

From Rights to Realities: Confronting the Challenge of Educating Persons with Disabilities in Developing Countries

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Abstract

The Convention on the Rights of Persons with Disabilities (CRPD) has been the catalyst for countless national policies around the world which focus on increased participation of individuals with disabilities in educational and community settings. Despite these national and international policies, most children with disabilities in developing countries are out-of-school. This manuscript examines local factors which make it difficult to address the needs of individuals with disabilities in developing nations. We begin by describing the link between global poverty and disability and a summary of relevant international agreements. We then describe common barriers to the realization of these agreements that have been reported in a number of studies. In addition to relevant literature on this topic, we highlight examples that have emerged from studies conducted in El Salvador, Ethiopia, and Liberia to illustrate salient issues about the topic. The studies revealed some common barriers to educational access that are consistent with the relatively limited literature conducted in local contexts. Recommendations for addressing these challenges include focusing on public acceptance and awareness, seeking community voice, connection, and support, providing training that is practical, functional, and widely available, investing in systems for transportation, and improving the overall quality of programming.

Keywords

disabilities, developing countries, inclusion, low and middle income countries, local realities

Introduction

In an effort to address the needs of individuals with disabilities around the world, the Convention on the Rights of Persons with Disabilities (CRPD) has been ratified by 160 countries and has spurred the adoption of national policies designed to assure that individuals with disabilities have the ability to participate in a broad range of educational and community settings. Despite this commitment, there is widespread consensus that progress has been too slow. An estimated 90 percent of school-age children with disabilities in developing countries are excluded from the education system (Filmer, 2008; World Health Organization, 2011; UNESCO, 2015). Disability remains a better predictor of out-of-school status than gender, socioeconomic status or rurality (UNESCO, 2015; Filmer, 2008). The problem is particularly acute in low and middle income countries where an estimated 80 percent of the one billion individuals with disabilities live (Barron, & Ncube, 2010; United Nations Development Programme, 2013). The need is critical, the challenges are complex, and, if not addressed, the goal of universal education cannot be realized. To achieve the aims of CRPD as well as the newly articulated Sustainable Development Goals (SDG), it is critical to better understand the complicated and intersecting array of barriers that prevent children with disabilities from full educational participation.

The purpose of this manuscript is to examine local factors in developing countries that contribute to this challenge. Throughout this paper, we use the terms “developing countries” and “low and lower-middle income countries” interchangeably. While there is some variation with respect to these definitions in the literature, the World Bank describes a developing country as “.. one in which the majority lives on far less money—with far fewer basic public services—than the population in highly industrialized countries.” They include as examples countries “...where the populace is

often hungry and sorely lacks education, where there is a large knowledge gap and technological innovation is scarce” and “where health and education systems are poor and/or lacking and where transportation, potable water, power and communications infrastructure is also scarce...” (World Bank, 2015a, FAQ, “About Development,” para A). Both low and middle income countries are included in this description.

The World Bank (2015b) further defines a low-income country as one in which the Gross National Income (GNI) per capita was \$ 1045 or less in 2014 and a “lower-middle income country” as one in which the GNI was between \$1046 - \$4,125.

We begin by providing general information regarding the link between global poverty and disability as well as a brief summary of relevant international agreements. We then describe common barriers to the realization of these agreements that have been reported in a number of studies conducted in low and middle income countries. In addition to relevant literature on this topic, we highlight examples that have emerged from studies conducted by some of the present authors in three countries (El Salvador, Ethiopia, and Liberia) to illustrate salient issues. We end with recommendations which could be of use in addressing these challenges.

Poverty and Disability

People with disabilities are among the most marginalized people in the world (Baron & Nuebe, 2012). Not only do the vast majority of persons with disabilities live in developing nations, evidence suggests they are more likely to live in poverty

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(Braithwaite, Carroll, Mont & Peffley, 2008; Filmer, 2008; Mitra, Posarac & Vick, 2013). Disabilities can be both a consequence of the “cumulative deprivations of poverty” (Filmer, 2008, pp 149) and a contributor to poverty since the poor use more of their income to obtain services, and disability can prevent individuals and their families from generating income (Mitra, et al., 2013; Mont & Viet Cuong, 2011; World Health Organization, 2011). As a result, the World Health Organization (2011) concluded that, “...disability may increase the risk of poverty, and poverty may increase the risk of disability” (p.10).

In addition, children and youth with disabilities are less likely to attend school (Croft, 2013; Filmer, 2008; UNESCO, 2014). The World Bank has estimated that of 115 million children who were out of school, 40 million had disabilities (World Bank, 2003). Anastasiou & Keller (2014) analyzed data from 143 countries to identify factors that contributed to large disparities in access to education using structural equation modeling. They found that 77.3 percent of the variance in special education coverage was accounted for by gross national income per capita, adult literacy rate, educational variables, and expected years of formal schooling. Moreover, in a study of household surveys from 14 developing countries, Filmer (2008) found that the gap in schooling between children with and without disabilities starts at grade one and continues to widen – even for countries that have achieved relatively high overall enrollment rates.

In considering these conclusions, it is important to note that overall disability prevalence rates vary widely across countries, making cross-country comparability difficult and that the data are particularly weak in low-income countries (Croft, 2013). Mont (2007) found that, “Reported disability prevalence rates from around the world vary dramatically, for example, from under 1% in Kenya and Bangladesh to 20% in New Zealand” (p. 1). This is accounted for in part by differences in definition and identification procedures. As an example, in Liberia, Podzimek (2014) found that

many Liberians believed that the only types of disabilities that exist are blindness, deafness and physical disabilities; anyone with a cognitive disability was simply, ‘crazy’. In a participatory action research study designed to develop an inclusion index, Polat (2011) found that in addition to assessment issues, definitions of disability influenced prevalence rates – such that in Tanzania, Albinism is considered a disability whereas one head teacher described attention deficit disorders, autism and hyperactivity as “western problems” that don’t exist in Africa (p. 56). In El Salvador, learning disabilities and speech and language disorders are not considered disabilities for purposes of statistical reporting at the national level (MINED, 2015). Moreover, it also appears that the availability of programs and services may be associated with higher reporting rates (Filmer, 2008). Thus, an estimated 13 percent of public school students are reported to have a disability in the United States (National Center for Education Statistics, 2015), where there is a broad array of public services and a nation-wide child-find system. By comparison, low and middle income countries often report lower educational participation rates (Abera, 2014; Podzimek, 2014; Sabella, 2015)¹.

