Confronting obstacles of inclusion with relevance to people's belief systems, perspectives and experiences in Sittwe and Pauktaw Rakhine State, Myanmar

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…To ensure that all children can enjoy their rights affirmed by the UN Convention is an issue but to analyze the fulfillment of the rights of children with disabilities is a serious challenge. It requires commitment, detailed information and analysis, and dialogue. In our report, more information in such matter is provided. Some information may be known already, other information is new. Some data may be easily agreeable, some may be contested. Whatever the case, we are very sure that the report will be a contribution for a dialogue between local, national and international organizations and institutions and their policies about children with disabilities and inclusive education.

"I find it hard to walk on the pathways full of mud and stones but I love to go to school everyday…"

-10 years old boy, Sittwe, May 2015

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Their spirit of solidarity for the inclusion of children with disabilities in education inspired us and gave us the optimism and above all the hope for inclusive education for the whole Rakhine State.

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Abbreviations

(CCCM) Camp Management and Camp Coordination

(CRC) The Convention on the Rights of the Child

(CRPD) The Convention on the Rights of Persons with Disabilities

(ECDC) Eden Centre for Disabled Children

(EiE) Education in Emergencies

(FGD) Focus Groups Discussions

(IDP)s Internally Displaced Persons

(ICF) International Classifications of Functioning, Disability and Health

(IE) Inclusive Education

(INGO) International Non Governmental Organization

(INEE) International Network for Education in Emergencies

(IsI) Individual semi-structured Interviews

(MCPD) Myanmar Council of Persons with Disabilities

(PTA) Parent Teacher Association

(PV) Photo Voice instrument

(SCI) Save the Children International

(SCHRS) Save the Children Humanitarian Rakhine State

(Su) Survey

(TLS) Temporary Learning Spaces

(UNICEF) The United Nations Children's Fund

(WHO) World Health Organization

1. Background

1.1 Internal Displacement in Rakhine State and Education

A combination of geography, history and ethno-regional politics with the central government has impeded social and economic development in Rakhine and it now ranks as one of the least developed state in Myanmar. This under-development, resultant high levels of poverty and limited opportunity and the ethnic politicization of this is directly linked to the inter-communal violence which continues in Rakhine. Inter-communal tensions continue and 139,310 people remain displaced across ten townships as a result of the violence that erupted in 2012.[1] Sittwe and Pauktaw townships remain the most affected with 88,464 and 17,163 people displaced respectively and living in IDP camp or camp-like conditions[2]. 60% of these are estimated to be children (67,124), 18,795, of primary school age (appox.16.8% of the total population) and 26,179 secondary school age (approximately 23.4% of the total population)[3]. The vast majority of children are displaced in the rural IDP camps of Sittwe and Pauktaw and do not have access to formal educational opportunities as existing Government schools lack the space to accommodate more children. Additionally, most children in the camps are too far to be able to access these schools safely or due to restriction of movement are not allowed to leave the camp site. Due to these restrictions, International organizations remain the primary provider of education in the camps and adjacent communities to date.

In 2014, a focus on primary education led to the increased access to primary education in IDP camps and some host and surrounding communities, with coverage reaching 70%[4]. Children age 5-10 attend Temporary Learning Spaces (TLS) which are fully aligned with the Government curriculum, teaching 4-5 subjects, two shifts per day. In 2015, TLS students were additionally able to participate in Government yearly exams, enabling 5th grade students who pass to enter formally recognized Secondary school opportunities.

Immense progress has been made however, high levels of support are still needed to maintain services, improve the quality and safety of these learning environments and increase access for marginalized children. The continued shortage of qualified teachers remain a constant challenge thus investment in Government aligned teacher training in both content and pedagogical areas is needed.

Although the Education Sector has seen increased access to primary education, merely 8% of adolescents age 12-17 are enrolled in post-primary educational opportunities[5]. As evidenced in a 2013 assessment this lack of educational opportunity and related limited livelihoods opportunities was a contributory root cause of the conflict[6]. Continued and increased support for this vulnerable group will protect them from the rising risks of migration, trafficking, crime

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[1] For a deeper Conflict assessment please refer to Conflict Assessment in Rakhine State, Roose, Josefine, March 2013

[2] Myanmar Humanitarian Response Plan, 2015

[3] Myanmar Humanitarian Response Plan, 2015

[4] Myanmar Humanitarian Response Plan, 2015

[5] Myanmar Humanitarian Response Plan, 2015

[6] 'Education in Rakhine: Next steps for the Sector', Education and conflict assessment in Sittwe and Pauktaw, Save the Children Myanmar, September 2013

and other forms of exploitation. Through the provision of education, further instability and conflict can help be contained. This is also true for ethnic Rakhine youth whose opportunities also remain limited, and who are key actors in the short-term management of conflict in the area and the longer-term process of peace-building.

