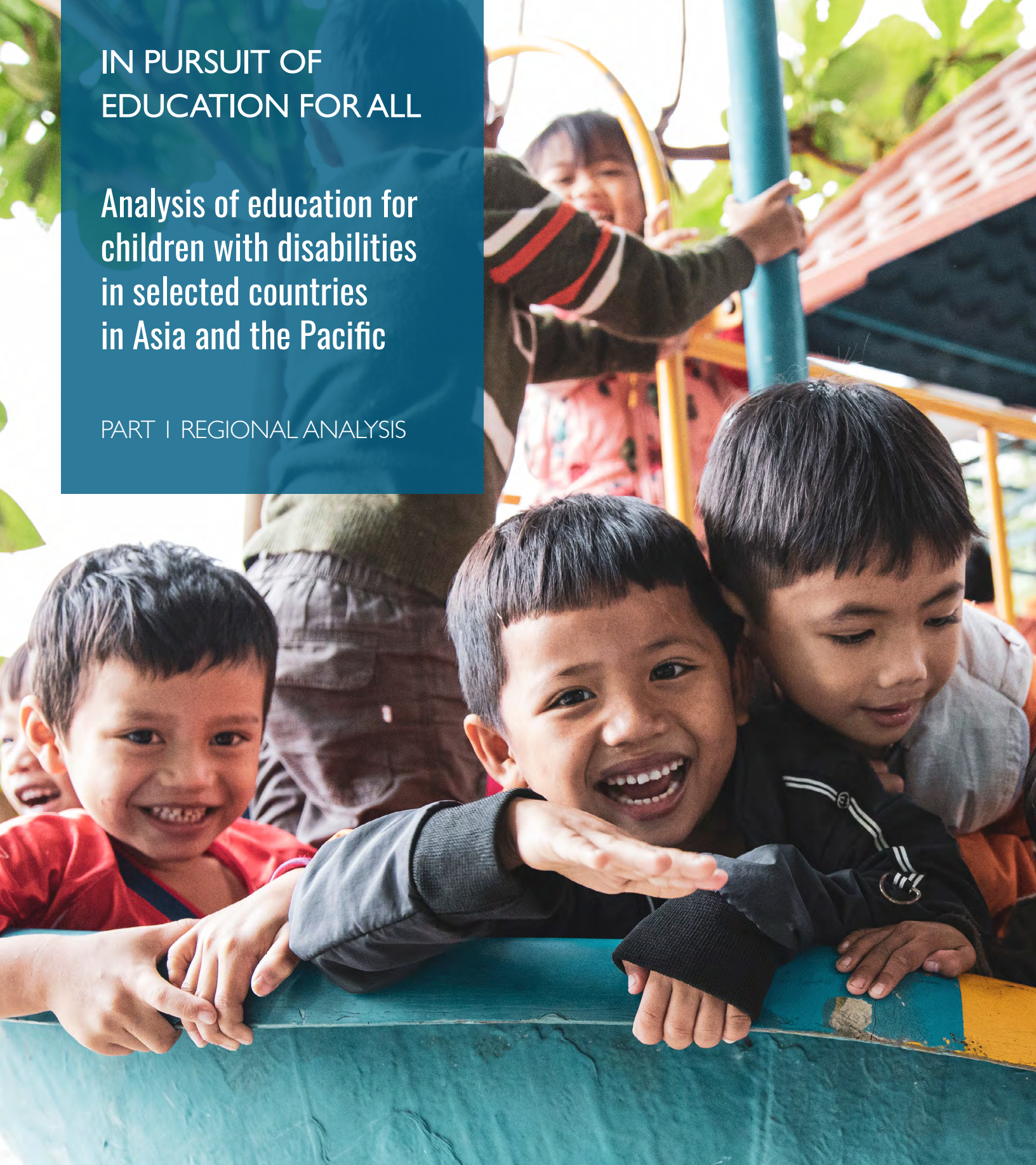# IN PURSUIT OF EDUCATION FOR ALL

Analysis of education for children with disabilities in selected countries in Asia and the Pacific

PART I REGIONAL ANALYSIS

IN PURSUIT OF EDUCATION FOR ALL

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PART I REGIONAL ANALYSIS

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ACKNOWLEDGEMENTS

DEFINITION OF TERMS

Every child has the right to education. That includes children with disabilities. An inclusive education system is one that accommodates all students whatever their abilities or requirements, and at all levels – pre-school, primary, secondary, tertiary, vocational and life-long learning.

It is important to understand what is and is not inclusive education:

- Exclusion: students with disabilities are denied access to education in any form.
- Segregation: education of students with disabilities is provided in separate environments designed for specific, and in isolation from students without disabilities.
- Integration: placing students with disabilities in mainstream educational institutions without adaptation and requiring the student to fit in.
- Inclusion: education environments that adapt the design and physical structures, teaching methods, and curriculum as well as the culture, policy and practice of education environments so that they are accessible to all students without discrimination. Placing students with disabilities within mainstream classes without these adaptations does not constitute inclusion.

What does inclusive education involve?

Inclusive education involves transforming the whole education system - legislation and policy, systems for financing, administration, design, delivery and monitoring of education, and the way schools are organized.

ABBREVIATIONS

MICS   Multiple Indicator Cluster Survey
UNESCO   United Nations Educational, Scientific and Cultural Organization
UNICEF   United Nations Children's Fund

LIST OF FIGURES

EXECUTIVE SUMMARY OF STATISTICS

This report uses data from the sixth round of the Multiple Indicator Cluster Survey (2017–2021) from 11 countries and 2 territories to provide insights on education for children with disabilities by using the Washington Group/UNICEF Module on Child Functioning: Bangladesh, Kiribati, Kyrgyz Republic, the Lao People's Democratic Republic (only 2- to 4-year-olds), Mongolia, Nepal, Pakistan (Punjab), Pakistan (Sindh), Samoa, Tonga, Turkmenistan, Tuvalu, and Viet Nam.

The findings highlight the need for a two-pronged approach to provide education for the children with disabilities: first, is to reduce barriers to entry, and second, to reduce barriers to progression in education.

- Based on data pooled for 2017–2021, on average, an estimated **5 per cent** of 2- to 4-year-olds and **13 per cent** of 5- to 17-year-olds had **functional difficulties** across the 11 countries and 2 territories covered in this analysis.

- In both age groups and among the functional difficulty domains, difficulties associated with **controlling behaviour** were the most common.

- Among 3- to 4-year-olds, children with any or multiple functional difficulties were less likely to be in an **early childhood education** programme or able to do numeracy- or literacy-related tasks.

- Children belonging to **the poorest wealth quintile** faced a **double burden** of disadvantage. At the primary school level, the most disadvantaged children were those with **severe functional difficulties** without signs of anxiety or depression. In this group of children, a 23-percentage point difference was observed in attendance rates between children belonging to the poorest wealth quintile and those belonging to the richest wealth quintile, in favour of the latter. At the lower secondary school level, this gap widened to a 36-percentage point difference against children belonging to the poorest wealth quintile.

- Children aged 5–17 years with **communication functional difficulties** were less likely to attend school than their peers. In fact, most children aged 10–17 with communication difficulties or difficulties with self-care had **never attended school.** This

suggests that children with these functional difficulties do not even get the initial chance to enter school education.

- From primary to lower secondary education, **attendance rates declined steeply** for all socioeconomic groups and functional domains. However, the decrease was largest for children with difficulties associated with self-care and hearing.

- Among lower secondary school-aged children, children with any or multiple functional difficulties were less likely to be attending **the right level of education,** when compared with children without functional difficulties.

- Children who were not attending school did not acquire foundational skills across all categories of functional difficulties. However, among students, children with functional difficulties were less likely to have **foundational reading or numeracy skills.**

INTRODUCTION AND CONTEXT

Data on children with disabilities are often missing from official statistics. Due in part to this lack of data - **'invisibility'** -, the issues that hinder access to and participation in education for children with disabilities **remain unprioritized** in the strategic planning and programming for government education. Even when children with disabilities participate in education, they continue to be educated in special education settings from an early age, which shape their trajectory of segregated education for life. Compounding the problem is that until recently across the region, definitions of disability, data collection methods and purposes have differed from one country to another, making international comparisons extremely difficult.

However, the sixth round of **the Multiple Indicator Cluster Survey (MICS 6)** provides the region with a unique opportunity to better understand the situation of children with disabilities and their learning levels. For more than 20 years, the MICS has been a key source of data on equity and has had an essential role in tracking progress towards the elimination of disparities and inequities in children's well-being. With the MICS 6, the inclusion of **the UNICEF and Washington Group on Disability Statistics' Child Functioning Module** provides countries with new opportunities to unpack data on disability and education. The module is a global survey tool that can be used to identify children with disabilities.

This paper draws on newly available quantitative data to help fill the information gap around children with disabilities and their access to education and learning in the Asia and the Pacific region. It is the first-ever paper in the region to use the same definition and data collection questions to collate information on children with disabilities. In presenting a portrait of children with disabilities and their access to education in the region, this paper provides a knowledge base for policymakers and other national and international stakeholders to understand the state of access and participation for children with disabilities at the regional and country levels. It thus serves as a springboard for the formulation of evidence-based policy and programming that will allow all children to benefit from schooling and for countries to better work towards their **Education For All.**

Education context for children with disabilities in the Asia and Pacific region

According to a recent UNICEF report (2021), nearly 240 million children aged from birth to 17 live with a disability, or 1 in 10 of all children worldwide. The report also notes that in Europe and Central Asia, East Asia and the Pacific and South Asia, between 6 per cent and 11 per cent of children live with a disability. South Asia has the largest number of children living with a disability, at 64.4 million, followed by East Asia and the Pacific, at 43.1 million.

Given the significant share of children with disabilities in the Asia and Pacific region, countries are increasingly committed to protecting their right to education. Most countries are signatories to the Convention on the Rights of Persons with Disabilities or its Optional Protocol, as well as to achieving Sustainable Development Goal 4 on quality education for all. However, limited information is available on the access of children with disabilities to quality education.

Each country in the region has a unique education system and is at a varying degree of **inclusiveness** in education. National data on access to education and learning for children with disabilities are extremely limited and most often still adhere to the **medical approach** to disability programming, which focuses on assessment and the provision of services. This results in the numbers of children with disabilities participating in formal education being vastly underestimated when compared to international norms.

It also means the focus is not on facilitating full participation in education and society through removal of barriers but more so on rehabilitation. On the contrary, a **social or human rights approach to disability** views individuals interacting with an unaccommodating environment and therefore the focus is on removing barriers to make the environment more accommodating and inclusive. For more detailed discussion on the definitions of disability and the differences between different models, please refer to the 2021 global report on children with disabilities.

Additionally, the domination of the **segregated models** of education in the region results in either learners with disabilities being taught in special schools or taught separately in 'special classrooms' within a regular school (UNICEF, 2015). This means that even those who can access education essentially remain excluded from the school community and quality learning.

Access to quality education is a **right** for all children, it achieving it requires an equitable and inclusive approach. However, inclusion does not stop at getting children with disabilities into classrooms. Building a **truly inclusive education system** requires systemwide reforms, changes in school-level and community practices and attitudes to dismantle barriers at every level. It requires inclusive **pedagogical approaches**, an enabling child-centred **school environment** and barrier-free **infrastructure** to respond to diversity of students' strengths and needs. It requires **financing** to enforce changes that allow all children, including those with a high level of needs for individualized support, to be included in the education system. And it also requires **data, monitoring and evaluation** to understand the barriers that children face for governments to thus begin and sustain the transformation of their education system towards inclusiveness.

Data and methodology

Identifying children with disabilities through the Child Functioning Module

The Child Functioning Module was developed by UNICEF and the Washington Group on Disability Statistics to align with the biopsychosocial model of disability. This model emphasizes what a person can do, has difficulty doing or cannot do, given the physical, psychological and social conditions to which they are subject (WG, 2017). Based on this definition, disability is not a medical condition but arises out of an individual's interaction with the environment.

A recently published UNICEF report provides a detailed summary of the differences in the definition (UNICEF, 2021).

Figure 1 shows an example of the link between functional difficulties, unaccommodating environment and disabilities.[1] The example is not exhaustive, and the 2021 UNICEF report on disability provides more nuanced description.

FIGURE 1: The link between functional difficulties and disability

FUNCTIONAL DIFFICULTIES

The child has developed myopia and cannot see well

+

UNACCOMMODATING ENVIRONMENT

Glasses are not available to the child who has difficulty seeing distant objects

DISABILITY

The child is less likely to participate and his/her right to education may be compromised as a result of an unaccommodating environment

Source: UNICEF, 2019.