Historical Context: Establishing the Right to Education

The lack of school participation for children and youth with disabilities is alarming, particularly since these out-of-school rates persist despite a history of international agreements intended to establish their right to full school participation. The historical trend in international policy development began with the Universal Declaration of Human Rights in 1948 and proceeds through a series of international agreements to the present day with the Convention on the Rights of Persons with Disabilities (CRPD). This historical progression has been described extensively elsewhere (Elder, 2015; Winzer & Mazurek, 2014) and is outlined in Table 1.

Table 1

International Protocols Related to Individuals with Disabilities

Protocol	Year	Key Provisions
Universal Declaration of Human Rights	UN, 1948	<ul style="list-style-type: none"> • Formed basis for international norms and standards concerning persons with disabilities (UN, 1998, p.1) • Established right to education • Informed subsequent international agreements
Convention Against Discrimination in Education	UNESCO, 1960	<ul style="list-style-type: none"> • Advocated for education rights for all persons with disabilities
Declaration on the Rights of Mentally Retarded Persons	UN, 1971	<ul style="list-style-type: none"> • Advocated for education rights for all persons with disabilities
Declaration on the Rights of Disabled Persons	UN, 1975	<ul style="list-style-type: none"> • Advocated for education rights for all persons with disabilities
Sundberg Declaration	UNESCO, 1981	<ul style="list-style-type: none"> • Established right of young children to be included in regular education settings • Addressed need for early intervention • Emphasized role of prevention
World Programme of Action Concerning Disabled Persons (1982)	UN, 1982	<ul style="list-style-type: none"> • Highlighted the high incidence of disabilities in developing countries
Tallinn Guidelines for Action on Human Resources Development in the Field of Disabilities (annexed to above in 1989)	UN, 1989	<ul style="list-style-type: none"> • Encouraged governments to awaken consciousness of potential gains from including persons with disabilities • Urged governments to remove obstacles to full participation
Convention on the Rights of the Child	UN, 1990	<ul style="list-style-type: none"> • Focused on basic human rights of all children • Established right of “mentally and physically disabled children” to receive education in a manner conducive to social integration (Article 23)
Jomtien World Declaration on Education for All (EFA)	UNESCO, 1990b	<ul style="list-style-type: none"> • Urged countries to intensify efforts to make education for <i>all</i> a reality

Standard Rules on the Equalization of Opportunities for Persons with Disability	UN, 1993	<ul style="list-style-type: none"> • Stated that equitable access to education for those with disabilities should be “an integral part of the education system” (Article 3.5) • Encouraged the moral and political commitment of governments to take action toward equalization of opportunities for people with disabilities. • Intends to be an instrument for policy-making and a basis for technical and economic cooperation between countries related to people with disabilities. • The 22 rules cover all aspects of life of people with disabilities and include preconditions for equal participation, target areas for equal participation, implementation measures, and monitoring.
Salamanca Statement and Framework of Action on Special Needs Education	UNESCO, 1994	<ul style="list-style-type: none"> • Stated that “human differences are normal and that learning must accordingly be adapted to the needs of the child rather than the child fitted to preordained assumptions regarding the pace and nature of the learning process” (UNESCO, 1994 p 7)
Dakar Framework for Action World Education Forum in Dakar, Senegal	UNESCO, 2000	<ul style="list-style-type: none"> • Served as a follow-up to the World Declaration on Education for All (EFA) • Established consensus that the world made negligible progress in meeting world’s basic education goals • Established six international “Education for All” goals to be met by 2015
Convention on the Rights of Persons with Disabilities	UN, 2006	<ul style="list-style-type: none"> • Asserted importance of ensuring that individuals with disabilities enjoyed all the rights, privileges and freedoms as others.

Table 1

These international protocols, which have largely been developed by agencies in high-income countries, have been successful in leading some countries to adopt domestic policies establishing the rights of persons with disabilities to education. The CRPD has been particularly important. This international treaty was adopted by the United Nations in 2006 and establishes the human rights of persons with disabilities around the world. It is intended to

protect the dignity of individuals with disabilities. It specifies their rights across a variety of areas including education, health, work and employment, among others and provides a framework for implementation of those rights. The rights of persons with disabilities are also implicit in the recently adopted Sustainable Development Goals (SDGs). The SDGs were recently adopted in the United Nations to serve as a post-2015 development

agenda designed to “to end poverty, hunger and inequality, take action on climate change and the environment, improve access to health and education, build strong institutions and partnerships, and more.” The fourth goal is focused on education and is designed to “ensure inclusive and quality education for all and promote lifelong learning” (UN, 2015, Goal 4: Education). Although the concept of inclusive education is broadly conceptualized in the SDGs, it is widely acknowledged that it is impossible to achieve the goal of “education for all” without addressing the needs of children and youth with disabilities.

Unfortunately, international frameworks are not always suited to the social, cultural, economic, and political climate of individual nations (Bayat, 2014b; Beckman, 2014; Elder, 2015; Joseph, 2013; Polat, 2011). Even well-intended domestic policies do not assure that persons with disabilities can actually take advantage of their rights, particularly in under-resourced countries that are confronting other domestic challenges. Although few follow up investigations have been conducted to determine whether member states actually implemented given suggestions, when Opertti and Belalcázar (2008), studied inclusive policies in eight regions on behalf of UNICEF, they found that policies in all regions related to inclusive education were almost never fully implemented. They noted that the situation “...gives rise to the risk that ‘inclusive education can become rhetoric of education reform (Opertti and Belalcázar, 2008 p. 124).” Thus, while the suggestions and frameworks for international policy implementation reviewed have been powerful, they also offered the opportunity for what Stubbs (1997) termed “indefinite procrastination (p. 1)” as the documents all encourage action if the states had resources. With this in mind, Polat (2011) argued that

“...there is a danger of generalizing and adopting concepts without analyzing local contexts and

perceptions. Such a situation would render subsequent policies and strategies ineffective... (p. 56).” Similarly, Anastasiou & Keller (2014) have argued that globalizing educational policies regarding inclusion frequently neglect critical factors “...contributing to the gap between rich rhetoric and poor reality(p. 364).”

Thus, to achieve educational participation for individuals with disabilities in developing countries, there is a need to understand the reasons that so many school-age children with disabilities do not attend school. Croft (2013) has suggested that a better way of understanding national needs is to begin at “lower levels of the education system” to “break the link between disability and poverty (p.240).”