1.2 Inclusive Education Background in Myanmar

Myanmar is currently undergoing drastic political social and economic changes. After the 2010 elections, commitment to education sector reforms, amongst others, were promised. In 2012 the Comprehensive Education Sector Review (CESR) was initiated, eventually resulting in new Education Law that was officially passed in 2014. Further, Myanmar has taken three major steps towards the protection and inclusion of the rights of the children with disabilities. First, Myanmar has signed the UN Convention on the Rights of the Child (CRC) (1989). Next, Myanmar ratified the UN Convention of the Rights of Persons with Disabilities (2006) and finally, Myanmar has also committed to Education for All (EFA), which provides for all children having access to basic education of good quality (UNESCO 2000).[7]

Despite these important steps and commitments to inclusive education "currently there are no specific criteria to define the level of disability of a child, for example mild, moderate or severe, or guidelines for schools regarding the education of children with disabilities.[8]

Myanmar ratified the Convention on the Rights of the Child (CRC) on 15 July 1991[9] and on 7 December 2011 the Convention on the Rights of Persons with Disabilities (CRPD).[10] The CRC in particular, render children with disabilities visible and place explicit obligations on states to introduce measures to promote inclusion and freedom from discrimination.

- Article 2 states that no child should encounter discrimination on the grounds of 'race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status'.
- Article 23 is a provision dedicated to children with disabilities and emphasises their right to a 'full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community'. It imposes obligations on States to provide special care and assistance to enable the child to achieve the 'fullest possible social integration and individual development, including his or her spiritual or cultural development'.

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[7]Report, 2015. Inclusive education and children with disabilities in Yangon, Myanmar. Report from a research study conducted by Eden Centre for Disabled Children in partnership with VSO,
[8] National Curriculum Review in Myanmar:, 2014. www.cesrmm.org/index.php/en/ documents
[9] http://www.childrightsconnect.org/wp-content/uploads/2013/10/Myanmar_CRC-_Report_FINAL-59.pdf
[10] http://www.ohchr.org/EN/HRBodies/CRPD/Pages/CRPDIndex.aspx

2. Definitions

As articulated by the CRC, all children have the right to education. Save the Children and INEE builds off this important convention defining inclusive education as ensuring the presence, participation and achievement of all students in schooling. It involves restructuring the culture, policies and practices in schools so that they can respond to the diversity of students in their locality. Inclusive education:

- acknowledges that all children can learn
- acknowledges and respects differences in children: age, gender, ethnicity, language, disability, HIV and TB status, etc
- enables education structures, systems and methodologies to meet the needs of all children
- is part of a wider strategy to promote an inclusive society
- is a dynamic process that is constantly evolving.[11]

Thus, although this report focuses on disability, it is crucial to emphasize that inclusive education benefits all children, not only children with disabilities. The foundational concept of inclusive education is pertinent for many of the obstacles to quality education throughout Rakhine State.

The definition of a disability for the purpose this report is based on the standards of the International Classifications of Functioning (ICF), Disability and Health developed by World Health Organization (WHO). The disability and functioning are viewed as outcomes of interactions between health conditions (diseases, disorders and injuries) and contextual factors.[12] To clarify:

> "Among contextual factors are external environmental factors (for example, social attitudes, architectural characteristics, legal and social structures, as well as climate, terrain and so forth); and internal personal factors, which include gender, age, coping styles, social background, education, profession, past and current experience, overall behaviour pattern, character and other factors that influence how disability is experienced by the individual."

There are three levels of human functioning as classified by ICF: functioning at the level of body or body part, the whole person, and the whole person in a social context. Disability therefore involves a dysfunction at one or more of these same levels: impairments, activity limitations and participation restrictions. The formal definitions of these components of ICF are provided in the below.

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[11] Save the Children UK (2008) *Making Schools Inclusive: How change can happen. Save the Children's experience*

[12] http://www.who.int/classifications/icf/icfbeginnersguide.pdf?ua=1

Body Functions are physiological functions of body systems (including psychological functions).