In the Child Functioning Module, the mother or caregiver of children aged **2–4 years** is asked about their child's functioning in **eight domains** to ascertain if there are any difficulties. These eight domains are: seeing, hearing, walking (with and without equipment), fine motor, communication (both understanding and being understood), learning, playing and behaviour self-control.

For children aged **5–17 years**, the mother or caretaker is asked about their child's functioning in **13 domains.** These are: seeing, hearing, walking (with and without equipment), self-care, communication (being understood both inside and outside the household), learning, remembering, concentrating, accepting change, controlling behaviour, making friends and affect (measured in terms of both anxiety and depression). Across the two age-specific versions of the Child Functioning Module, the response options range from 'no difficulty' to 'cannot do at all' for most of the functional difficulties. For controlling behaviour among children aged 2–4, the options range from 'not at all' to 'a lot more', while for depression and signs of anxiety the questions are based on the frequency of the child showing signs of depression or anxiety (daily, weekly, monthly). For functional difficulty related to seeing, hearing and walking, additional questions are asked on the use of assistive devices. Given the variations in the questions, please refer to Annex B for the full list of questions asked as part of the Child Functioning Module for a more detailed description.

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[1] An unaccommodating environment is one that does not provide adequate support and modifications to account for differences in experiences. For example, buildings that only have stairs may be considered an 'unaccommodating environment' for those who have difficulty climbing stairs.

FIGURE 2: Functional difficulty domains for 2- to 4-year-olds and 5- to 17-year-olds

Number	UNICEF and Washington Group Child Functioning Module (functional difficulty aged 2–4)	UNICEF and Washington Group Child Functioning Module (functional difficulty aged 5–17)
1	Seeing	Seeing
2	Hearing	Hearing
3	Walking	Walking
4	Fine motor skills	Self-care
5	Communication	Communication
6	Learning	Learning
7	Controlling behaviour	Controlling behaviour
8	Playing	Concentrating
9		Accepting change
10		Remembering
11		Making friends
12		Signs of anxiety
13		Signs of depression
Number of domains defining 'any functional difficulty'	**8 domains**	**13 domains**

This paper uses MICS 6 data to provide insights on education for children with disabilities. Publicly available datasets from **11 countries and 2 territories** were pooled for this analysis: Bangladesh, Kiribati, Kyrgyz Republic, the Lao People's Democratic Republic (only 2- to 4-year-olds), Mongolia, Nepal, Pakistan (Punjab), Pakistan (Sindh), Samoa, Tonga, Turkmenistan, Tuvalu and Viet Nam (in order of subregion; please also refer to Annex A for more details). Country profiles were also produced for these countries also using MICS 6 data, along with data from household surveys for Thailand and Indonesia.

Results from pooled data

Share of children aged 2–4 years with functional difficulties

There are slight differences in the share of children with functional difficulties by sex, location and socioeconomic factors among 2- to 4-year-olds.

FIGURE 3: Share of 2- to 4-year-olds with functional difficulties, based on pooled data from 11 countries and 2 territories (%)

Source: Multiple Indicator Cluster Survey Round 6 (2017–2021).

Among children with functional difficulties, difficulties associated with controlling their behaviour are more common than other functional difficulties.

FIGURE 4: Share of 2- to 4-year-olds with functional difficulties, by functional domains, based on pooled data from 11 countries and 2 territories
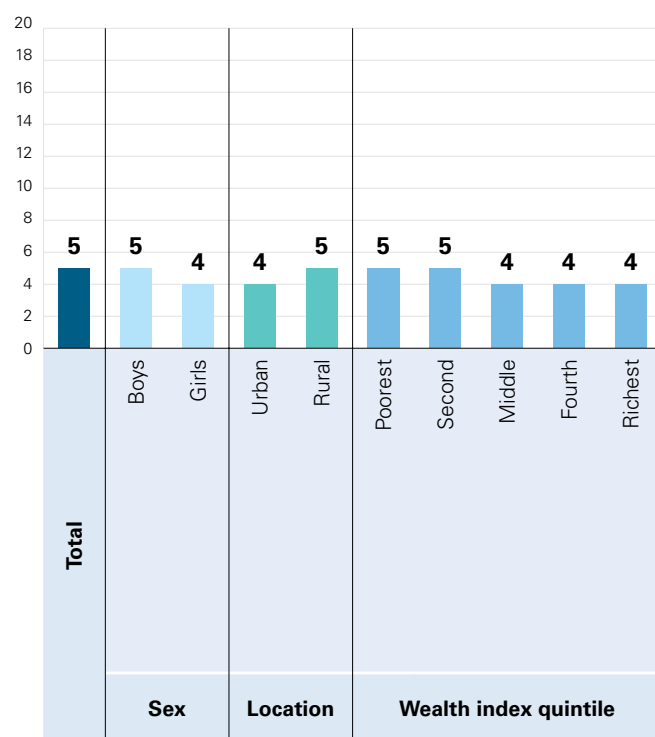
Source: Multiple Indicator Cluster Survey Round 6 (2017–2021).

- As explained in the previous section, eight functional domains were used to measure functional difficulties for 2- to 4-year-olds.

- Across the countries and territories analysed, **one in 20 (5 per cent)** of children 2- to 4-year-olds had functional difficulties.

- Slightly more **boys, rural** and **poorest** children had functional difficulties than their peers.

- Across countries and territories analysed, less than 0.5 per cent of 2- to 4-year-olds had functional difficulties associated with hearing, seeing or fine motor skills.

- However, 3 per cent of children had difficulties associated with **controlling behaviour.**

- This shows that at an early age, children may face **very different barriers** that prevent their full involvement in schooling. For example, some children require glasses or hearing aids, whereas others may require therapy or additional support in the classroom.

Children aged 3–4 years: Access to education and skills

Children with functional difficulties are less likely to attend early childhood education programme.[2]

FIGURE 5: Share of children aged 3–4 who attend early childhood education programme, based on pooled data from 11 countries and 2 territories (%)

Functional difficulty status

Functional difficulty domains

Source: Multiple Indicator Cluster Survey Round 6 (2017–2021).

- A **significantly smaller** share of children with any functional difficulty attended an **early childhood education** programme than children without functional difficulties.

- Children with **multiple functional difficulties** were even more disadvantaged: More than **four times** as many children without a functional difficulty attended an early childhood education programme than children with multiple functional difficulties.

- Children with functional difficulties other than difficulty controlling behaviour had **lower** early childhood education attendance rates than children without functional difficulties.

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2 Questions on early childhood education and numeracy- and literacy-related tasks were asked of mothers or caretakers of 3- to 4-year-olds in the MICS 6, whereas the Child Functioning Module covers 2- to 4-year-olds.

And children with functional difficulties are not able to do numeracy- or literacy-related tasks at par with children without functional difficulties.

FIGURE 6: Share of children aged 3–4 who can do literacy- and numeracy-related tasks, based on pooled data from 11 countries and 2 territories (%)

- Identifies at least 10 letters of the alphabet
- Reads at least 4 simple, popular words
- Recognizes symbol of all numbers from 1 to 10

Note: The data do not include Viet Nam because the country implemented the new Early Childhood Development Index 2030 module in MICS 6.

Source: Multiple Indicator Cluster Survey Round 6 (2017–2021).

- Similar to early childhood education attendance, children with any functional difficulty or with multiple functional difficulties were **significantly less likely** to identify letters of the alphabet, be able to read four popular words or recognize symbols of numbers from 1 to 10.

- Children with **multiple** functional difficulties and children with difficulties with **motor skills** were the most disadvantaged group when it comes to the ability to do numeracy- and literacy-related tasks.

Share of children aged 5–17 years with functional difficulties

Variations in the share of children with functional difficulties are observed, by sex, location and wealth quintiles.

FIGURE 7: Share of 5- to 17-year-olds with functional difficulties, based on pooled data from 11 countries and 2 territories (%)
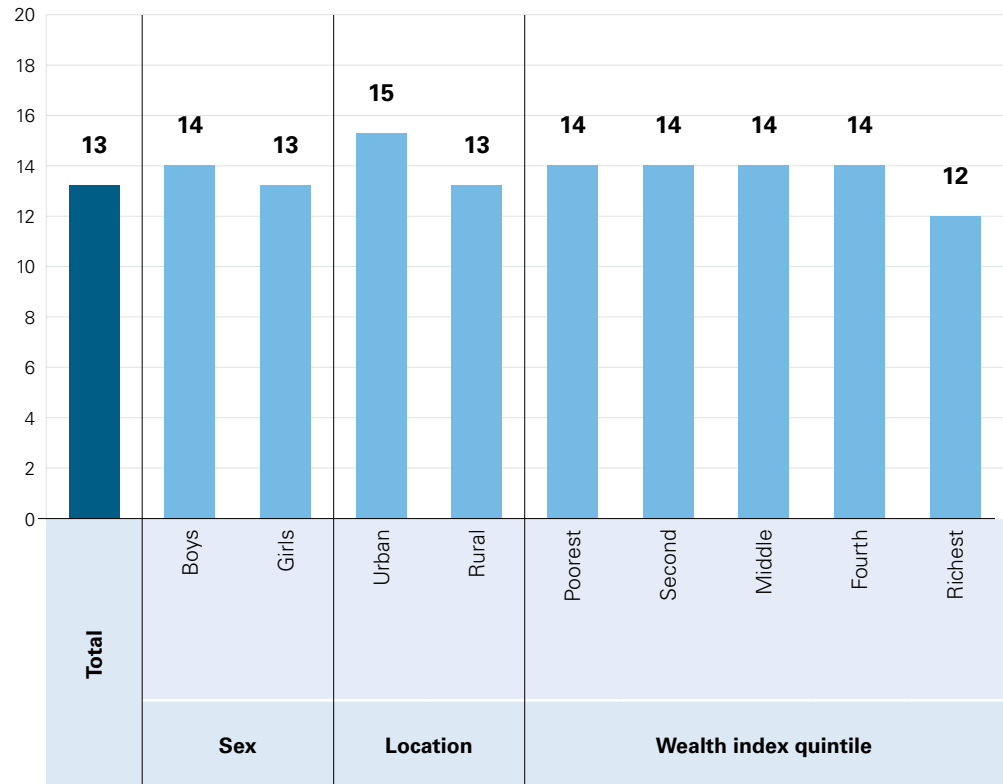
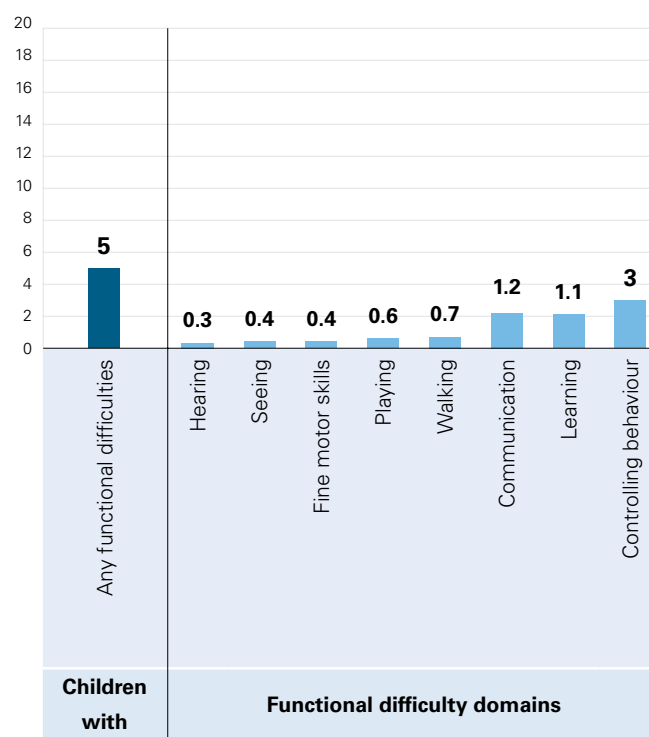**Source:** Multiple Indicator Cluster Survey Round 6 (2017–2021).

- Functional difficulties for 5- to 17-year-olds were measured using 13 functional domains.

- An estimated **13 per cent** of 5- to 17-year-olds among the countries analysed had functional difficulties.

- Like the 3- to 4-year-olds, even among 5-to-17 year olds, more **boys** and **poorer** children had functional difficulties than their peers.

Among 5- to 17-year-olds, walking difficulty, signs of anxiety, signs of depression and difficulties associated with controlling behaviour are more common than other functional difficulties.