Approach

To better understand the ways in which local realities serve as barriers to even the most well-intended policy initiatives, this paper integrates the individual work of four researchers conducting independent studies at the University of Maryland as part of a group of researchers focused on the education of persons with disabilities in low and lower-middle income countries. Specifically, we conducted a secondary analysis of in depth case studies conducted by each of the present authors in one of three countries: including El Salvador, Ethiopia, and Liberia. These countries were selected because individual authors had access to cooperating programs and because they are each classified as a low income (Ethiopia and Liberia) or lower-middle income country (El Salvador) by the World Bank. While the specific focus of each of these studies was slightly different, all three countries were sites of independent case studies using ethnographic methods conducted by the present authors. As a result, raw data was available from interviews

and observations available which could be used as a basis for a secondary analysis. In El Salvador, we draw on findings from three separate studies. The first was an ethnographic case study focused on parent perceptions of education in a small rural village (Beckman & Srygley 2014a, 2014b, 2015a; Srygley, 2013). The other was a mixed methods study focused on teacher attitudes about inclusion in one rural department (Sabella, 2015). The third is based on the preliminary findings from a study of parents of children, youth, and adults with disabilities in three rural villages (Beckman, 2014, 2015). From Ethiopia, we draw on the findings of an ethnographic case study intended to examine the beliefs and practices of early childhood teachers toward children with disabilities (Abera, 2014). In Liberia, Podzimek (2014) conducted a case study examining Quality of Life issues for children with disabilities who attended a special educational center in Monrovia.

Each author began by searching major data bases to identify existing literature related to their topic which had been published in peer-reviewed journals since 2004. Data bases included ERIC, Education Research Complete, ERIC, PsycARTICLES, PsycCRITIQUES, Psychology and Behavioral Sciences Collection, PsycINFO, SocINDEX and JSTOR . To better understand the ways in which local realities serve as barriers to even the most well-intended policy initiatives, we reviewed studies that focused on education, services and/or general treatment of individuals with disabilities in low and middle income countries.

After conducting an initial literature review, each author conducted in-depth, case studies using ethnographic methods. The length of the field work in each country varied and ranged from three to ten months living and working in-country. All studies employed a process of multiple interviews with key informants (all were audio recorded and

transcribed verbatim) as well as observations in classrooms and/or community settings which resulted in on-going field notes. In each study, transcripts and field notes were coded using a process of in vivo coding; codes were then combined to create larger categories which became the key themes of each individual study. All used strategies of prolonged engagement, member-checks, peer debriefing and triangulation to assure their study's trustworthiness and credibility as recommended by Creswell (2013).

Based on the findings of these studies, we identified a set of common, preliminary themes that emerged repeatedly as obstacles to the ability of children and youth with disabilities to receive education and other services. Using these preliminary themes as a guide, we each returned to our data to code and identify relevant examples of each theme. The resulting themes were then integrated with existing literature identified in our literature reviews to highlight the common nature of these themes across a number of low and lower-middle income countries.

Challenges in Low and Middle Income Countries

From the preceding overview it is clear that the combined presence of disability and poverty in low and middle-income countries results in a disproportionate number of children with disabilities who are out of school, many of whom receive no services at all. In this section, we discuss common local issues which hinder progress toward educational participation for children and youth with disabilities.

The Quality Challenge

Regardless of whether children do or do not have disabilities, overall educational quality is a widely acknowledged barrier to achievement and is, in general among the foremost concerns of the international community as it moves to

address stalled progress in achieving both the EFA and MDG goals (UNESCO, 2014). While international efforts to achieve these goals have helped provide access to primary education for a growing number of children, the task is not complete and there is widespread consensus that there needs to be more emphasis on quality (UNESCO, 2014). The quality issue is massive and of particular concern in low and middle-income countries. Altinok (2012) reported data on learning outcomes suggesting that in many developing countries students are not acquiring even the most basic skills. Of the 250 million children who still cannot read, write, or do basic math, 130 million of those are actually *in school* (UNICEF, 2014). Moreover, educational quality is of particular concern when it comes to already vulnerable children and is believed to disproportionately affect children with disabilities (Winzet & Mazurek, 2014).

While a full review of the quality challenge is beyond the scope of this paper, it is an ongoing problem which undermines efforts to serve children with disabilities and facilitate their participation in inclusive settings. For those with disabilities, the need to remove barriers to participation, adapt curricula, materials and equipment as well as to assess and address individual learning needs is complicated by more general challenges. General quality challenges include: inadequate facilities; deteriorating, sometimes dangerous infrastructure; lack of electricity, water and sanitation; lack of books, didactic materials and equipment; overcrowding; high student-teacher ratios; teacher absences; and lack of teacher training (Opertti & Belalcázar, 2008; Polat, 2011; UNESCO, 2014). The myriad of problems facing public education systems in low and lower middle-income nations adds a layer of complexity to the goal of providing education and accommodations for those with disabilities.

The story of a small mountain village in rural El Salvador (Beckman and Syrgley, 2014a,

2014b, 2015; Syrgley, 2013) illustrates the way such issues can impact student learning. The authors studied the village, La Secoya² for an 18 month period, conducting focus groups, open-ended interviews with parents, children, teachers and NGO personnel as well as conducting observations in the classrooms. The school in La Secoya had two teachers who served 60 children from preschool through grade six. Holes in the roof permitted rain to flood classrooms during the rainy season. These concerns had been reported to the Ministry of Education more than a year before, and at the time of this study, had not been repaired. Although the latrines had been recently replaced because they were old and unsanitary, the new ones were too shallow, which contributed to a stench, and they were too large for younger children who were at risk for falling in. One father described the school as “*neglected*” and “*a thing forgotten*” (Syrgley, 2013, p. 89). While neither families nor teachers knew why, researchers speculated that chronic underfunding of education in addition to the size and remoteness of this small school were at least part of the explanation.

Teacher absences in La Secoya were common; in one 60 day period one teacher was absent for 19 days. With no system for providing substitutes, class was either canceled (sometimes after the children had made a long walk up a mountain) or children arrived to a handwritten “*lesson*” taped to the wall which they were told to copy. In some instances, grades were combined or a teacher would move between different classrooms, leaving one of the classrooms unattended. There were few books and virtually no other didactic materials. Classroom management was poor with children wandering in and out of class at will, sometimes playing marbles, climbing trees outside or playing in the trash pile during lessons. Discipline methods included shouting, humiliating children, and corporal punishment (e.g., hitting children, pulling their ears).

Far across the globe, Podzimek (2014) conducted a case study of a school in Liberia that served children with disabilities. Teacher absences were a problem in the public school here as well. Because Liberia lacked a nationwide banking system, teachers had to leave the classroom for up to a week to travel to get a paycheck. Schools for children with disabilities basically became orphanages which had numerous quality challenges. One participant described them saying, “all these [boarding] schools maintain unacceptable standards as far as education, as far as security, as far as abuses, as far as care, they should be closed (pp. 69 - 70).” A single, government school for children with disabilities served children with visual impairments and it became more of a poorly run, government orphanage, than a school.