Body Structures are anatomical parts of the body such as organs, limbs and their components.

Impairments are problems in body function or structure such as a significant deviation or loss.

Activity is the execution of a task or action by an individual. Participation is involvement in a life situation.

Activity Limitations are difficulties an individual may have in executing activities.

Participation Restrictions are problems an individual may experience in involvement in life situations.

Environmental Factors make up the physical, social and attitudinal environment in which people live and conduct their lives.

Disability: Disability is a complex and contested concept and there are a lot of definitions on it. Our understanding on the biosocial model defining disability focuses on the relationship between the individual and their environment in terms of limitations or barriers in performing daily activities and restrictions or supports to social participation. This is based on the definition of ICF defined by WHO.[13]

The UN Convention on the Rights of Persons with Disabilities states;

> "Persons with disabilities include those who have long-term
> physical, mental, intellectual or sensory impairments which
> in interaction with various barriers may hinder their full and
> effective participation in society on an equal basis with
> others" [14].

Both physical barriers and the social barriers in the community of the CWD can have a disabling effect. CWD can be understood as one group within a range of learners with diverse needs in education. However, internationally CWD are recognized as a group who are least likely to be enrolled in school, suggesting that addressing the education needs of CWD is an important component of achieving Education for All and meeting commitments to the UN CRPD Article 24[15].

Physical disability- refers to disability that affects body functions and body structure (parts of the body such as organs, limbs developed by ICD**;** however, for the purpose of this research

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[13] http://www.who.int/classifications/icf/icfbeginnersguide.pdf?ua=1
[14] UN CRPD 2006, Article 1.
[15] UNICEF 2013.

and for the relevance of teachers and parents understanding children, visual and hearing impairment are counted under the physical disability category.

Intellectual disability; refers only to mental functions and impairment that effect activities and participation restrictions.

Multiple disability; in this report multiple disability refers to more than one disability or impairment that together with environmental and social factors limit functioning, activities and participation.

Children with disabilities: this term used in this report refers to children with physical, sensory or intellectual impairments, or with multiple impairments, who are disabled because of the environmental and interaction social barriers.[16]

Accessibility: Inclusive development means that CWD can take part in and benefit from development and humanitarian programmes. Instead of creating new barriers, it is therefore essential that development programmes contribute to eliminating existing ones. There are six aspects to accessibility: physical, communicative, intellectual, social, economic and institutional.[17]

Also, we want to underline that in this report we share the same definition with Eden Centre for Disabled Children (ECDC) for Inclusive education in Myanmar; "The social model of disability is often contrasted with the medical model of disability, in which difficulties are considered to be caused primarily or solely by the individual's impairment and there is little or no consideration of social and environmental factors."[18]

Our understanding of "disability" is based on the social model, which focuses on human rights and obstacles created by the environment, which includes the way the society behaves, culture, prejudices, myths, and maltreatment.

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16 The definitions related to inclusive education are adapted from Hannah Corps, Inclusive Education Policy Paper, Handicap International, June 2008, pp. 2-4. 2. Marianne Schulze, Understanding the UN Convention on the Rights of Persons with Disabilities: A Handbook on the Human Rights of Persons with Disabilities, Handicap International, July 2010, p. 40.
17 The definitions related to inclusive education are adapted from Persons with disabilities – Inclusion: human right and mandate, 2012, p 5.
http://www.entwicklung.at/uploads/media/Manual_Persons_with_disabilities.pdf
18 Inclusive education and children with disabilities in Yangon, Myanmar. Report from a research study conducted by Eden Centre for Disabled Children in partnership with VSO, 2015

3. Research Objectives

The INEE Minimum Standards[19] encourages all children, especially the most vulnerable or excluded, are enabled to participate in emergency education programmes. However, a recent practice study supported by SCI[20] and UNICEF affirm, "High rates of disabilities reported in Pauktaw and Rathedaung Muslim communities warrant further study, and quite possibly, tailored services to populations with disabilities" [21]. As such, SCI identified the objectives of the consultancy through the Terms of Reference. *(See **Appendix#1**)*

1. The research addresses the prevalence and composition of disability within the Rakhine displaced community and the barriers that children with disabilities (5-17 years old) face to participation.
2. The research explored the meanings and perspectives as well as observed the main social barriers in relation to CWD inclusion in education.
3. Propose practical programmatic recommendations for service providers to advance inclusive education, emphasizing the resources needed to support participation and learning.