FIGURE 8: Share of 5- to 17-year-olds with functional difficulties, by functional domains, based on pooled data from 11 countries and 2 territories (%)
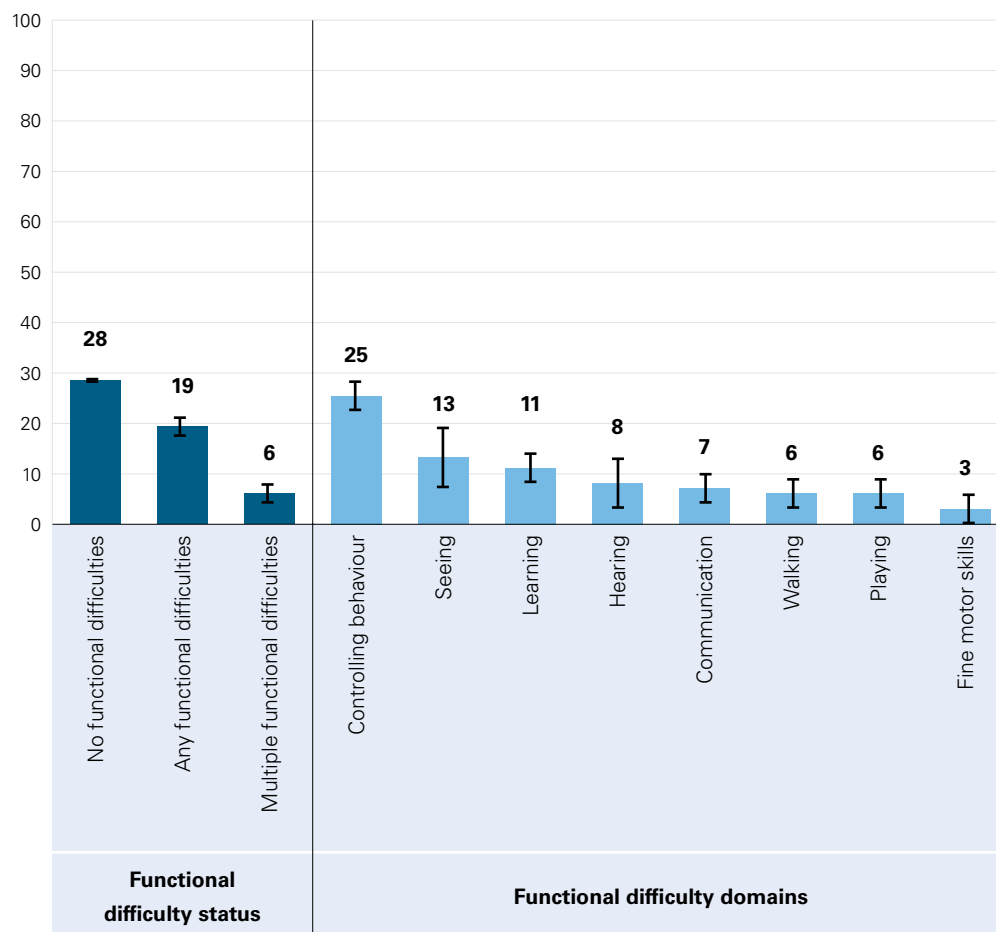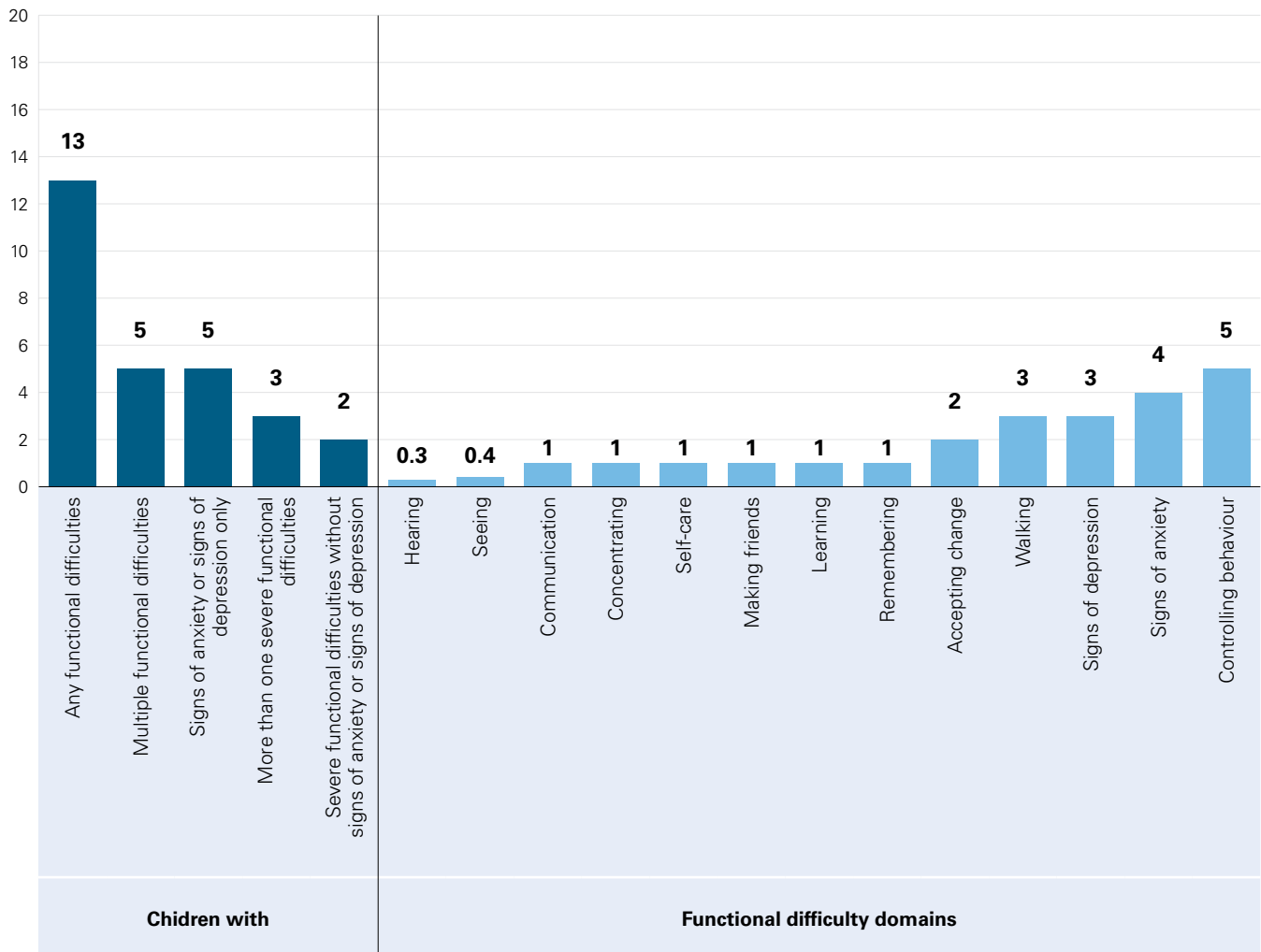

Source: Multiple Indicator Cluster Survey Round 6 (2017–2021).

- **One in 20** children aged 5–17 had multiple functional difficulties or signs of anxiety or depression.

- And **3 per cent** of children aged 5–17 had more than one severe functional difficulty, while **2 per cent** had at least one severe functional difficulty, excluding signs of anxiety or signs of depression.

- Less than 1 per cent of children aged 5–17 had difficulty hearing or seeing, while 5 percent had difficulty controlling behaviour.

Children aged 5–17 years: Access to education[3]

***The 5- to 17-year-olds with communication functional difficulty have disproportionately
lower current school attendance.***

FIGURE 9: Share of 5- to 17-year-olds attending any level
of education, based on pooled data from 11 countries
and 2 territories (%)

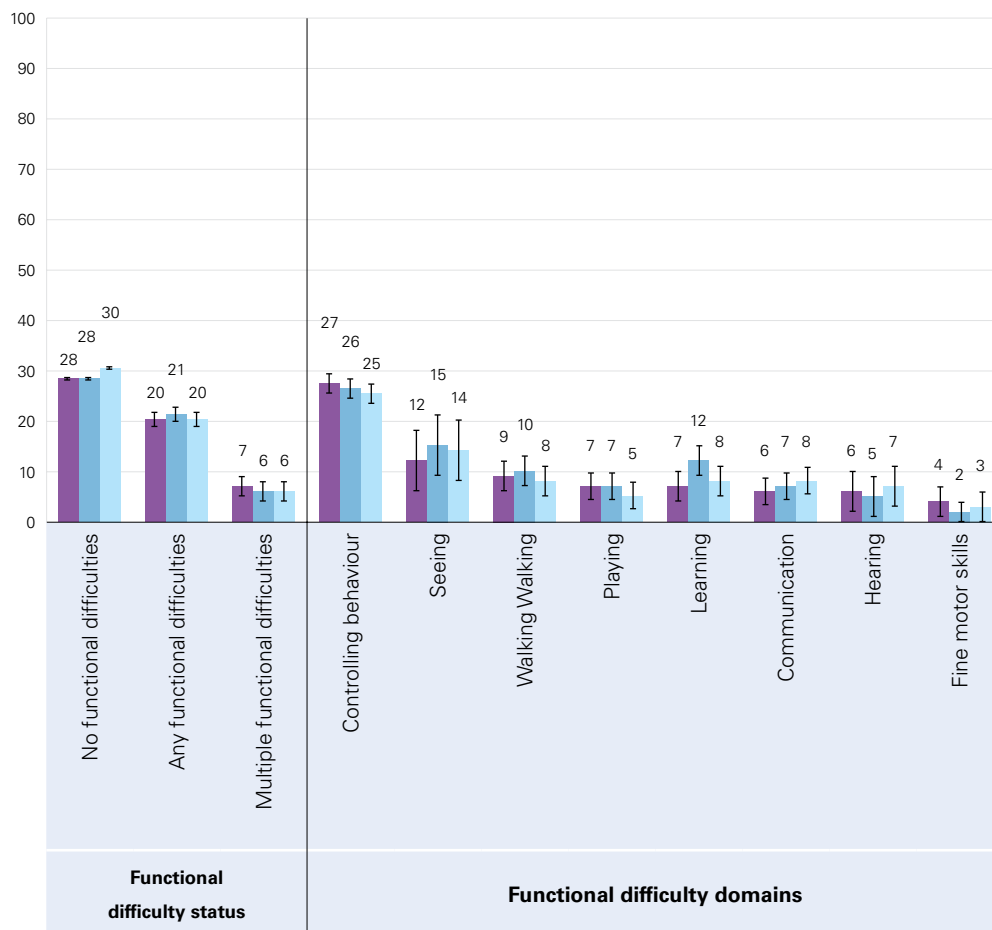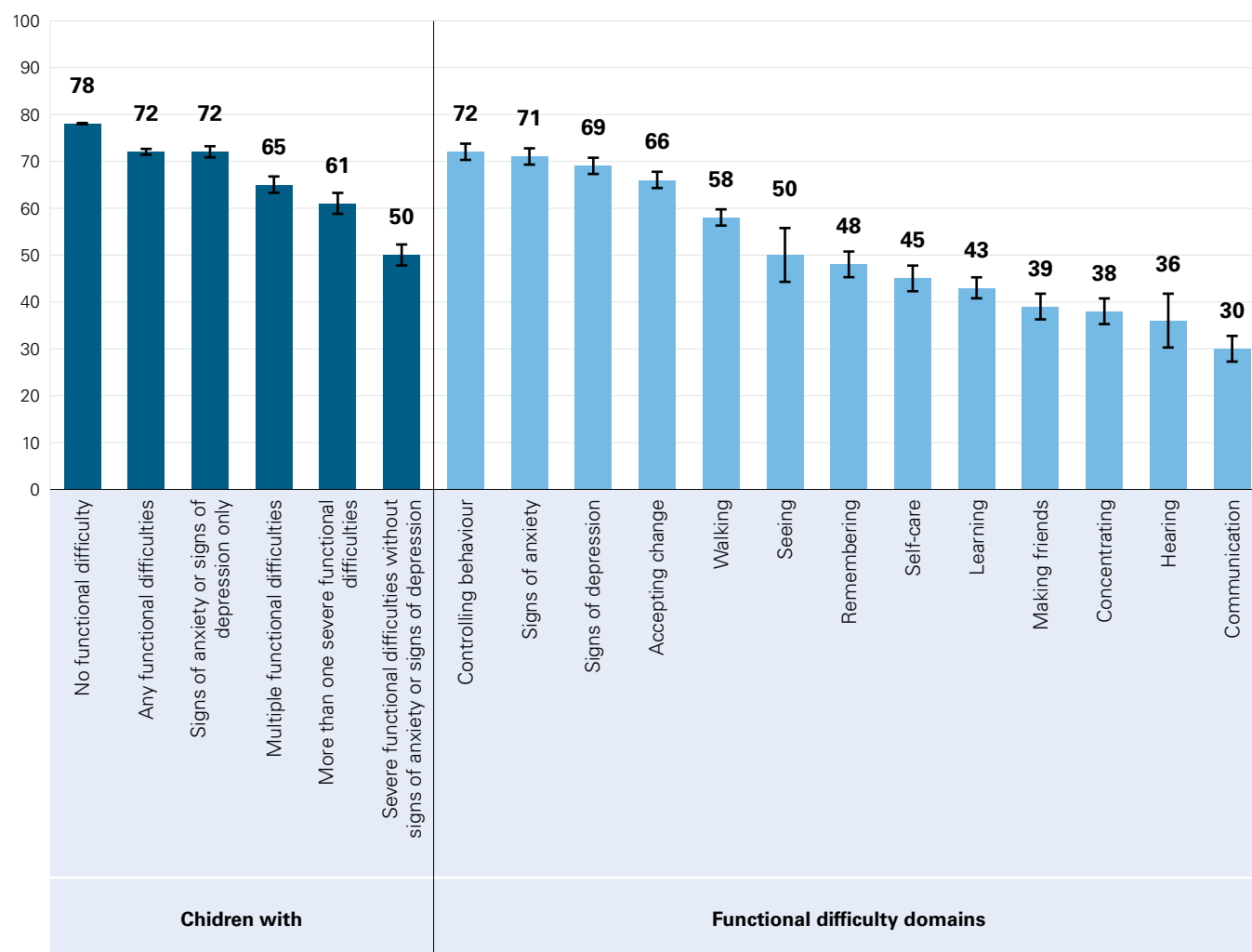**Source:** Multiple Indicator Cluster Survey Round 6 (2017–2021).