Abera (2014) reported that teachers in an inclusive early childhood program in the capital of Ethiopia lacked basic teaching materials. One teacher pointed to the lack of materials, noting that teachers had no guide or reference materials to help them teach appropriately. A school director noted that children with disabilities were often excluded from regular schools because of a lack of resources.

Such contexts do not meet the most basic needs of children in general, let alone the needs of children with disabilities. Croft (2013) has argued that “...disabled children are likely to be particularly badly affected by poor quality schooling. A dearth of textbooks or poor quality chalkboards will, for example, affect all children’s education, but they are likely to disproportionately impact the ability of deaf children and children with low vision to learn (p. 236).” Examples that illustrate Croft’s point are numerous: books in Braille will almost certainly not be available in a classroom that has no books at all; a child who needs routine and structure to address attention needs will not thrive in an environment in which teachers are absent and where children enter and leave classrooms at

will; and a child who needs someone to assess individual learning needs will have difficulty getting that in overcrowded classrooms with teachers who have no access or knowledge of classroom assessments; and most certainly, children who are being abused and neglected will not thrive.

Thus, in considering the education of students with disabilities in developing countries – it is clear: the challenge beneath the challenge is the general quality of education. Children with disabilities need high quality educational environments that include flexible curriculum strategies which can be adapted to the needs of various learners, classroom based strategies to identify needs of struggling learners, access to relevant learning materials; a responsive curriculum that fosters relevant and participatory learning (Croft, 2013; Elder, 2015; UNESCO, 2014).

Teacher Training

Central to the issue of quality is teacher training. One of the most consistently identified challenges to better serving children with special needs is a lack of available personnel who have the training to work with them effectively (Johnstone & Chapman, 2009; Polat, 2011; Operti & Belalcázar, 2008; UNESCO, 2014, 2015; WHO, 2011). Indeed, even in the United States where there has been a longstanding effort to promote inclusive education and active efforts to identify and provide services to children with disabilities, lack of training is consistently identified as a key barrier to inclusion (Lieber, et al, 2000). In developing countries, the lack of trained teachers and other personnel is particularly stark, with some countries, such as the Ivory Coast, lacking any teacher training programs (Bayat, 2014b). And UNESCO (2014) noted that the effort to address the high student-teacher ratios that exist in some countries by hiring people without training jeopardizes educational quality in other ways.

The lack of qualified staff and the need for training emerged in some form in all of the countries in which we conducted investigations. For example, the school in La Secoya described previously, faced a myriad of quality challenges – with the quality of the teaching staff being one of the most serious. Outdated teaching practices which emphasized rote memorization and copying predominated. Teachers had no training to work with children with disabilities, no way to assess individual needs, few strategies for helping struggling learners and few skills in behavior management. The treatment of a young girl with learning disabilities, Sarita, illustrates the harm that can result from such inadequate teaching skills. Sarita had failed fourth grade and so her mother, Juanita, explained that she had “accepted” that to help Sarita learn the teacher “hit her hard” (Srygley, 2013, p. 97). However, one day the teacher became frustrated with Sarita and locked her in a *bodega* (storeroom). Not knowing how long she would be locked in the dark room, Sarita became so frightened she started screaming as well as throwing and destroying objects. Once released, she ran home. The teacher did not want Sarita to return, and Sarita refused to go back to school. This incident highlights, in dramatic fashion, the negative impact that a teacher’s lack of skill can have on educationally vulnerable children.

While not all of our studies described such abusive and painful stories, all found that lack of training was tied to concerns about serving children with disabilities. In his study of teachers’ attitudes toward inclusion conducted in rural El Salvador, Sabella (2015) used a mixed methods design which included a survey of primary school teachers, a series of classroom observations and individual interviews with key informants, including teachers, school directors, NGO leaders, an inclusion specialist working for MINED and a department representative of MINED. While teachers understood there was a

national policy which gave students with disabilities the *right to attend school*, they viewed themselves as insufficiently prepared to address the needs of this population. Only eight of the 43 teachers reported having any training in disability or inclusion. Their concerns were similar to those that have been described elsewhere - they feared that students with disabilities would take too much time or could be disruptive and that they as teachers were unprepared to teach. Moreover, the lack of specific disability definitions, the unavailability of assessment instruments, as well as lack of knowledge as to how to use them was a source of frustration. Although a book provided to teachers for the school census provided ten categories that teachers could use to identify types of disability, teachers had never received training regarding the characteristics of these disabilities.

Even in situations where some training had been attempted, teachers felt that it was inadequate. In Ethiopia, Abera (2014) reported that there was a national mandate that teachers take a course focused on special needs which was part of the 2006 Education Sector Development Programme. However, participants described the course as largely theoretical and agreed it did not give them practical skills. One participant stated, “if I had more practical skills training for teaching children with disabilities and resources such as books and teachers guides I would be more successful in teaching all of my students (Abera, 2014, p. 100).” The director of a special school for children with intellectual disabilities from the same study described her impressions of teachers’ preparedness to teach children with disabilities saying,

“That’s not [enough training]! It’s not because they are taking only one; as a common course they are only taking one. I know that all primary school teachers they went through that course. Whenever

they take that course, it is only one course. They are not capable to support these children with disabilities. For example, the types of disabilities are too much. Even they cannot differentiate the children. Theoretically they can learn it at school. Even students of special education who are in college and universities, they are learning theoretically very well. But what they lack is practical skills. Practically, whenever they have to differentiate, they don't have the practical knowledge. One course is not enough for teachers (p. 133)."

Teachers described children with disabilities as "naughty", "lazy", "disruptive", and "not smart". Many said they needed to be "pushed more" or that they needed "discipline" (p. 147).

Finally, in Liberia, Podzimek (2014) reported that in the NGO in which she conducted her study, there were only two people who had any training related to disabilities. There was little training available and, the Ministry of Education would not permit teachers to attend training if took place during work hours. An employee from an international development agency that was trying to train Liberian teachers noted that even when in-service training was offered, teacher trainers did not have the time to complete the module on children with disabilities within the time frame provided by the government.

Thus, although the need to accurately identify and assess individuals with disabilities is a critical component of providing services to this population, teachers in developing countries have little training and few if any strategies to assess individual learning and social needs and to develop adequate accommodations for those needs.

Reconsidering Accessibility

Even the best trained teachers cannot be help however, if children are not in school because they cannot access it. In developed countries, concerns about accessibility usually center on the ability of children and youth to access schools, classrooms, places of employment and other public buildings. In developing countries, these concerns are often overshadowed by larger issues which extend far beyond the extent to which school buildings are accessible.

Additional barriers are found in the home and community, in the ability of children to *get to* a school or to any kind of a therapeutic program as well as the accessibility of the school itself.