To see the action plan refer to *(Appendix 2)*

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[19] INEE (2004) *Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction:* A Commitment to Access, Quality and Accountability. http://ineesite.org/standards

[20] Save the Children UK (2008) *Making Schools Inclusive: How change can happen. Save the Children's experience* www.eenet.org.uk/newsletters/news8/page16.shtml

[21] Child Protection Knowledge, Attitudes, and Practices Study, Save the Children and Unicef, Rakhine State, Myanmar, 2014, p 64

4. Research Design

4.1 Research Methodology
The research methodology was consulted with;

- INEE Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction (INNE Minimum Standards)[22], particularly on the related issues of human and children's rights, disability and vulnerability.
- INNE pocket guide to Inclusive Education. Education in Emergencies; Including Everyone. Inter-Agency Network for Education in Emergencies Task team on Inclusive Education and Disability (2009). [23]

Sampling strategy

A mixed methods sampling strategy (representative, convenience and purposive) sampling was selected based on the nature, objectives and methodology of the qualitative research. Collectively these methods addressed the objectives of this research.

A representative sample was drawn from the population of interest that encompassed demographics and characteristics that were in line with those of the population as much as possible.

Convenience sampling involved drawing samples that were both easily accessible and willing to participate in a study.

Criterion sampling involved searching for cases or individuals who met the certain criterion, in our case they have a certain problem to solve or have had a particular life experience.

Ethics

Completed questionnaires and notes from IsI and FGDs were entered into the child and adult databases the following day. They were collated in a separated binder for confidential storage and were put in a safe place in the Save the Children Humanitarian Rakhine State office.

The research process and report writing respected confidentiality of the participants and never used their name on the report. The staff was trained on the "Do No Harm Approach" and on the principles of IE and used an informed consent letter for all interviews and FGDs.

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[22] INEE (2004) *Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction: A Commitment to Access, Quality and Accountability.* http://ineesite.org/standards
[23] INNE (2009) *Pocket guide to Inclusive Education. Education in Emergencies; Including Everyone. Inter-Agency Network for Education in Emergencies Task team on Inclusive Education and Disability.* http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1007/INEE_Pocket_Guide_Inclusive_Education_EN.pdf

4.2 Data Collection

A desk review was conducted prior to the research to collect information on context of CWD in Myanmar.Further the data collection consisted of a combination of the qualitative techniques namely: 1. Survey (Su) 2. Individual semi-structured Interviews (IsI), 3. Focus groups discussions (FGD) 4. Participatory activities with children. All participants signed an informed consent form (see *Appendix 4*); for themselves or for their children. Also, the participants were informed by the facilitators that results of this research were confidential and that their responses would be used anonymously in the report.

1. *Survey (*Su) with parents or caregivers of CWD in and out of school that were invited by camp leaders were used in order to further explore; the barriers to participation. Refer to (Su) questionnaire *(see Appendix 3).*

2. *Individual Semi-Structured Interviews (IsI).* Semi structured Interviews with PTA members, camp leaders, teachers, CWD, religious leaders with the parents or caregivers of CWD in and out of school were used in order to further explore; the prevalence and composition of CWD; their knowledge and understanding in reference to the disability of their child and the rights of the CWD to mainstream education; how social stigma and discrimination influences their choices and their children's lives. The consultant conducted IsI with key informants from each of the communities where also FGD took place. Interviewing two key informants and actors in the communities provided additional information on the situation of the CWD other and services available. (see **Appendix 4**) for semi-structure IsI guide questionnaire

3. *Focus Groups Discussions* **(FGD)** FGD with PTA members, CCCM, camp leaders, teachers, parents of CWD in and out of school were used in order to further investigate; their knowledge, perceptions, motivations, priorities addressing children disabilities; their suggestions and ways to solve/imporve the problem. Eleven FGD were conducted in TLSs and according to the plan not more than eight people were invited. However, in every camp or village parents of CWD and sometimes their teachers voluntarily joined FGD. The numbers varied from 10-12 participants for every FGD. 110 people participated on the FGD.A facilitator and a note taker led the FGD. Each FGD lasted at maximum one hour Refer to FGD guide questionnaire *(see Appendix 4).*