- Statistically **significant differences** existed between school attendance of 5- to 17-year-olds with and without functional difficulties, in favour of the latter. Children with **multiple functional difficulties** had an even lower current school attendance rate than children with any functional difficulty.

- Only **one in two** children with severe functional difficulties and without signs of anxiety or depression were attending school.

- Children with difficulty controlling behaviour and signs of anxiety had similar attendance rates as children with any functional difficulty.

- Wide variations in current school attendance were also observed by functional difficulty domains. While around **7 in 10** children with **controlling behaviour** or children with **signs of anxiety** were attending school, **only 3 in 10** of the 5- to 17-year-olds with **communication** difficulty were attending school.

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3 The MICS 6 findings do not provide information on the type of school that children are attending, such as whether it is an inclusive school, accommodating both children with and without functional difficulties or if it is a special education school that only serves children with functional difficulties and therefore conclusions cannot be drawn on inclusiveness of children with disabilities in the education systems.

Among primary school-aged children, children with severe functional difficulties and without signs of anxiety or signs of depression are the most disadvantaged.

FIGURE 10: Share of primary school-aged children who are attending the right or higher level of education, by categories of functional difficulties and socioeconomic categories, based on pooled data from 11 countries and 2 territories (%)

Legend:
- Total
- Male
- Female
- Urban
- Rural
- Poorest 20%
- Richest 20%
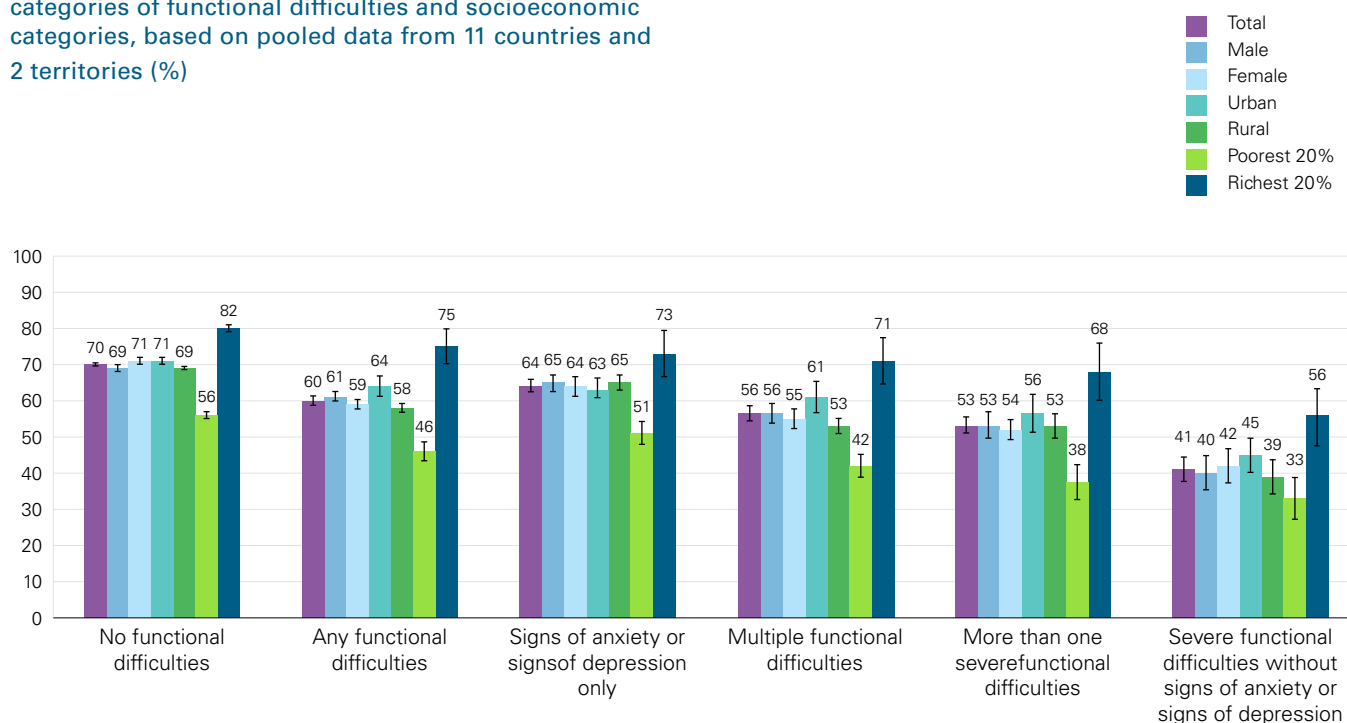
Source: Multiple Indicator Cluster Survey Round 6 (2017–2021).

- Among primary school-aged children and compared with children without **functional difficulties**, children with functional difficulties were **less likely** to be attending the **right level** of education.

- Even among children with functional difficulties across all groups,[4] except for children belonging to the richest wealth quintile, children with only signs of anxiety or signs of depression had better attendance rates than children with any functional difficulty.

- In all six categories of functional difficulties, children belonging to the **poorest quintile** were the most disadvantaged. Across all categories of functional difficulties, there was more than a **20-percentage point difference** in attendance of children belonging to the richest and poorest quintiles, in favour of the former. Such large differences were not observed between other groups.

- Among children with any functional difficulties or children with multiple functional difficulties, statistically significant differences existed in attendance rates of urban and **rural** children, with urban children more likely to be attending school at the primary level.

- Across all groups, **gender** differences were not **statistically significant.**

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4 Groups' here and in the rest of the paper, refers to socioeconomic and demographic groups analysed, which are: sex (girls and boys), location (urban and rural) and wealth quintile (poorest 20 per cent and richest 20 per cent).

Primary school-aged children with difficulty making friends, hearing difficulty and difficulty in communicating are the least likely to be attending the right level of education.[5]

FIGURE 11: Share of primary school aged children who are attending the right or higher level of education, based on pooled data from 11 countries and 2 territories (%)
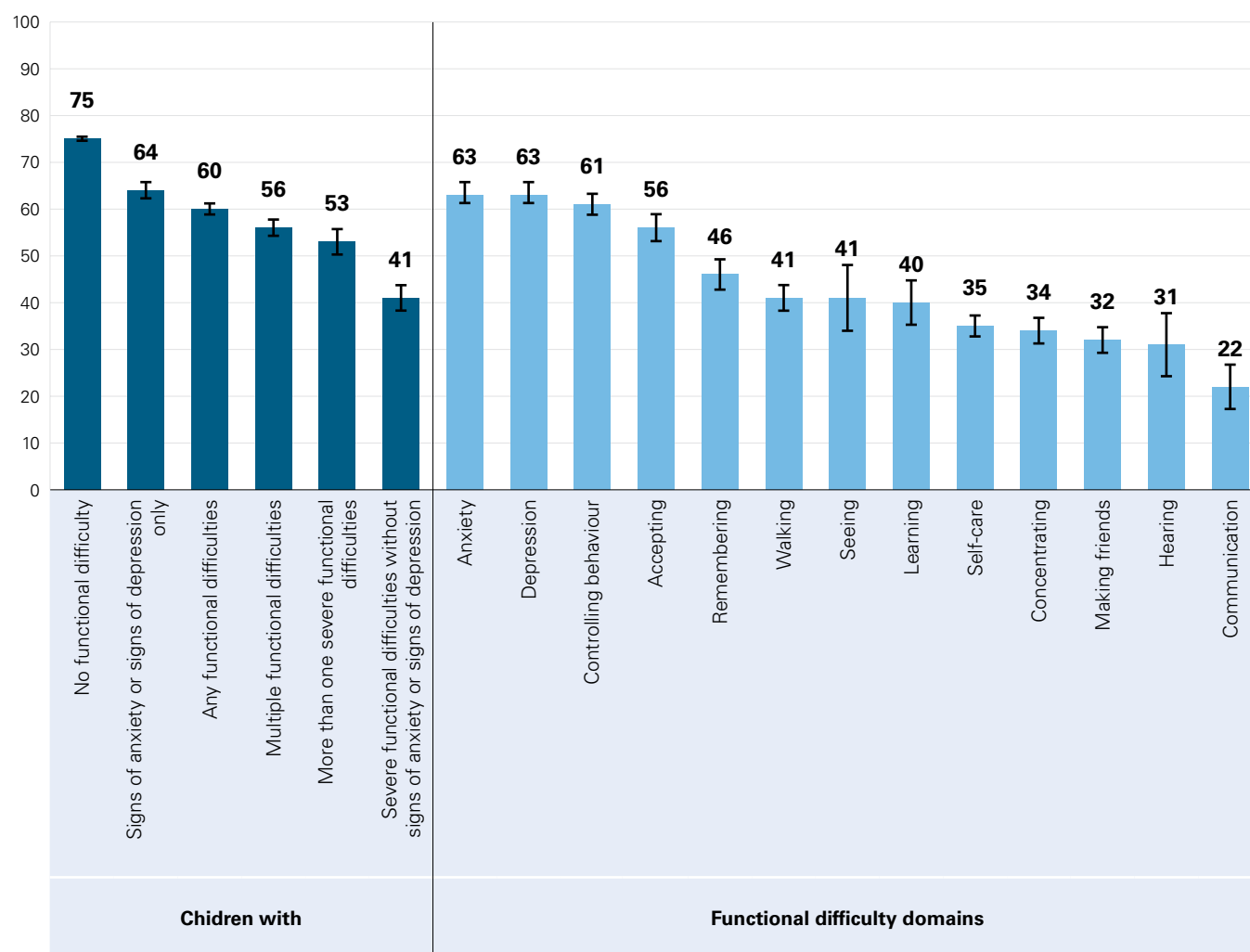
Source: Multiple Indicator Cluster Survey Round 6 (2017–2021).

- Across all categories of functional difficulties and functional difficulty domains, primary school-aged children with **communication** functional difficulty were the **least likely to be attending** primary school or a higher level of education.

- Only about **2 in 10** primary school-aged children with difficulty **communicating** were attending the right or higher level of education, whereas almost **6 in 10** children with signs of **anxiety**, signs of **depression** or difficulty **controlling behaviou**r were attending the right level.

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[5] Please refer to Annex B for the visualization of out-of-school rates for primary and lower secondary school education.

Attendance in the lower level of secondary school declines significantly for all groups.

FIGURE 12: Share of lower secondary school-aged children who are attending the right or higher level of education, by categories of functional difficulties and socioeconomic categories, based on pooled data from 11 countries and 2 territories (%)

Legend:
- Total
- Male
- Female
- Urban
- Rural
- Poorest 20%
- Richest 20%

Source: Multiple Indicator Cluster Survey Round 6 (2017–2021).

- Among lower secondary school-aged children and compared with children without functional difficulties, children with **functional difficulties** were **less likely** to be attending the **right level** of education.