Accessibility in Home and Community

When families and whole communities lack even the most basic infrastructure such as roads or water, day-to-day life presents major obstacles that are rarely encountered in more developed nations. Preliminary reports from a study focused on families of persons with disabilities in economically impoverished, rural areas of El Salvador illustrate how difficult it can be for families just to provide care for their children at home (Beckman, 2014, 2015). In one village, Lucia, a smiling, highly social 18 year old with physical disabilities could not walk and spent most of her day sitting in a plastic chair or in a wheel chair that had been provided by an NGO. The cobblestone road leading into her village was in ill-repair – a mix of protruding rocks and holes. It required residents to walk or, very rarely, get a ride in the back of a truck. The array of small homes made of adobe, metal, and cinderblock were scattered and connected by a few winding paths. These conditions made it difficult for Lucia to move around or leave. She rarely left home, had never been to school, and spent most of her day waiting for someone from the family to come home. Daily tasks such as using the family's outdoor latrine required

someone in the family to carry her up three steep stairs.

In the same village, 20 year old Benicia had been born with hydrocephalus and had also been given a wheelchair by an NGO working in the area, but it did not fit through the entrance to her family's tiny adobe shelter. While her mother had hoped the wheelchair would be useful to take Benicia out of the house, it was difficult to maneuver across a rutted, rocky path to visit relatives who lived nearby. When Benicia was born, her single mother took her to a local hospital for physical therapy, but that had become increasingly difficult as Benicia got older because she could no longer carry her. Like Lucia, Benicia had never been to school and could no longer go to physical therapy in a nearby town. Her mother fed the family by raising corn and beans in a rented *milpa* (field) and had a job at an agriculture cooperative in the nearest town, so she often had to be away from home, something that was a particular concern because Benicia had seizures that were not completely controlled. When both her mother and teenage brother had to be away from home at the same time, they placed Benicia in a position so that she did not injure herself if she had a seizure and asked neighbors and family members to check on her.

In Liberia, Podzimek (2014) found that many parents who had children with physical disabilities reported that although their children enjoyed helping them in the kitchen, parents forbid them to work there for fear they would get hurt. Some families wanted the special center to have a boarding school so that their son or daughter could live there rather than at home because families didn't feel equipped to care for their child at home. Just having access to a home was difficult for some families; one family had been evicted because the property owner discovered that their daughter, Terri, had epilepsy. The eviction cascaded into further difficulties: Terri's mother had to work longer hours selling

fish in the market and finally stopped sending Terri to school because she could not walk with her and was afraid Terri would get lost.

Distance and Transportation

For individuals like the young women described above, accessibility *in* school is of little consequence, if they cannot get *to* school in the first place, a challenge that individuals with disabilities often face in low and lower-middle income countries (UNESCO, 2014; World Health Organization, 2011). In every study that we have conducted in rural El Salvador (Beckman, 2014, 2015; Beckman & Srygley, 2014, 2015; Sabella, 2015; Srygley, 2013), distance and transportation were barriers because they made getting to school or other activities difficult, time-consuming, and costly. Since people with little income typically go to and from work, school, the market, clinics and other activities of daily life by walking, standing in the bed of crowded flatbed trucks, hitching a ride in the back of a pick-up, or riding overcrowded public buses, mobility issues are an immediate obstacle. The problem is difficult enough for all families when children are young, but becomes unmanageable as those with disabilities become older, bigger, and more difficult to move or carry. Additionally, in El Salvador, prior to 9th grade, school is half day. Though some more populated schools have both a morning and afternoon session (serving different children), morning sessions start at 7:30 AM requiring children who live far from school to rise before dawn and begin their daily journey in the dark.

The cost of transport presents yet another barrier for families that cannot afford the fare, particularly if they have multiple children in school or must do this every day. If another family member needs to accompany the student, it not only doubles the cost, but can require an hour or more of travel each way – requiring families to choose between that and earning income. In such cases, parents who faced the

choice between school and the family's survival usually removed the child from school.

For Lucia and Benicia's families, going to school or a medical or therapeutic appointment required their single mothers to physically carry their grown daughters down a steep, narrow, trail and eventually to an unpaved road where they would have to walk at least a half an hour to a bus stop. The wheelchair was impossible to manage on the trail and difficult at best to manage on the unpaved roads. To catch the bus or a truck, they needed to climb aboard the vehicle with the chair and their daughter, and then get their daughter from the bus stop to a hospital, clinic or program where they could receive services. Once there, public clinics and hospitals often required long waits in crowded corridors. While parents might overcome one such obstacle, the combination of distance, difficulty and cost was often more than they could manage on a regular basis and most of the parents we interviewed eventually gave up.

Similar conditions were found by Sabella (2015) in his case study of an economically impoverished rural department in El Salvador. Of the 43 teachers who responded to his survey, 11 identified distance to school or lack of transportation as barriers to inclusion. Many teachers felt that the special school was a better option because they did not have sufficient training; however, they acknowledged that the difficulty and cost of getting to the closest special school for most children in rural communities was too much. The closest special school was in the department capital which was 20 to 30 minutes by bus along the main road. Many rural families lived an additional 30 minute to 1 hour walk from that road. When asked why children might not go to the special school, Hector, a teacher who lives in the department capital and was proud to own a motorcycle which he rides 25 minutes to his school each morning said that children don't go "because of the distance and the economic resources of the family."

In the same study, Sabella met a teacher, Elena, on the side of the road where she gets off the bus early in the morning and accompanied her on remainder of her hour long journey to school. They walked across corn fields and slid through gaps in the fences to arrive on a dusty, rocky path. From there, they climbed up a hill to get to her school. Elena thought that educating children with disabilities in the community where they lived could be good because the cost and time for parents to take them to this school was too difficult. Similarly, when an inclusion support teacher in the department was asked about children who might not attend school, she responded that the distance to any school could be a problem. Her school was on the main road that connects the municipality to the department capital and served children from various communities. For many children, school could only be accessed by unpaved roads that wind over and around the hills and fields of the rural area often at least a half an hour walk.

In La Secoya, 14 year old Sarita was one of two children in her family who had learning disabilities. Her 23 year old brother had dropped out of school many years before without learning to read and write. After family removed Sarita from school in La Secoya, her mother, Juanita, wanted to send her to another school in a nearby town which was for children with disabilities, but she had neither the money nor the time to do that.

The situation for children in rural Ethiopia is similar where an estimated 80 percent of people live in rural areas and have no access to education (Abera, 2014). Many children are out-of-school because the distance from home to school is too great or because they need to work to generate income (Teferra & Altbach, 2004). At the time of Abera's study, few educational programs in Ethiopia served children with special needs. Most schools serving children with special needs were private and located the capital. In addition, the majority of programs for

children with disabilities only served children who were blind or deaf.

