ☐ No
- ☐ Somewhat
- ☐ Not sure

21. Do your students have access to the health services needed during this time (tick all that apply)?

- ☐ Every day health services (i.e. primary care physician, health clinics, etc.)
- ☐ Specialized health services (i.e. specialists' appointments, etc.)
- ☐ Emergency health services (i.e. ambulance or emergency room facilities)
- ☐ Allied health services, like physical therapy
- ☐ Community care services
- ☐ Other
- ☐ Not sure

22. Do you feel like you have the supports you need to continue helping your students with disabilities learn compared to your students without disabilities during this time?

- ☐ Yes
- ☐ No
- ☐ Somewhat
- ☐ Not sure

23. If not, what additional supports would help you during this time to teach your students with disabilities effectively?

- ☐ Internet availability at my home
- ☐ Internet availability at my student's homes
- ☐ Availability of devices to connect with my student
- ☐ Students don't have access to devices at home
- ☐ Students don't have accessible materials at home
- ☐ Personal assistant/teacher aide to support child
- ☐ Parental/caregiver support
- ☐ Unfamiliar with how to use technology for distance learning
- ☐ Other

24. In your opinion, what do you think that your students with disabilities need the most during the COVID-19 school closures other than education?

- ☐ Access to safe secure home environment
- ☐ Information about COVID-19 and its prevention in easy, accessible formats
- ☐ Access to WASH (clean water, basic sanitary toilets, good hygienic practices like hand washing with soap)
- ☐ Access to medical services
- ☐ Access to nutrition
- ☐ Mechanisms to support parents, caregivers and families
- ☐ Access to rehabilitation services

25. Can you give examples of good practice in the inclusion of children with disabilities in the COVID-19 response to education? Please share your experiences, if relevant. (open ended response)

26. Given the current circumstances, how would you rate the education response to children with disabilities from 1 to 5?

27. Given the current circumstances, how would you rate the social response to children with disabilities from 1 to 5?

PERSONS WITH DISABILITIES

28. What type of functional difficulties do you have (Please tick all that apply)?

- ☐ Hearing
- ☐ Vision
- ☐ Learning
- ☐ Mobility
- ☐ Communication/Comprehension
- ☐ Emotions (anxiety/depression)
- ☐ Other

29. Given your lived experience of disability, how confident are you that children with disabilities are receiving education and support during the COVID-19 lockdown?

- ☐ Very confident
- ☐ Somewhat confident
- ☐ Not at all confident

30. As a person with disability, if you were a child with a disability trying to continue your education during COVID-19, based on your specific needs what technology would be most useful to continue your education?

	Yes	No	Not sure
Radio			
Television			
Mobile Phone			
Smart Phone			
Tablet			
Computer			
Books/Print Materials			
Other. Please specify			

31. As a person with disability, if you are a child with a disability trying to continue your education during COVID-19, based on your specific needs, what materials/services/devices would be most

helpful to you to continue learning?

- ☐ Braille Materials
- ☐ Plain Language Materials
- ☐ Large Print Materials
- ☐ Sign Language Interpretation
- ☐ Closed Captioning
- ☐ Transcripts of Services
- ☐ Audio Formats
- ☐ Visual/Tactile Aids
- ☐ E-Readers/Screen Readers
- ☐ Communication Boards
- ☐ Other. Please specify

32. What are the supports you would suggest to enable children with disabilities to continue their education during this time of school closures? (open ended response)

33. Do you have any particular concerns about girls with disabilities during this time? (open ended response)

34. Can you give examples of good practice in the inclusion of children with disabilities in the COVID 19 response to education? Please share your experiences, if relevant. (open ended response)

35. Given the current circumstances, how would you rate the education response to children with disabilities from 1 to 5?

36. Given the current circumstances, how would you rate the social response to children with disabilities from 1 to 5?

GENERAL QUESTIONS

37. What challenges do you expect children with disabilities to face once schools reopen? How do you think these can be best addressed? (open ended response)

38. What other concerns do you have regarding learners with disabilities in the COVID-19 response? (open ended response)

THE SURVEY IS COMPLETE



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