- Across all categories of functional difficulties, children with only signs of **anxiety** or signs of **depression** have **better attendance rates** than children with any functional difficulty.

- In all six categories of functional difficulties, children belonging to the **poorest quintile** were the most disadvantaged. Compared with the primary school level, the **difference** between children belonging to the richest and poorest quintile **widened** in favour of the former.

- Differences by **location** and **sex** were observed but were **not statistically significant** at this level in most categories of functional difficulties.

Lower secondary school-aged children with hearing functional difficulty and difficulty communicating are least likely to be attending school.

FIGURE 13: Share of lower secondary school-aged children who are attending the right or higher level of education, based on pooled data from 11 countries and 2 territories (%)
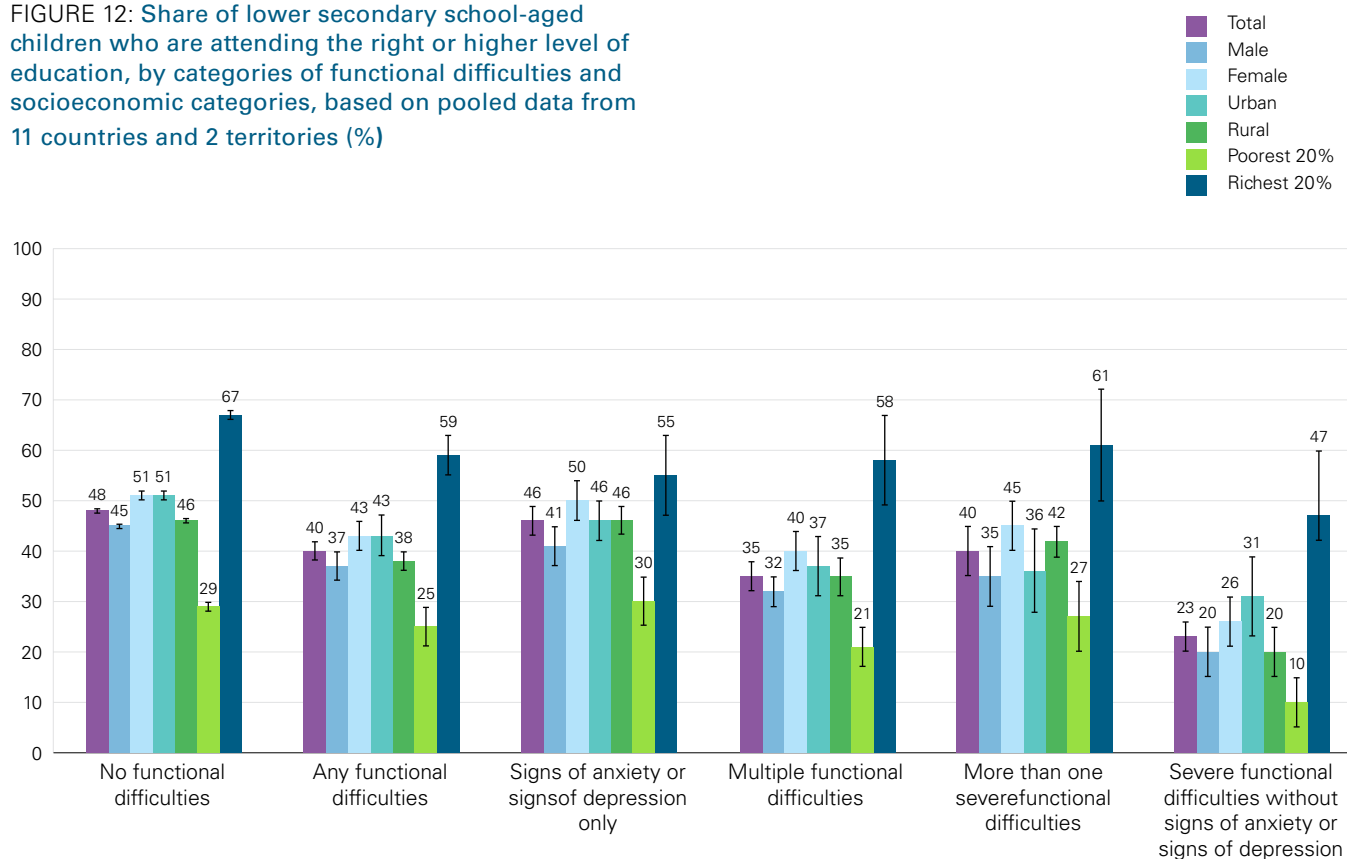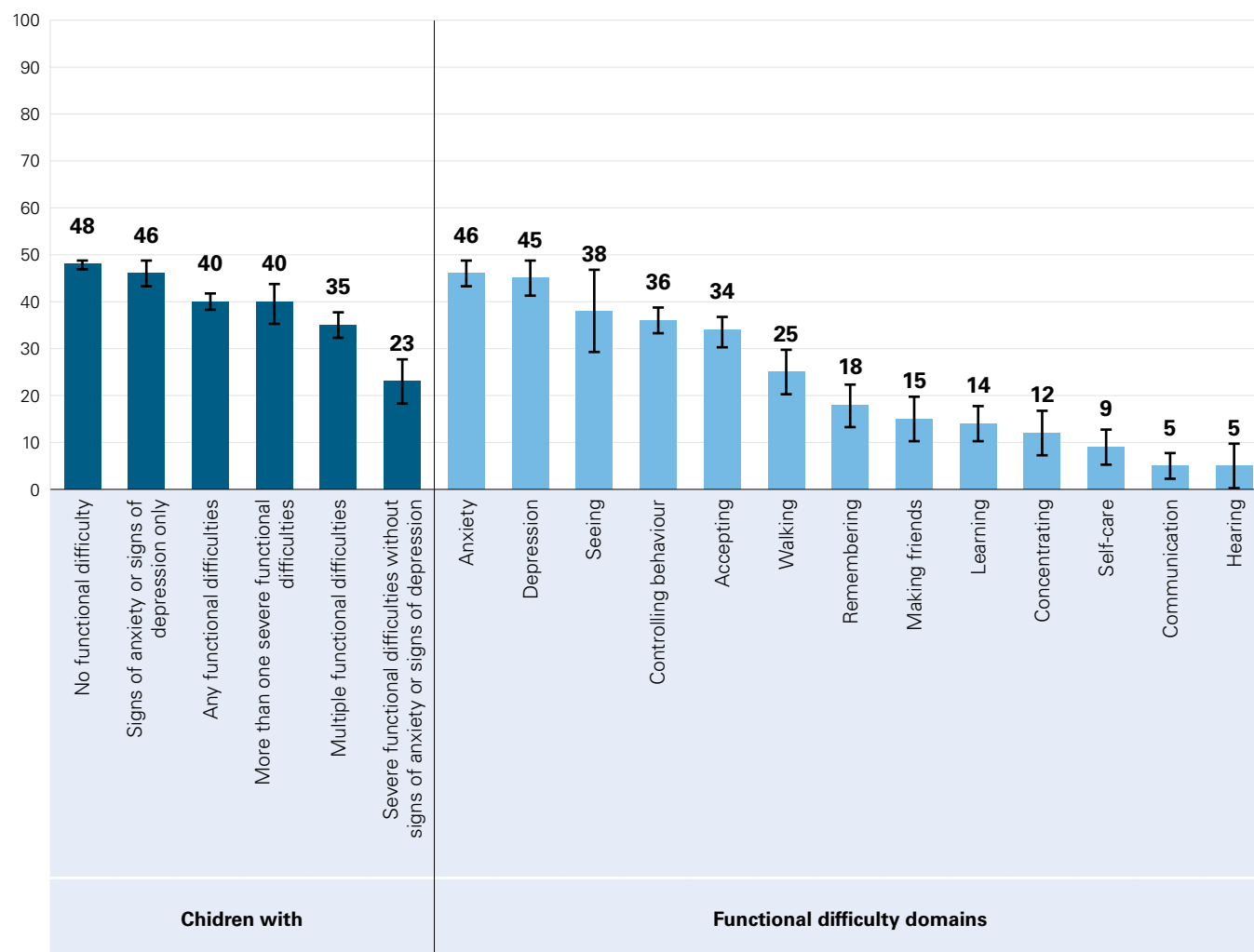

Source: Multiple Indicator Cluster Survey Round 6 (2017–2021).

- On average, across the countries and territories analysed, **48 per cent** of children **without** functional difficulties were attending lower secondary school or a higher level. This share decreased to **40 per cent** for children with **any** functional difficulty and almost halved (at **23 per cent**) for children with **severe** functional difficulties and without signs of anxiety or depression.

- At the other end of the spectrum, **fewer than in 1 in 10** children with difficulty **hearing**, children with difficulty communicating and children with **self-care difficulty** were attending lower secondary school or a higher level.

- Between the primary and lower secondary school levels, the **decline in attendance** was steepest for children with difficulties associated with **self-care** and difficulty **hearing.**

The analysis suggests that while children with functional difficulties at the primary school level are **disadvantaged**, it only **increases as they progress** through their education. Progression to and attendance in lower secondary is a **major bottleneck** for those children with functional difficulties who can access schools in the early years.

The 10- to 17-year-olds with difficulties associated with self-care and difficulty communicating are the most likely to have never attended school.

FIGURE 14: Children aged 10–17 who have never attended school, based on pooled data from 11 countries and 2 territories (%)
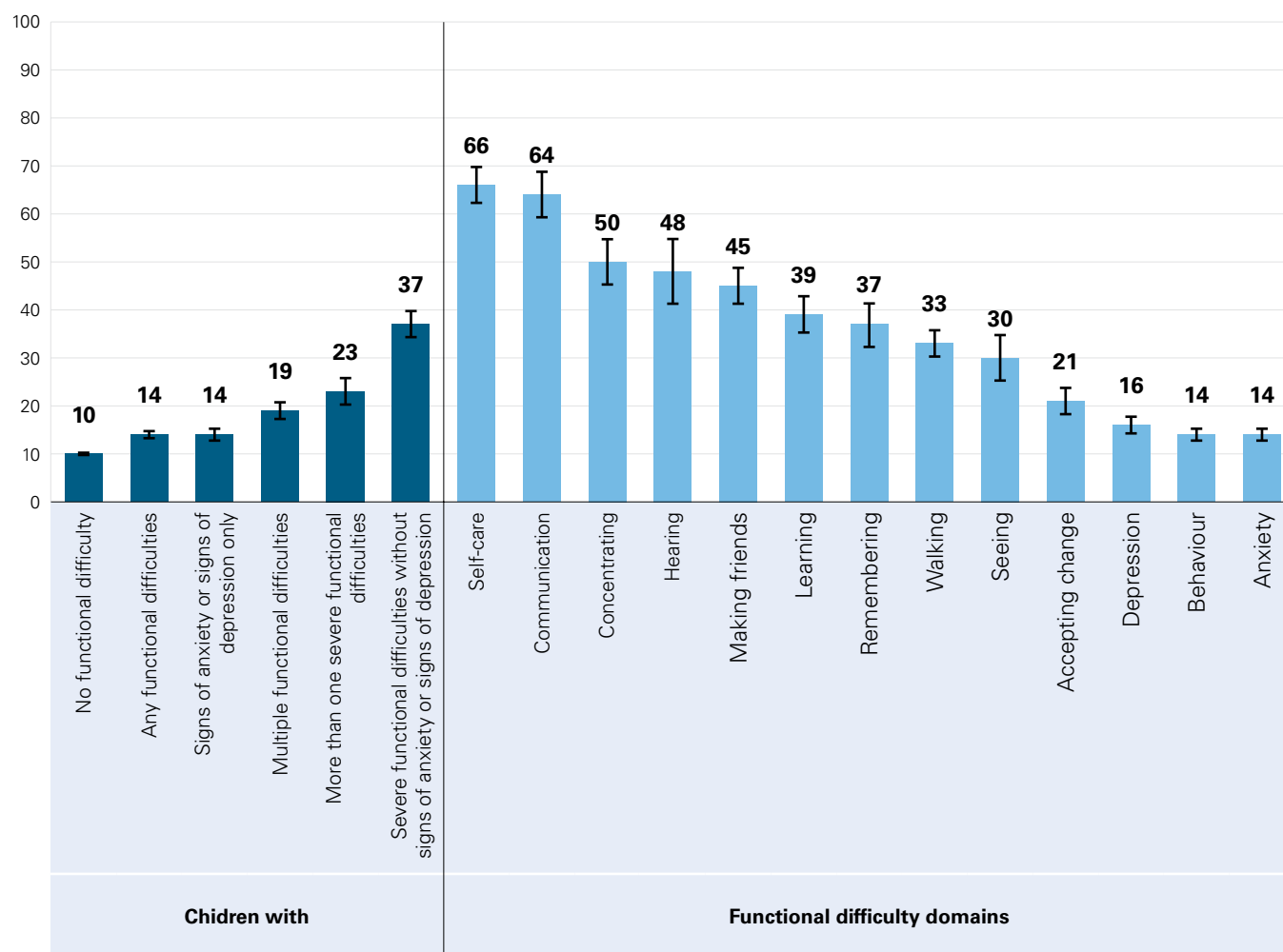
Source: Multiple Indicator Cluster Survey Round 6 (2017–2021).