Likewise, in Liberia, Podzimek (2014) reported that the lack of paved roads and distance to the school made it difficult for children with disabilities. One participant with a physical disability could walk, but had difficulty because his legs bowed in and his knees knocked together. Walking from the school to his father's workplace was challenging, requiring multiple stops to rest and he had to be carried over an unstable "bridge" that he would not be able to navigate alone. Sometimes when he walked alone his shoes were stolen.

Accessibility at School

In high income countries, accessibility at school typically refers to either physical access to the school building and/or access to the curriculum. Physical access refers to infrastructure changes (e.g. ramps, wider doors, adapted bathrooms) that maximize the child's ability to participate. Access to the curriculum generally refers to a range of modifications and accommodations to lessons and activities so that the child can participate in teaching activities offered to other students (e.g. availability of adapted materials, communication boards, etc.). Both types of accessibility present challenges in poor countries. Unfortunately, for countries that have difficulty maintaining even the most basic school infrastructure, concerns about accessibility for children and youth with disabilities is often last on the list of priorities for schools. In such a context, the likelihood of acquiring funds to make the building accessible for students with disabilities is unlikely.

Examples of school-based accessibility problems were found in all of our studies. For example, a preschool teacher participating in the Sabella (2015) study had a classroom that was several steps down the hill from the bathrooms, which was also a flight of stairs down from the school entrance and main classroom building

with no ramp for children with mobility difficulties. Similarly, the participants in Abera's (2014) study reported that school buildings and facilities did not effectively include children with disabilities. The director of a special school noted that while government-run, general education schools were supposed to be inclusive they "are not appropriate or supportive of children with physical disabilities" (Abera, 2014, p. 144). She further described these schools saying,

"The government says that it is inclusive, but when you enter in one school compound, even starting from the compound [the school gate] it is not inclusive. It is not inviting. Even the road and, nowadays this four story building, is not accessible for them. And it is hindering the children from school. (p. 144)"

Participants felt that teaching children with and without disabilities in the same environment was best for students "only when schools have the appropriate resources for children with disabilities, including accessible facilities and accommodating learning environments (p. 144)."

And, in Liberia, Podzimek (2014) described a newly built school that did not have ramps or latrines. The students were forced to go to the bathroom in the bushes nearby. Another public school had one ramp to the school, but the principal reported that the ramp was too steep for a student with a wheel chair to go up on his or her own.

Attitudes, Beliefs and Social Stigmatization

While many of the barriers to participation described above are physical and educational, deeper beliefs and cultural practices are among the most pervasive factors that contribute to social exclusion (Abera, 2014; Bayat, 2014a,

2014b, 2015; Elder, 2015, Kalyanpur & Gowraman, 2007; Polat, 2011, Sabella, 2015; Teferra & Altbach, 2004). The complex nature of such belief systems has been well-described by Bayat (2015) who emphasized the importance of the connection between how people in a culture view disability and the subsequent treatment of individuals with disabilities. In describing her ethnography concerned with attitudes toward people with disabilities in Cote d'Ivoire, she noted that there are common beliefs which derive from a "folk religions" (p. 4) worldview (e.g. animism) that explain phenomena in terms of natural spirits -- including understanding of the source of all problems and disharmony. From this perspective, illness and disability are seen as caused by an evil spirit, bad behavior, or a curse. She described the concept of a "snake child" through the stories of participating professionals and parents. In some parts of the country, some motor and intellectual impairments (such as the hypotonicity associated with Down syndrome and some other disabilities) were explained by the view that the children were "snakes" (also as "cursed", "evil", "a witch") because of the motor delays they exhibited (e.g. lack of head control, crawling in order to move) or because they behaved in ways that the villagers didn't understand. Bayat suggests that this worldview may explain the treatment of individuals with disabilities who are sometimes abandoned and left to die or even killed. Those who survived were allowed to live in the community "without any noticeable human dignity (p. 8)." Even teachers expressed doubt as to whether the child had real emotions, interests or capacity to learn. Although nearly all of her study participants claimed that they did not believe in the concept of 'snake children' any longer, many simultaneously acknowledged that they accepted it because the majority of others in the culture did. Perhaps indicative of this view, 93 percent of the participants acknowledged that they disciplined and taught

children with disabilities using methods such as "beating" and "shouting" (p. 8).

Similar contradictions were identified by Abera (2014) who found that beliefs regarding persons with disabilities in Ethiopia were often "complex and conflicting" (Abera, 2014, p. 105). There, disability is often seen as a curse from God or an evil spirit given to a person by an enemy (Teferra & Altbach, 2004). Some families were ashamed to have children with disabilities, and lived their whole lives at home without their neighbors ever knowing they were there. Teachers in her study acknowledged the presence of "traditional" beliefs regarding notion of evil eye, curse, a punishment, or witchcraft as common explanations for disability in Ethiopia. Although most indicated they "reject this belief" (p. 135), many did not rule out supernatural causes.

Like Bayat (2015), Abera also found that teachers' views about the nature of disability were often tied to spiritual beliefs and ultimately to the treatment of individuals with disabilities. In this case, however, the school was sponsored by the Ethiopian Orthodox Church which taught that persons with disabilities were "children of God requiring pity or alms (p. 103)." The need for pity or alms sometimes led to the belief that persons with disabilities needed charity and did not need education or social services. Abera observed instances of teachers giving alms to those who were begging. In one case, a teacher who had indicated that she rejected traditional beliefs was still careful not to touch a person with disabilities as she was giving alms. When asked, she explained that people did not touch beggars so they would not get sick. Other participants described instances in which children were deliberately injured to provide a source of income from begging. Additionally, Abera described a widely held belief that a child could become ill or disabled if a family member failed to fulfill religious obligations and that "...evil spirits or the devil can attack a person not wearing a crucifix or traditional amulet

containing herbs under their clothing... (p. 108).” Even though all teachers at Abera’s primary site had taken a required course at a local university where they had discussed the causes of disabilities, all wore such crucifixes. Another noteworthy finding was that even when teachers ascribed natural or genetic causes to visible disabilities such as visual, hearing and physical impairments, children with less visible impairments were often described in more derogatory ways as “lazy”, “naughty”, “not smart”, even when teachers were open to their participation in a general education classroom. Additionally, some families were so affected by the stigma and social exclusion associated with disability, that they considered allowing children to die. One participant described the story of a family in a rural area of Ethiopia who deliberately left the child near a live electrical wire, saying “What can we do? We can’t kill her. She is eating. She is toileting here. She can’t go to school. We are helping her. She is dependent on us. If we kill her we are criminals. But if unintentionally she touches this electric shock she might die. We prefer this opportunity (Abera, p.130).”