4. **Participatory Activities with Children** "…Securing the participation of children in research can be both empowering and validating for children (and adults) as well as enriching for the research process and its findings […] Ensure not only that children's opinions were directly accessed, but also that, as far as possible, children were enabled to contribute their ideas both on policy matters and on the components of good

practice.[24] Two techniques were used in this research; Photo Voice instrument (PV), Puppet and origami technique*.*

PV instrument was used with 25 CWD in and out of school were used in order to further investigate; their feelings; their interaction with siblings, teachers and peers; their participation school and community in everyday activities (see Appendix 5) for IsI and PV questions. Children participants were provided Polaroid cameras to use as a tool to guide their responses. This approach is two fold, in the sense that it is interactive and allows the children to keep their photos while the research team uses a digital camera to capture photos of the photos for the research. See (*appendix 8*) for a full example of the PV exercise.

Puppet and origami technique was used to interview CWD for the same reason as PV instrument. The interviewer used two puppets who would take turns "talking" about things they like and dislike. The child was asked to identify with one or the other. For example, one might say, "I hate school," and the other might say, "I don't hate school," and the child was asked to choose which statement captured his or her feelings. The goal was to create a safe play space. Origninally it was intended for researchers to use puppets however CWD were unfamiliar with puppets and preferred origami instead.

Most CWD have internal motivations that help them achieve success. The research team found that PV was a very successful instrument to investigate CWD feelings and thoughts. Taking photos encouraged children participants (CWD, their siblings and friends) to fully and willingly participate on the research. It was a first time experience for CWD either to be interviewed in the camps/villages or to take photos themselves. This was an exercise that the research team interpreted that the CWD felt heard and visible. PV technique was the most successful technique and the research team felt it extended beyond the research objectives and created an atmosphere of excitement, inventiveness and creativity.

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[24] Mann, Gillian and David Tolfree. 2003. "Children's participation in research: Reflections from the care and protection of separated children in Emergencies Project." Save the Children Sweden: Stockholm. http://www.crin.org/docs/Children's%20Participation%20in%20Research.pdf

Above: Research team member during training, practicing puppet technique.

Above: Interviewing CWD using origami technique

4.3 Research team;
A mix team of eight members (4 female and 4 male) was composed with representatives from SCI, UNICEF, Plan International and one translator.

A Rakhine translator translated the research tools from English to Myanmar. In the field, SCI staff, camp leaders and teachers assisted translation from Myanmar language to Rakhine and/or local languages present in the IDP communities.

The consultant trained the team on two separated days regarding the specific research

objectives, methodology including IsI, FGD, child participatory activities, informed consent, and confidentiality and role-play sessions. Tools (interviews and focus group discussions) were modified based on feedback during the training. Also, during training sessions the team contributed to the parents, teachers and camp leaders and PTA members survey design and questions and reviewed the translations to make sure that the used language was appropriate, easy and clear to understand by the communities. In additional, the questionnaires were tested and modified during and after the testing day.

Ongoing daily training and supervision occurred throughout the testing of Su, FGD and IsI. Daily debriefing sessions before and after the fieldwork helped the team members review the work completed in the field. This strengthened accurate data collection.

Findings and observations made by the teams contributed to the general understanding of the data and their interpretations, and also fed the findings and recommendations. Also, the research team collaborated closely with the SCI, providing regular daily updates regarding the research progress.

4.4 Geography of data

The geographic areas for the research were identified by the SCI team.. The camps and villages are based on the locations within Sittwe and Pauktaw Townships where SCI activities have been implemented through the EiE program. (see **Table 1.1**)

Table 1.1 CCCM and INGO provided population data on research locations

Location Township	Name of Village/Camp	Type of Community	# of Households in location	Total Population
Sittwe	Baw Du Pha 2	IDP Muslim Camp	1312	6912
Sittwe	Thet Kae Pyin Village	Host Community - Muslim	2091	10749
Pauktaw	Sin Tet Maw Village 1	Rakhine Isolated Village	460	1999
Pauktaw	Sin Tet Maw Village 2	Host Community - Muslim	884	3634
Pauktaw	Sin Tet Maw	IDP Muslim Camp	680	2405
Pauktaw	Kyein Ni Pyin	IDP Muslim Camp	971	4685

Table 1.2. Participant Information

The survey reached **228** participants in total

Gender	Su Participants	IsI	FGD participants	Children Participants	Total
Male	**35**	**20**	**70**	**22**	**147**

Female	15	18	40	8	81
Total	50	38	110	30	228

4.5 Limitations

• The team had two weeks in Sittwe to conduct the IsI with key informant and FGD. Although towards the end of the field visit interviews were yielding similar responses, more time would have enabled interviews with more diverse stakeholders, and allowed for further exploration of the perspectives of communities based outside of Sittwe and Pauktaw.