To further unpack issues in access, we focused on children aged 10–17 who had never attended school.

- Children aged 10–17 with any or **multiple functional difficulties** were more likely to have never attended school than children without functional difficulties.

- About **6 in 10** children aged 10–17 with difficulties associated with **self-care** and difficulty communicating had **never attended** any level of education, which highlights the access issue in the countries analysed.

The analysis in this section suggests that **older** children with difficulties associated with **self-care** and difficulties associated with **communication** and **hearing** are more likely to not be accessing school at all or to be attending school at their expected level.

FIGURE 15: Simplified pathway analysis for lower secondary school-aged children, based on the pooled data from 11 countries and 2 territories
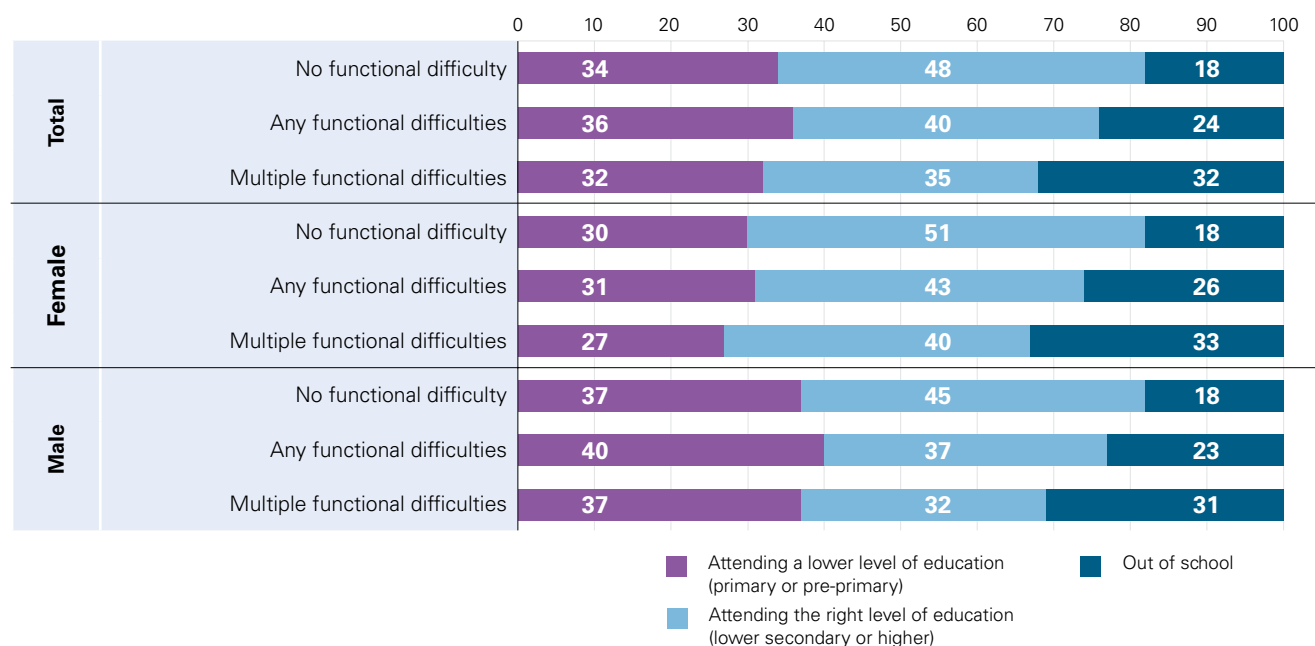
Source: Multiple Indicator Cluster Survey Round 6 (2017–2021).

- All categories of children without functional difficulties (total, girls and boys) have the same share of lower secondary school-age children who were out of school (at 18 per cent). However, compared to boys without functional difficulties, **girls** without functional difficulties are **more likely** to be attending the **right or higher** level.

- Across all categories and compared with children without functional difficulties, **lower secondary** school-aged children with any or multiple **functional difficulties** were more likely to be **out of school** or **not attending the expected level** of education.

- Among children with any or multiple **functional difficulties**, **girls** were more likely than boys to be attending the **expected level** of education.

Children aged 5–17 years: Foundational learning skills[6]

Foundational reading skills: Description

FIGURE 16: Three areas to assess foundational reading skills
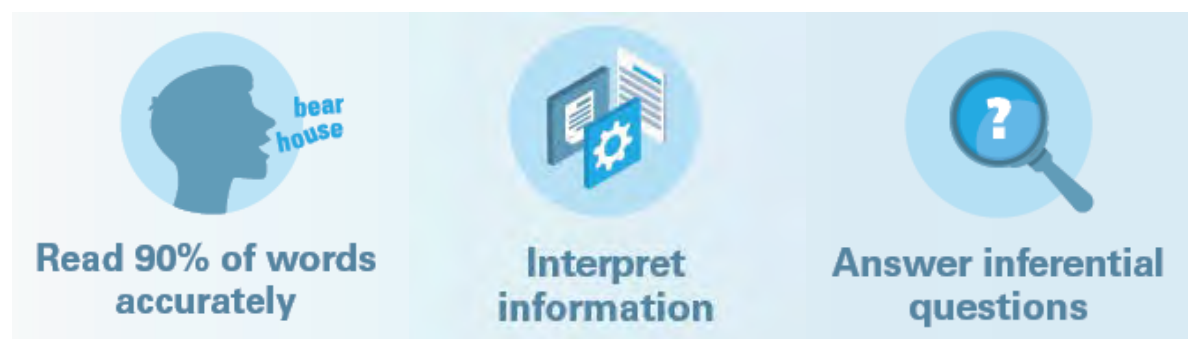
Source: UNICEF, MICS-EAGLE Data Analysis Manual, 2020.

To assess **foundational reading skills** in the Child Functioning Module, children are asked to perform **three tasks** *(see figure 17)*. Each child is presented with a simple text and asked to read it aloud. They are then asked five questions related to the text to assess whether they can interpret and infer the information therein.[7] If a child succeeds in reading 90 per cent of the words in the text correctly and can answer the three literal and two inferential questions related to the text, then they are considered to have foundational reading skills.[8]

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[6] Please note that the assessment tool used in the MICS 6 survey does not provide relevant accommodation for children with functional difficulties. This would mean, for example, that the tool was not available in Braille or sign language for children who may require this format to participate in the assessment.

[7] Pronunciation, accent and fluency are not measured, only reading accuracy and comprehension.

[8] For a detailed description of the psychometric properties of the foundational learning module, please see <https://mics.unicef.org/files? job=W1siZiIsIjIwMTkvMDUvMDcvMTQvNDMvMzgvODQ0L01JQ1NfTWV0aG9kb2xvZ2lYWxfUGFwZXJfOS5wZGYiXV0&sha=1251233507 af5fe2>.

The evidence suggests children with functional difficulties in school may be facing additional barriers to acquiring reading skills.

FIGURE 17: Share of children aged 10–14 with foundational reading skills, by school attendance and functional difficulty, based on pooled data from 11 countries and 2 territories (%)
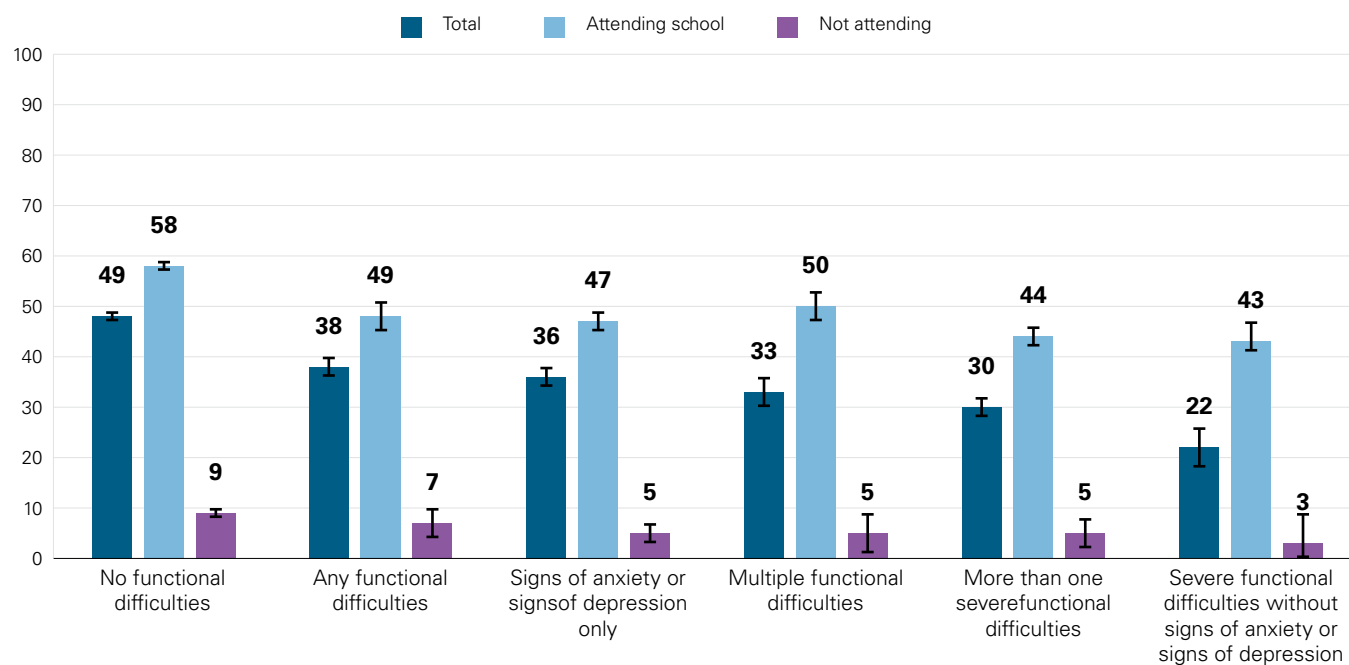
Source: Multiple Indicator Cluster Survey Round 6 (2017–2021).

- As much as **49 per cent** of children aged 10–14 **without** functional difficulties had foundational reading skills, compared with **36 per cent** of children **with** any functional difficulty and **30 per cent** of children with **multiple** functional difficulties.

- **Few** children not attending school had foundational reading skills across all categories of functional difficulties. This shows that **school attendance** is strongly associated with **gains in learning.**

- Among children aged 10–14 who were attending school, children with **no** functional difficulties were **most likely** to have foundational reading skills and children with **multiple** functional difficulties or children with **severe** functional difficulties without signs of anxiety or depression were **least likely** to have foundational reading skills.

Foundational numeracy skills: Description

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Foundational numeracy skills are assessed by asking a child to perform **four numeric tasks** *(see figure 14)*. If the child can successfully perform all four tasks – recognize and read numbers aloud, discriminate between which of two numbers is larger, perform simple addition and recognize patterns of numbers in a sequence – they are considered to have foundational numeracy skills.

FIGURE 18: Four areas to assess foundational numeracy skills
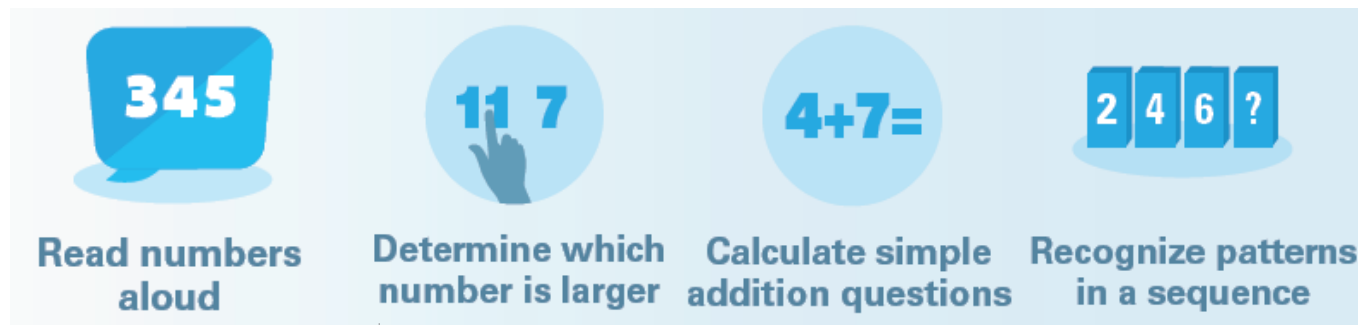
Source: UNICEF, MICS-EAGLE Data Analysis Manual, 2020.