Likewise, Podzimek (2014) found that although the special school she studied in Liberia aspired to inclusion, parents of children without disabilities would not send their children. Here too, religion had a strong influence in that some Liberians also believed that the disability is the manifestation of a curse placed on the family for past wrong-doings. Parents took children to spiritual healers “to solve the problem of disability (p. 197).” In general people with disabilities were viewed as unable to do things independently and in need of charity. Even in this very poor country, the only people begging were those with disabilities. Families commented on the money their children brought home from begging with one participant describing the money as a sign of love from the community. Many children in the

school had been overtly discriminated against. For example, prior to attending the center, one child roamed the community, where he was accosted or attacked. He often had his shoes or cane stolen. His father finally stopped buying his son shoes without holes because they were just stolen. And as described previously, Terri’s family was evicted from their home because she had epilepsy.

In El Salvador, while Sabella (2015) did not find that disability was believed to be a curse, one NGO staff member who ran after-school programs for children in rural villages, described a family from her small village who had a baby with Down syndrome. She said, “They did not want people to know, for fear of rejection or fear that they will make fun... they think it is a disease, a sentence for life... they see it as a punishment from God.” Another professional who provided tutoring and therapy to children with disabilities through a different NGO said,

“The society really stigmatizes people with disabilities. Then this often makes the family feel protective of the children... out of fear. Because of this lack of knowledge about people with disabilities, they do not go to school. And because of the disability, the family says, Why they going to go? What will they learn?”

A representative from the Ministry of Education said of families of children with disabilities who did not go to school that they saw their child as “...rare, something strange and therefore they must, hide them really, and must be stash them away.”

Summary

While these studies each had a somewhat different focus and were conducted in different countries, they revealed remarkably similar challenges which are consistent with the relatively limited literature that has been

conducted in local contexts. They do much to explain why it has been so difficult to address the needs of individuals with disabilities despite the existence of international initiatives focused on universal education. It is important now to move to the next step, in which targeted efforts to address local challenges are initiated.

Recommendations

Many of the overarching issues that face individuals with disabilities in developing countries are all too familiar - issues of public acceptance, physical access to school, and better preparation for teachers. While similar issues are confronted by wealthier nations, in developing nations, the intersection of poverty, disability, and culture creates a complex set of interrelated challenges. While international declarations have set a foundation of good intentions and protocols have spurred some action, these are not sufficient to address the challenges that exist in the poorest countries around the world.

The Global Campaign for Education (2014) has emphasized that education must be “equitable, inclusive, and free” to achieve universal education and has emphasized the need for concrete steps to “...overcome all forms of discrimination, including those based on disability, gender, race, ethnicity, religion, language, sexual orientation and/or socio-economic status (p 1).” The question for the international community is how to grapple with the disconnect between this laudable goal and formidable local challenges. Bayat (2014a) argues that, given the challenges that face most of the world, inclusion as we think of it in economically developed countries such as the United States is “not within reach for the majority of the world (pp 278).” She makes a case for what she describes as “inclusion in small measures (pp 278)” to help create equal access to education. In this section, we identify five areas in which steps to overcome these barriers may prove useful.

Focus on Public Acceptance and Awareness

At its core, the participation of individuals with disabilities in schools and communities requires that their rights are acknowledged and respected, that their abilities are recognized, and that barriers to their social and educational participation are removed. Communities are not likely to do any of these things until negative cultural perceptions of disability are addressed. Polat (2011) has noted that values, culture, and attitudes can be as much of an obstacle to the participation of persons with disabilities as lack of resources and that changing such attitudes in the community as well as among professionals is an essential component of achieving inclusive education in developing countries .

Whether lack of acceptance is grounded in deeply rooted cultural and religious beliefs or simply represents a lack of understanding as to how persons with disabilities can participate, there is a need to create a positive vision that promotes understanding and acceptance. In the United States, public awareness campaigns have been used successfully to promote a range of domestic agendas. Similar campaigns which shine a light on misunderstandings associated with disability could be a positive step towards promoting empathy and social acceptance. Opertii and Belalcázar (2008) argue that awareness is necessary to change exclusionary practices and promote sociocultural change. Additionally, Abera (2014) suggests that that raising awareness about disabilities may lead schools and professionals to develop better ways of identifying children with disabilities so that they can gain access to services.

With this backdrop, how can public awareness campaigns be used to promote such acceptance? Bayat (2014a) recommends directing community awareness campaigns on multiple audiences, including typically developing children, parents, teachers, as well as community and business leaders. Though

messages and delivery platforms must be adapted to local settings, a number of different dimensions could be targeted. Where people fear that disabilities are contagious, the result of a curse, or where people believe that those with disabilities should be hidden away or feared, campaigns focused on better understanding the causes of disabilities and reducing fears may reduce the stigma and shame experienced by individuals with disabilities and their families. Such campaigns might highlight abilities and contributions of those with disabilities rather than on what they cannot do. Other campaigns could be directed specifically at persons with disabilities and their families and might focus on their rights as well as on information as to how and where they can find services and other forms of support.

Seek Community Voice, Connection, and Support

While participation in school is one form of inclusion, it is also important that children and youth with disabilities can leave their homes, know their neighbors, have friends, participate in the life of their village, and find protection and support within their communities. Elder (2015) notes that without buy-in from communities, “unrealistic mandates handed down from bureaucrats will be ineffective (p. 23).” Like public awareness campaigns, other forms of intervention must be grounded in local priorities, concerns, and conditions in order to be effective. The importance of obtaining community input and engaging community members in subsequent planning has been advocated by a number of authors who have written about services for children with disabilities in low income countries (Bayat, 2014b; Elder, 2015; Polat, 2011).

Assuring participation in community life might be a more immediate way to address issues of social and educational exclusion than an exclusive focus on inclusion as it is defined

and practiced in wealthier countries (Bayat, 2014b). For children in remote areas, the need for locally based alternatives to promote social participation is essential and may serve as a step to full inclusion. Non-formal education has been described as a potential pathway to educational inclusion (Opertii & Belalcázar, 2011; UNESCO and UNICEF, 2015). The La Secoya community in El Salvador offers an example of the importance of such opportunities. Although both Sarita and her brother had learning disabilities, both had failed numerous times in the local school and had eventually dropped out of that school. However, both were active and regular participants in the “biblioteca”. This small rural community library was sponsored by an NGO and served by a local mother who received monthly training and support from the NGO staff. It provided books, computers, and educational activities at no charge in a community where none of these were available. Activities at the biblioteca were participatory and fun. The library was also inclusive in that they supported academic achievement while not dividing children according to grade or ability.