• The majority of the parents of the CWD that participated on the FGD were illiterate, signing the consent forms with their fingerprints. This demonstrates that their level of understanding and comprehension of the assessment of disabilities is very poor. Thus, the interpretation of what may be considered 'normal' functioning from the parents and teachers varies across contexts and influenced the measurement of research outcomes. Also, Eden report notes, "The relatively low estimation of the number of people with disabilities in Myanmar may be linked to the lack of a clear definition of disability in the national context."[25]

• There was great discrepancy and no consistency of information from the different sources interviewed (parents and teachers) regarding the number of CWD, especially ones with intellectual disabilities. This lack of training on assessment may lead to children, particularly the ones with non-visible impairments, to be unidentified.

• Language barriers limited the depth of interviews as translation was required between English, Myanmar, Rakhine and local languages. The risk of misconceptions and questions being misinterpreted or mistranslated verbally or in written documents was a constant obstacle.

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[25] Inclusive education and children with disabilities in Yangon, Myanmar. Report from a research study conducted by Eden Centre for Disabled Children in partnership with VSO, 2015

5. Findings

This section will consider and present the findings regarding three research objectives. First prevalence findings will be presented then composition findings and finally barriers to the CWD will be demonstrated.

5.1 Prevalence of CWD
This data were collected through the surveys that were distributed to teachers, parents and camp leaders. Since we received different data from the three used sources we triangulated information collected during the survey phase. Very often, the numbers that teachers confirmed didn't match with the numbers that PTA members or camp leaders declare.

There are CWD in each camp and village, and most of them don't attend TLS. Also, since the data is based on the answers of a population not trained in recognizing various forms of disabilities the accuracy is questionable.

Table 2.1 Population of CWD in Research Locations

Child's Age Category	Thet Kae Pyin Village	Baw Du Pha 2	Kyein Ni Pyin	Sin Tet Maw Village (M)	Sin Tet Maw Camp	Sin Tet Maw Village (Rakhine)
6-11 Years	12	32	27	27	18	3
12-14 Years	15	16	21	12	17	12
14-17 Years	6	8	6	6	10	6
Total	33	56	54	45	45	21

Table 2.1 illustrates the number of CWD identified through surveys, FGD and IsIs within each community. Although all age groups were targeted to participate equally, the category between 14-17 years old had the lowest rates of participation in the surveys and thus, less contribution to the data collection. The Rakhine education sector as a whole additionally struggles to achieve active participation from this age group.

Table 2.2 Disabilities and Gender

	Sex	Thet Kae Pyin Village	Baw Du Pha 2	Kyein Ni Pyin	Sin Tet Maw Village (M)	Sin Tet Maw Camp	Sin Tet Maw Village (Rakhine)
Gender	Male	21	46	33	36	18	6
	Female	12	10	21	9	27	15
	Total	33	56	54	45	45	21

Table 2.3 This table demonstrates that female participation in the surveys and interviews was less than male despite the research team's attempt to provide gender parity through assembling female only FGDs and IsIs. This means that their prevalence and opinion may be hidden and contributing to limitations in the results and participation targeting and potential reasons for lack of participation. It should be noted, the education sector also struggles for equal gender participation in teacher recruitment, PTA and community meetings.

In conclusion, the findings regarding the prevalence of disabilities indicate parents, children and community members are willing and able to identify CWD, however further quantitative surveying and research is needed to determine the percentage of CWD within each community. It is recommended any future survey methods of research include training and/or awareness raising so that community members better understand how to identify different types of disability i.e. physical, intellectual and multiple disability.

5.2 Composition of disability

The achievement of this objective was also a challenge**.** The survey asked various questions about the types of disabilities, or learning disabilities but the parents, PTA members and teachers mentioned only physical disability. It was only possible for them to identify disabilities that are visible. They mentioned only visual, hearing or speech impairment. When asked about learning or intellectual disabilities they looked confused and were completely unfamiliar with autism, attention deficit disorders or any learning disability.