Children with any, multiple or severe functional difficulties without signs of anxiety or depression are less likely to acquire foundational numeracy skills than children without functional difficulties.

....

FIGURE 19: Share of children aged 10–14 with foundational numeracy skills, by school attendance and functional difficulty, based on pooled data from 11 countries and 2 territories (%)
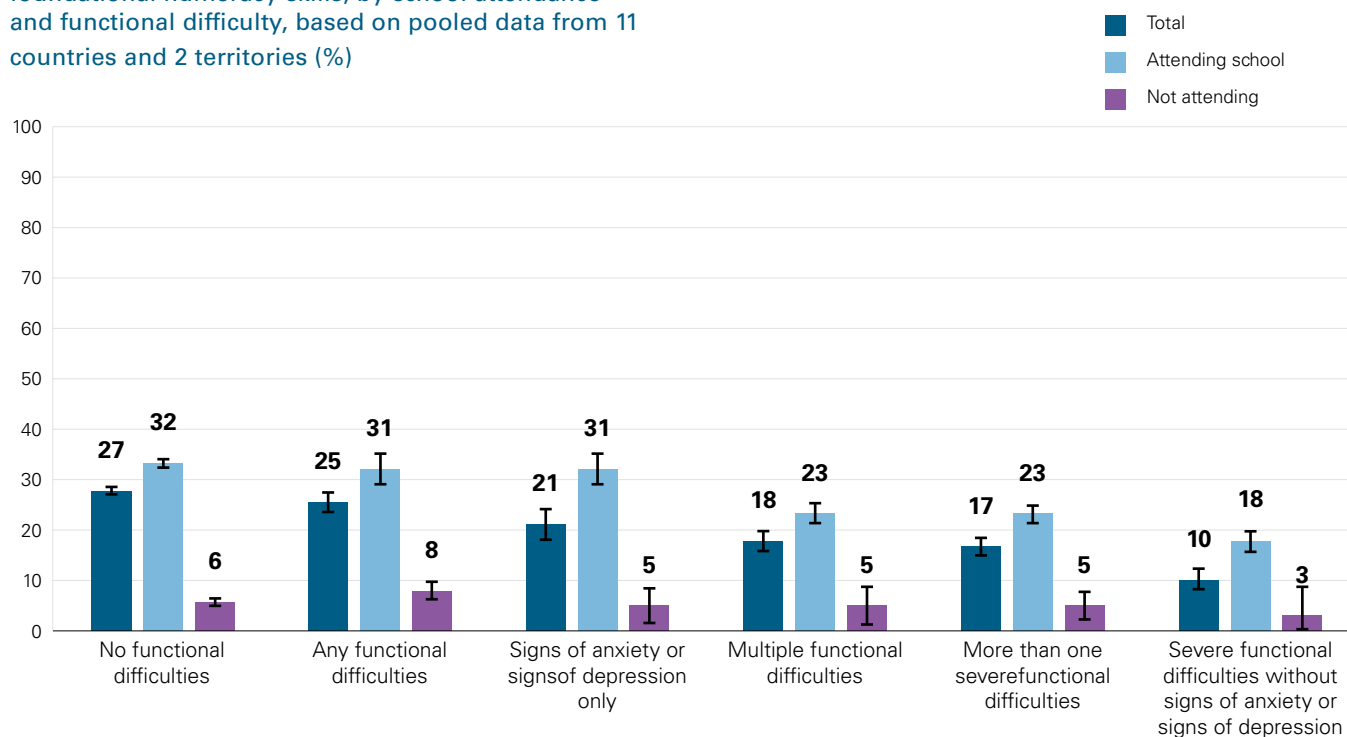
Source: Multiple Indicator Cluster Survey Round 6 (2017–2021).

- A **small share** of children aged 10–14 had foundational numeracy skills: **27 per cent** of children without functional difficulties had foundational numeracy skills, compared with about **17 per cent** with **multiple** or any functional difficulties.

- Like foundational reading skills, **school attendance** was associated with **gains in learning.**

- Students with **severe** functional difficulties without signs of anxiety or depression were the **least likely** to have foundational numeracy skills.

The analysis shows that there is dire **need to improve foundational learning outcomes** for all children. The analysis also signals that added attention is needed to ensure that children with **functional difficulties** can learn on par with their peers. Children who have functional difficulties may require **targeted efforts** to support them on their individual learning journeys, and their lower levels of achievement indicate that more needs to be done to provide them the support they need to succeed.

CONCLUSION, STRATEGIC OPTIONS AND POLICY RECOMMENDATIONS

Data on children with disabilities are important. In the absence of such data, the children **remain 'invisible'** from official statistics, and education systems are unable to **remove barriers.** As this paper shows, most children with functional difficulties enter primary education but then **fall behind** as they progress through education; they either **drop out** or attend a **lower level of education** than expected for their age. Some children with functional difficulties (at 14 per cent) **never attend** school. But this share is extremely large for children with functional difficulties, such as communication difficulties (66 per cent) and difficulties associated with self-care (66 per cent) or hearing (48 per cent). This suggests that some children do not even get the chance to begin school.

The need, therefore, is for a **two-pronged approach:** first to increase access for those children who are denied **initial access**, and second to improve education systems to prevent children with disabilities from **falling behind** or **dropping out.** Children with disabilities include a **diverse**

group of individuals facing varying degrees of barriers. A **nuanced approach** towards **understanding the different barriers** children can experience is critical in the two-pronged approach.

Incorporating the UNESCO International Institute for Educational Planning and UNICEF's framework on disability-inclusive education systems can help countries achieve the twin goals of creating an enabling environment and ensuring quality service delivery. As the **framework** shows *(see figure 20)*, data are one of the four pillars for creating an inclusive environment, with laws and policies, leadership and management and finance as the other three pillars. On the service delivery of education, a broader range of interventions are needed, ranging from teachers and curriculum to learning support to risks and rewards to build a truly inclusive education system.

Figure 20 : **UNESCO International Institute for Educational Planning and UNICEF's framework on disability-inclusive education**
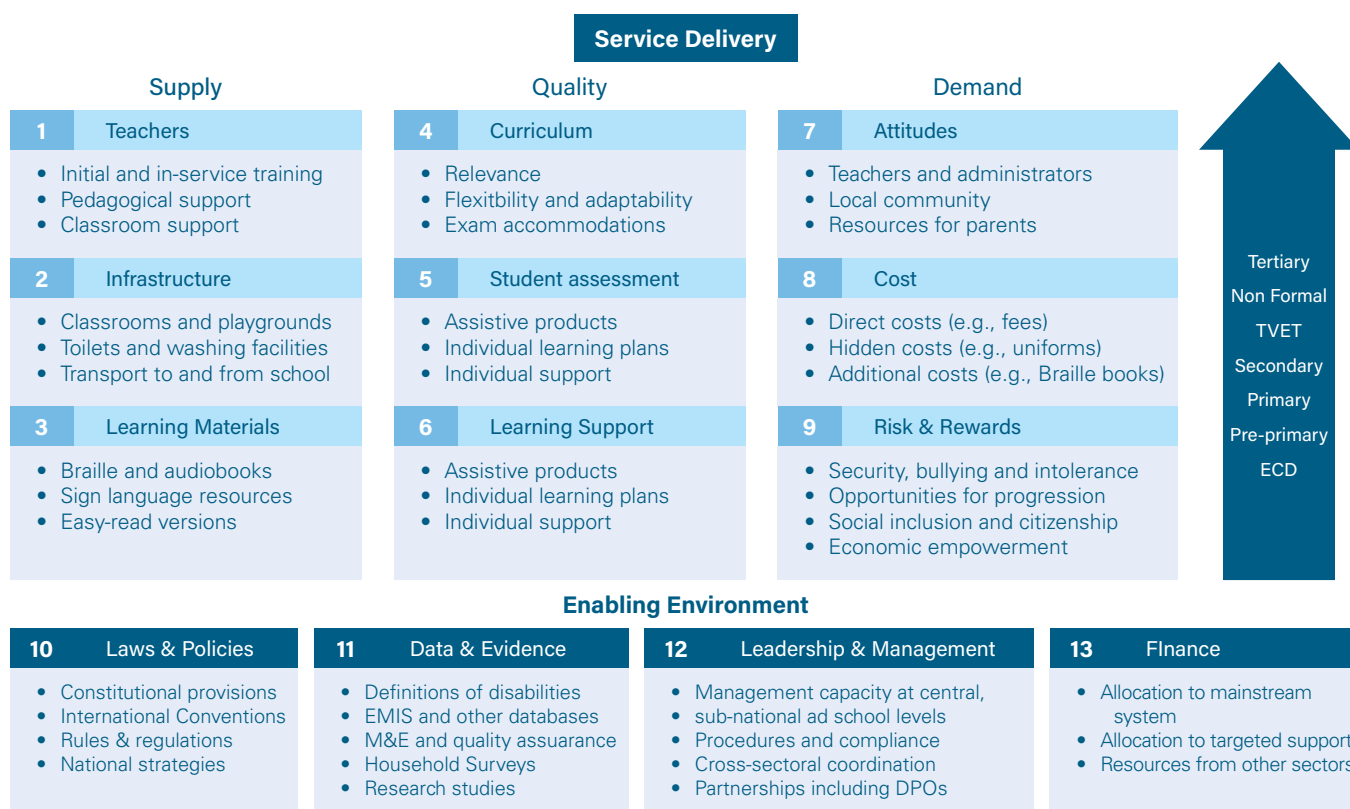
Source: UNESCO International Institute for Educational Planning, Technical Round Table: Disability-inclusive education sector planning – Final report, 2018.

Within the region, countries have unique education systems and are at different stages in their journey towards **inclusive education.** While promoting inclusive education as an overarching conceptual framework, countries should assess the **unique educational and learning needs of children** who have different types of disabilities and then develop a mechanism to provide tailored learning support for them. Regardless of this variation, **principles** of supporting the inclusion of children with disabilities in mainstream settings are important and should inform every stage of their efforts to transform their system to meet the diversity of needs of all students.

Overall, this paper recommends:

Adopting a whole system approach towards disability inclusion, translated through all aspects of system strengthening.

This means starting with the enabling **policy** environment, **capacities** of schools and teachers, **data** availability and quality and multisectoral and multistakeholder **coordination** to translate the data, policies and capacities into meaningful and measurable changes for children with disabilities and their families. It also includes strengthening in-school and cross-sectoral assistance to help the transitions across school levels and prevent students from dropping out. This includes support for learning and social protection schemes to address additional financial considerations for parents of children with disabilities. Adopting an **intersectoral approach** will also support children with disabilities. It will be essential to work with **social protection** and **health** sectors to establish the links needed to best support children with disabilities.

Strengthening early identification to support the inclusion of children with disabilities in early childhood education and Education Sector Analysis to detect and remove barriers to inclusive education.

Early childhood interventions (aimed at children aged up to 5 years) are proven to prevent the institutional placement of young children with at-risk factors, developmental delays and disabilities and family separation. This strength-based approach has the family at its core. It improves **caregivers' capacities** to create opportunities for supporting a child's development through everyday family routines in a familiar environment to mitigate further delays in development. It also prepares children for inclusive early childhood education and then the transition to an inclusive primary school system.

Strengthening national data systems by incorporating the social model of disability.

Building **robust data systems** and collecting information on children with disabilities are critical for future progress. Improving capacities to monitor children with disabilities regarding access, attendance, retention and learning outcomes through the **Education Management Information System**, as well as including information on inclusive environments. Monitoring should involve persons with disabilities, including children and persons with intensive support requirements, as well as parents or caregivers of children with disabilities, where appropriate. Building comprehensive data systems with **cross-sectoral links** to remove barriers and provide tools for children with disabilities to participate in all levels of education. Working with multiple data sources and data types (quantitative and qualitative) to improve decision-making and providing the relevant support to children with disabilities.

Incorporating child-centred and inclusive pedagogies and flexible assessment frameworks and supporting Disabled persons' organisations.

Teachers are crucial for providing quality education. **Training teachers** (pre-service, initial or in-service) to equip them with child-centred and inclusive **pedagogies**, such as universal design for learning is critical. Reorienting **curriculum** and **assessment** systems to provide accommodations, as well as introducing alternate systems of assessments are important to respond to the needs of children with disabilities. Ensuring that **teachers with disabilities** are a part of the education system and increasing opportunities for network support are equally necessary.