A variety of other mechanisms have also been suggested, such as establishing resource centers in rural areas or adapting community-based rehabilitation models, all of which focus on the importance of engaging families and community members as well as training local personnel to carry out programs (Charema, 2007). Additional options might be to adapt a process that has been described and recommended by numerous authors, that is to create circles of support for persons with disabilities and their families (Elder, 2015; Falvey, Forest, Pearpoint & Rosenberg, 1997). Working together, participants might support their friends, family members and neighbors by as accompanying a child to a local event, protecting them from being bullied or ostracized, inviting them to community

functions, working together to build a ramp, making friendly visits to the family, and so on.

Since the extent to which such strategies are useful depends on local circumstances, actors at the grass roots level must be engaged in the planning process. An interesting approach was described by Elder (2015) who described the use of a “country-centered plan” in Kenya. This plan was modeled off of the person-centered plans that have been adopted in the United States which “puts the individual with a disability at the center of the strength-based planning process (p. 23).” The goal of Elder’s country-centered plan was to develop cooperation between governments, schools, communities in Kenya and which focused on strengths, challenges, short and long-term plans of action. In addition to being useful at a country level, such a process might be further adapted to small communities to get at the challenges that are unique to that particular community. For example, while La Secoya shares many problems that are common in El Salvador, several characteristics of the community create a specific set of conditions: it is situated near the top of a mountain; families are spread between five “neighborhoods” which are somewhat distant from one another and vary in terms of the extent of the poverty; the village has a social structure that is based in neighborhood and kinship networks; the school suffers from multiple quality issues and the community was resettled after a civil war that forced many villagers to fight or to flee. The strategies that may be needed to promote community participation in this context may differ from a community located in the heart of San Salvador and may not be fully understood by officials in El Salvador’s Ministry of Education.

Provide Training that is Practical, Functional, and Widely Available

It is difficult to find any literature focused on inclusion of children with disabilities that does not cite the need for training and personnel preparation both at the pre-service and in-service levels (Charema, 2007; Operti and Belalcázar, 2008; Polat, 2011; UNESCO, 2014, 2015). However, the focus of such training is critical. In our own work (Abera, 2014; Sabella, 2015), in countries as diverse as El Salvador and Ethiopia, informants consistently expressed a need for training designed to help them assess children’s specific needs and then address those needs in the classroom. Practical training in the use of classroom-based assessment, participatory teaching strategies, classroom management, and positive behavior management would help teachers meet learning needs for all the students in their classroom. In addition, teachers need strategies to help them address specific functional, behavioral, communication and learning needs of children (e.g., using pictures and signs to communicate, identifying alternatives to disruptive behaviors, structuring the environment).

In addition to the content of training, another issue is the availability of training. In some instances trainings were described in which only one person in a school was permitted to attend (Sabella, 2015). In others, special education training had only begun to be offered and/or required for trainees at in recent years, so teachers who had been working for many years had not had a special education course (Abera, 2014). In Liberia, no training was offered because of the lack of teachers in the country made it essential to get prospective teachers through training programs rapidly and in the area of disabilities would require too much time. Additionally, the Ministry of Education would not let public school teachers attend training during school hours, nor would they pay teachers to attend on the weekends

(Note: teacher pay was a big issue in Liberia because teachers had not been paid for a while after the conflict ended).

Moreover, in remote areas it may be difficult for teachers to attend training that is located in larger cities and so strategies are needed to create training platforms that are widely available and easy to access (e.g., internet based training, video examples, etc.). Further, when non-formal approaches are used as a means to educationally and/or socially include children in communities, training should be extended beyond the classroom to grass-roots leaders, staff, students, volunteers and other participants in community-based programs.

Invest in Systems for Transportation

For children to take advantage of trained teachers with practical skills, they have to be able to get to school in a way that is safe, affordable and realistic for families. Unless and until the issue of transportation is addressed head-on, this barrier alone will keep another generation of children with disabilities (as well as many without disabilities) out-of-school. International organizations and governments in poor countries must tackle this issue, set goals, and develop financing strategies. Without that level of commitment to making transportation available, we cannot achieve the goal of education for all.

Conversely, while such high-level commitments are essential, waiting for economically impoverished countries to make such investments will likely keep children with disabilities trapped in a life of isolation and exclusion. Short-term answers can be found in some of the other suggestions identified previously such as including the development of community-based options such as informal education programs and community-based rehabilitation programs. Other options may include home visiting programs or mobile programs. Community-based planning such as

those that were described previously may bring to light other opportunities as well such as other students or parents that might be willing to accompany a child with a disability to school or might develop methods for supporting the participation of students with disabilities in educational and therapeutic programs through transportation sponsorships.

A Word about Quality

The current emphasis on improving the overall quality of education is as essential for children and youth with disabilities as it is for those without disabilities. Whether the need is for infrastructure investments, resources and materials, or well-trained teachers, it does those with disabilities little good to be included if they are being included into a system that cannot meet the learning needs of children without disabilities. Croft (2013) noted “This paper argues that given current pedagogy and resources in many low-income countries the pragmatic ‘twin-track approach of both general quality improvements and some specific interventions will be needed to include disabled children in learning (p. 236).” The work to improve overall educational quality is complex, and encompasses many of the recommendations described previously, albeit at a more generic level. This includes a focus on teacher training, the addition of sufficient and current educational resources, as well as the overall improvement of infrastructure.

Conclusion

While the rights of individuals with disabilities have been established through a series of international agreements and the subsequent adoption of domestic policies, in many countries, there is a substantial gap between these initiatives and their implementation in much of the world. In low and lower-middle income countries, most children with disabilities

are still out-of-school and isolated, leaving the goal of inclusive education, at best, elusive. Making education and social services available to this population requires that the international community take concrete steps to confront a complex array of interrelated barriers that range from overcoming stigmatization to transportation to the quality of the education they receive. Now that the rights of individuals with disabilities have been established, it is time to turn to the task of identifying specific, concrete steps to realize these rights such as promoting public acceptance through locally tailored public awareness campaigns, the inclusion of local, community-based voices in understanding specific needs and generating solutions, training for teachers that is practical and functional, investment in systems of transportation to get children to school and other public services, and addressing larger issue of overall quality so that the programs in which children with disabilities participate are likely to genuinely support them and their families.

Notes

1. Examples from the countries highlighted here include El Salvador where the Ministry of Education reported that 16,309 children with disabilities were enrolled in school in 2013 out of a total student population of 1,720,639 or slightly less than one percent (MINED, 2014, p. 26, p.8). In Ethiopia, Abera (2014) noted as of 2010 three percent of students with disabilities attended school. Additionally, in the Liberian 2010-2011 school census reported that there were 10,931 out of a total school population of 1,542,398, again, less than one percent (Podzimek, 2014).
2. All names of persons and locations within countries are pseudonyms.

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