In general, the concept of intellectual disability is not familiar to the parents and teachers in the camps and villages. This may be due to their own illiteracy, disability or lack of information regarding such issues. We modified the questionnaires for the IsI and FGD focusing only on three types of disabilities; physical, intellectual and multiple. The questions and FGD were simplified and made easier in order to create a less intimidating environment and make it as comfortable as possible for the participants to contribute. Teachers expressed that they recognized students in their classrooms that are hyper active and have difficulty following instructions but they considered them "bad" students who dislike school, not recognizing the possibility of a learning disability.

Table 2.2 Composition of Disability

		Thet Kae Pyin Village	Baw Du Pha 2	Kyein Ni Pyin	Sin Tet Maw Village (M)	Sin Tet Maw Camp	Sin Tet Maw Village (Rakhine)
	Composition of Disability						
Child's Disability Description	Intellectual disability	6	3	28	9	21	9
	Physical disability	12	25	20	36	18	9
	Multiple disability	15	28	6	0	6	3
	Total	33	56	54	45	45	21

Table 2.2 indicates that across all locations, physical disabilities were identified most often amongst the interviewees. This is attributed to their apparent visibility. Various reasons behind the comparative disregard of the intellectual and multiple disabilities may be due to interviewees' own illiteracy or lack of information or knowledge/training regarding intellectual disabilities. Despite this limitation, the finding of a higher prevalence of physical disability within a community is consistent with research studies from around the world as reported by UNICEF's The State of the World's Children 2013: Children with Disabilities report.[26]
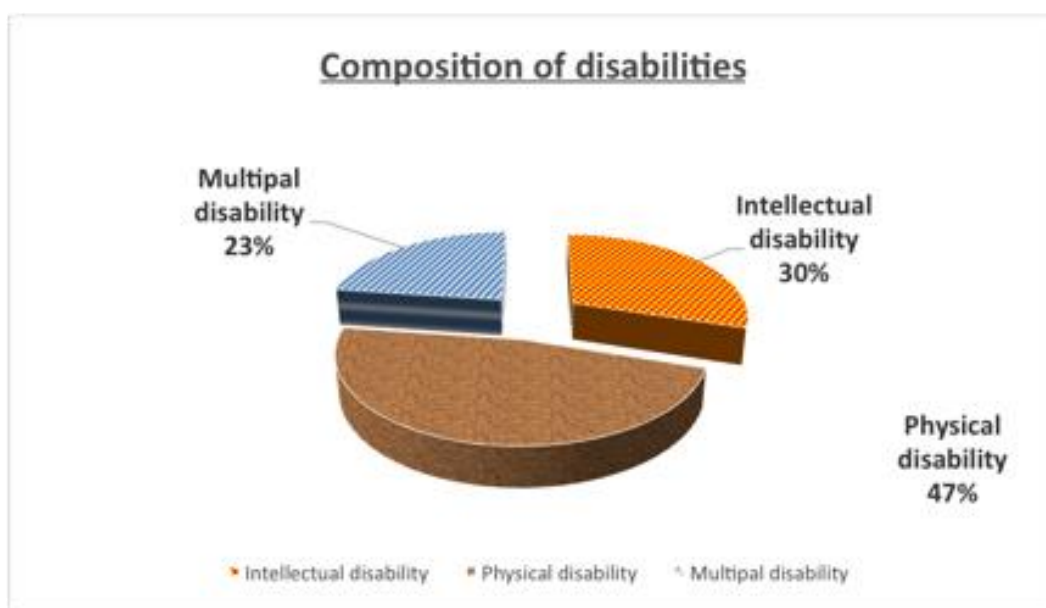
Figure 2. Composition of Disabilities

Figure 2. illustrates the breakdown of the type of disability found within the identified CWD. As mentioned previously, it is important to note many of the community members interviewed were predominantly only aware and able to identify physical disabilities and were unaware or lacked full understanding of different forms of intellectual disabilities.

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[26] The State of the World's Children 2013: Children with Disabilities.

Table 2.4 CWD in camps and villages

Total number of CWD		Children with Physical disability		Children with Intellectual disabilities		Children with Multiple Disabilities	
254		**120**		**76**		**58**	
CWD that attend TLS	CWD not attend TLS	CWD that attend TLS	CWD not attend TLS	CWD that attend TLS	CWD not attend TLS	CWD that attend TLS	CWD not attend TLS
54	**200**	**30**	**90**	**16**	**60**	**8**	**50**

Table 2.4 indicates that of the 254 CWD only one forth (54) attend and participate regularly in the TLSs.