Inclusive budgeting to implement a twin-track approach at the outset.

Introducing a disability-inclusive lens at the systems level requires dedicated **inclusive budgeting.** Allocating funds to strengthen school environments for inclusion (teacher training, infrastructure, learning materials, etc.), and **targeting** funds to respond to individual requirements and reasonable accommodations are recommended to advance inclusive education.

ANNEXES

ANNEX A. COUNTRIES ANALYSED IN THE REPORT USING MICS 6 DATA

Region	Country	Year of survey	Modules
East Asia	Mongolia	2018	Child functioning ages 2–4 years; child functioning ages 5–17 years; foundational learning skills
South-East Asia	Lao PDR	2017	Child functioning ages 2–4 years
	Viet Nam	2020 – 2021	Child functioning ages 2–4 years; child functioning ages 5–17 years; foundational learning skills
Pacific	Samoa	2019 – 2020	Child functioning ages 2–4 years; child functioning ages 5–17 years; foundational learning skills
	Tuvalu	2019 – 2020	Child functioning ages 2–4 years; child functioning ages 5–17 years; foundational learning skills
	Tonga	2019	Child functioning ages 2–4 years; child functioning ages 5–17 years; foundational learning skills
	Kiribati	2018 – 2019	Child functioning ages 2–4 years; child functioning ages 5–17 years; foundational learning skills
	Fiji	2021	Child functioning ages 2–4 years; child functioning ages 5–17 years; foundational learning skills
South Asia	Bangladesh	2019	Child functioning ages 2–4 years; child functioning ages 5–17 years; foundational learning skills
	Nepal	2019	Child functioning ages 2–4 years; child functioning ages 5–17 years; foundational learning skills
	Pakistan (Khyber Pakh-tunkhwa)	2019	Child functioning ages 2–4 years; child functioning ages 5–17 years; foundational learning skills
	Pakistan (Sindh)	2018 – 2019	Child functioning ages 2–4 years; child functioning ages 5–17 years; foundational learning skills
	Pakistan (Punjab)	2017 – 2018	Child functioning ages 2–4 years; child functioning ages 5–17 years; foundational learning skills
Central Asia	Kyrgyz Republic	2018	Child functioning ages 2–4 years; child functioning ages 5–17 years; foundational learning skills
	Turkmenistan	2019	Child functioning ages 2–4 years; child functioning ages 5–17 years; foundational learning skills

ANNEX B. OUT-OF-SCHOOL RATES

Share of primary school-aged children not attending any level of education (%)

Children with						Functional difficulty domains												
No functional difficulty	Signs of anxiety or signs of depression only	Any functional difficulties	Multiple functional difficulties	More than one severe functional difficulties	Severe functional difficulties without signs of anxiety or signs of depression	Communication	Concentrating	Hearing	Making friends	Learning	Self-care	Seeing	Remembering	Walking	Accepting change	Signs of depression	Signs of anxiety	Controlling behaviour
14	19	20	26	32	43	63	55	54	54	48	46	45	41	36	25	21	20	19

Source: Multiple Indicator Cluster Survey Round 6 (2017–2021).

Source: Multiple Indicator Cluster Survey Round 6 (2017–2021).

ANNEX C. QUESTIONS FROM THE UNICEF AND WASHINGTON GROUP ON DISABILITY STATISTICS' CHILD FUNCTIONING MODULE

Child Functioning Module for children aged 2–4 years
Interviewer reads: "I would like to ask you some questions about difficulties your child may have."

VISION
CF1. Does [name] wear glasses?
    1. Yes.
    2. No. [skip to CF3]

CF2. When wearing their glasses, does [name] have difficulty seeing? Would you say … [read response categories]
    1. No difficulty.
    2. Some difficulty.
    3. A lot of difficulty.
    4. Cannot do at all.
    7. Refuses.
    9. Don't know. [skip to CF4]

CF3. Does [name] have difficulty seeing? Would you say … [read response categories]
    1. No difficulty.
    2. Some difficulty.
    3. A lot of difficulty.
    4. Cannot do at all.
    7. Refuses.
    9. Don't know.

HEARING
CF4. Does [name] use a hearing aid?
    1. Yes.
    2. No. [skip to CF6]

CF5. When using their hearing aid, does [name] have difficulty hearing sounds like peoples' voices or music? Would you say … [read response categories]
    1. No difficulty.
    2. Some difficulty.
    3. A lot of difficulty.
    4. Cannot do at all.
    7. Refuses.
    9. Don't know. [skip to CF7]

CF6. Does [name] have difficulty hearing sounds like peoples' voices or music? Would you say … [read response categories]
    1. No difficulty.
    2. Some difficulty.
    3. A lot of difficulty.
    4. Cannot do at all.
    7. Refuses.
    9. Don't know.

MOBILITY
CF7. Does [name] use any equipment or receive assistance for walking?
    1. Yes.
    2. No. [skip to CF10]

CF8. Without their equipment or assistance, does [name] have difficulty walking? Would you say … [read response categories]
    2. Some difficulty.
    3. A lot of difficulty.
    4. Cannot do at all.
    7. Refuses.
    9. Don't know.

CF9. With their equipment or assistance, does [name] have difficulty walking? Would you say … [read response categories]
    1. No difficulty.
    2. Some difficulty.
    3. A lot of difficulty.
    4. Cannot do at all.
    7. Refuses.
    9. Don't know. [skip to CF11]

CF10. Compared with children of the same age, does [name] have difficulty walking? Would you say … [read response categories]
    1. No difficulty.
    2. Some difficulty.
    3. A lot of difficulty.
    4. Cannot do at all.
    7. Refuses.
    9. Don't know.

DEXTERITY

CF11. Compared with children of the same age, does [name] have difficulty picking up small objects with their hand? Would you say … [read response categories]

      1. No difficulty.
      2. Some difficulty.
      3. A lot of difficulty.
      4. Cannot do at all.
      7. Refuses.
      9. Don't know.

COMMUNICATION

CF12. Does [name] have difficulty understanding you? Would you say … [read response categories]

      1. No difficulty.
      2. Some difficulty.
      3. A lot of difficulty.
      4. Cannot do at all.
      7. Refuses.
      9. Don't know.

CF13. When [name] speaks, do you have difficulty understanding them? Would you say … [read response categories]

      1. No difficulty.
      2. Some difficulty.
      3. A lot of difficulty.
      4. Cannot do at all.
      7. Refuses.
      9. Don't know.

LEARNING

CF14. Compared with children of the same age, does [name] have difficulty learning things? Would you say … [read response categories]

      1. No difficulty.
      2. Some difficulty.
      3. A lot of difficulty.
      4. Cannot do at all.
      7. Refuses.
      9. Don't know.

PLAYING

CF15. Compared with children of the same age, does [name] have difficulty playing? Would you say … [read response categories]

      1. No difficulty.
      2. Some difficulty.
      3. A lot of difficulty.
      4. Cannot do at all.
      7. Refuses.
      9. Don't know.

CONTROLLING BEHAVIOUR

CF16. Compared with children of the same age, how much does [name] kick, bite or hit other children or adults? Would you say … [read response categories]

      1. Not at all.
      2. The same or less.
      3. More.
      4. A lot more.
      7. Refuses.
      9. Don't know.

Child Functioning Module for children aged 5–17 years

Interviewer reads: "I would like to ask you some questions about difficulties your child may have".

VISION

CF1. Does [name] wear glasses?

      1. Yes.
      2. No. [skip to CF3]

CF2. When wearing their glasses, does [name] have difficulty seeing? Would you say … [read response categories]

      1. No difficulty.
      2. Some difficulty.
      3. A lot of difficulty.
      4. Cannot do at all.
      7. Refuses.
      9. Don't know. [skip to CF4]

CF3. Does [name] have difficulty seeing? Would you say … [read response categories]

      1. No difficulty.
      2. Some difficulty.
      3. A lot of difficulty.
      4. Cannot do at all.
      7. Refuses.
      9. Don't know.

HEARING

CF4. Does [name] use a hearing aid?

      1. Yes.
      2. No. [skip to CF6]

CF5. When using their hearing aid, does [name] have difficulty hearing sounds like peoples' voices or music? Would you say … [read response categories]

      1. No difficulty.
      2. Some difficulty.
      3. A lot of difficulty.
      4. Cannot do at all.
      7. Refuses.
      9. Don't know. [skip to CF7]

CF6. Does [name] have difficulty hearing sounds like peoples' voices or music? Would you say … [read response categories]

    1. No difficulty.
    2. Some difficulty.
    3. A lot of difficulty.
    4. Cannot do at all.
    7. Refuses.
    9. Don't know.

MOBILITY

CF7. Does [name] use any equipment or receive assistance for walking?

    1. Yes.
    2. No. [skip to CF12]

CF8. Without their equipment or assistance, does [name] have difficulty walking 100 [yards or metres] on level ground? That would be about the length of one football field. [Or insert country specific example]. Would you say … [read response categories]

    2. Some difficulty.
    3. A lot of difficulty. [skip to CF10]
    4. Cannot do at all. [skip to CF10]
    7. Refuses.
    9. Don't know.

CF9. Without their equipment or assistance, does [name] have difficulty walking 500 [yards or metres] on level ground? That would be about the length of five football fields. [Or insert country specific example]. Would you say … [read response categories]

    2. Some difficulty.
    3. A lot of difficulty.
    4. Cannot do at all.
    7. Refuses.
    9. Don't know.

CF10. With their equipment or assistance, does [name] have difficulty walking 100 [yards or metres] on level ground? That would be about the length of one football field. [Or insert country specific example]. Would you say … [read response categories]

    1. No difficulty.
    2. Some difficulty.
    3. A lot of difficulty. [skip to CF14]
    4. Cannot do at all. [skip to CF14]
    7. Refuses.
    9. Don't know.

CF11. With their equipment or assistance, does [name] have difficulty walking 500 [yards or metres] on level ground? That would be about the length of five football fields. [Or insert country specific example]. Would you say … [read response categories]

    1. No difficulty.
    2. Some difficulty.
    3. A lot of difficulty.
    4. Cannot do at all.
    7. Refuses.
    9. Don't know. [skip to CF14]

CF12. Compared with children of the same age, does [name] have difficulty walking 100 [yards or metres] on level ground? That would be about the length of one football field. [Or insert country specific example]. Would you say … [read response categories]

    1. No difficulty.
    2. Some difficulty.
    3. A lot of difficulty. [skip to CF14]
    4. Cannot do at all. [skip to CF14]
    7. Refuses.
    9. Don't know.

CF13. Compared with children of the same age, does [name] have difficulty walking 500 [yards or metres] on level ground? That would be about the length of five football fields. [Or insert country specific example]. Would you say … [read response categories]

    1. No difficulty.
    2. Some difficulty.
    3. A lot of difficulty.
    4. Cannot do at all.
    7. Refuses.
    9. Don't know.

CONCENTRATING

CF19. Does [name] have difficulty concentrating on an activity that they enjoy doing? Would you say … [read response categories]

    1. No difficulty.
    2. Some difficulty.
    3. A lot of difficulty.
    4. Cannot do at all.
    7. Refuses.
    9. Don't know.

ACCEPTING CHANGE

CF20. Does [name] have difficulty accepting changes in their routine? Would you say … [read response categories]

      1. No difficulty.

      2. Some difficulty.

      3. A lot of difficulty.

      4. Cannot do at all.

      7. Refuses.

      9. Don't know.

CONTROLLING BEHAVIOUR

CF21. Compared with children of the same age, does [name] have difficulty controlling their behaviour? Would you say … [read response categories]

      1. No difficulty.

      2. Some difficulty.

      3. A lot of difficulty.

      4. Cannot do at all.

      7. Refuses.

      9. Don't know.

MAKING FRIENDS

CF22. Does [name] have difficulty making friends? Would you say … [read response categories]

      1. No difficulty.

      2. Some difficulty.

      3. A lot of difficulty.

      4. Cannot do at all.

      7. Refuses.

      9. Don't know.

ANXIETY

CF23. How often does [name] seem very anxious, nervous or worried? Would you say … [read response categories]

      1. Daily.

      2. Weekly.

      3. Monthly.

      4. A few times a year.

      5. Never.

      7. Refuses.

      9. Don't know.

DEPRESSION

CF24. How often does [name] seem very sad or depressed? Would you say… [read response categories]

      1. Daily.

      2. Weekly.

      3. Monthly.

      4. A few times a year.

      5. Never.

      7. Refuses.

      9. Don't know.