In conclusion, the findings regarding the composition of disabilities indicate that only one fourth of the CWD identified through this research attend TLS. Further, of that one fourth, it is predicted that the majority of intellectual disabilities are unidentified due to lack of training and knowledge regarding their assessment. Also, the number of CWD that don't go to school include those that don't attend school because of environmental factors such as lack of wheelchairs, crutches, glasses, hearing aid accessories. Most of the participants mentioned that they had them prior to displacement.

5.3 Barriers children with disabilities face in participation and learning
One of the most significant and interesting findings was the high degree of congruence between respondents, specifically regarding the barriers (unlike the prevalence and composition responses). Almost all those that participated in the research cited similar issues in terms of the barriers, challenges and of the issues that need addressing in order to ensure school participation. There were no contradictory views.

Economic and Environmental Barriers

In most of the cases (75%) the CWD are either completely or partly unable to attend TLSs. It is especially those with physical disabilities that have been identified that don't attend TLSs. Only economic and environmental barriers were expressed that limited school attendance of CWD in Muslim communities. In regards to environmental barriers, examples such as a lack of concrete ramps in camps, mud, and "bumpy" unfit roads during rainy season hinder the children with physical disabilities who rely on wheelchairs or crutches to walk or move independently. The interviewees expressed that the children with physical and visual impairments are most affected by environmental barriers related to physical accessibility not only within the TLS site itself, but also in everywhere in the village or camp site. Furthermore, poverty was expressed as a significant barrier for children who were out-of-school. Most of

the parents mentioned the need for financial support for clothing, hygiene necessities, glasses, wheel chairs, crutches etc. Interviews expressed a lack of resources and economic means to support their children's participation in TLSs. Staying out of school was the only option for them even though not desirable. Another indication linking to economic barriers came from the Volunteer Teachers of TLS, who expressed that they did not have proper training and resources to teach CWD and accommodate their needs (for eg, thick pencils, highlighters, big alphabet letters, sensory educational toys etc to help CWD learn how to write and read.

Cultural and Religious Barriers

There were no major cultural or religious barriers expressed that would limit CWD to go to school. Both adults and children stated no cultural or religious barriers limit school attendance. Parents, teachers and peers expressed that they took on valuable roles as caregivers, supporting CWD to attend school meanwhile the research team also found few evidence of stigma and discrimination. A supportive solidarity around CWD including peers, volunteer teachers, parents and siblings was an important factor in supporting CWD to attend school. The research team gathered more evidence of caring friendships between children with disabilities and their peers at school and out of school than evidence of bullying and discrimination.

All parents, teachers, PTA members and religious leaders in all Muslim camps and villages confirmed that CWD need to go to school to learn and make friends. Socialization and possibly psychosocial support is viewed as an important aspect of schooling. Also, almost all children who participated in the research expressed their full desire to go to school. The majority of parents interviewed (23 parents, including parents of 12 out- of-school children) had a positive attitude towards their child's education and their independence. They value the benefits of attaining knowledge and life skills and they equally value the significance of socializing with other children of the same age. Parents also mentioned the importance of their classmates and friends support. The research discovered a great sense of solidarity amongst the community members, parents and religious leaders supporting the CWDs need to attend TLS.

5.4 Children's Voice

During this exercise the research team conducted IsIs with the children utilizing origami and puppets as the interactive aspect of the exercise. As previously mentioned, the interviewees included CWD, their siblings and their friends/classmates in order to attain the child's perspective. The questions of the IsIs and the PV exercise were similar, resulting in consistent responses from the children. See appendix 7.

The majority of the children interviewed expressed a great desire to attend TLSs and to socialize. Their replies emphasized the economic and environmental barriers, by stating that sometimes they need to stay home to help with house chores or to make money for the family. Activities include but are not limited to cleaning, chopping vegetables or fruits in the market. Respondents also mentioned they cannot attend school because they do not own a wheelchair. Others expressed environmental barriers, such as being unable to reach the TLSs due to difficult conditions. There were no major reports from the children feeling discriminated

against or excluded by friends.

Photo voice and IsI questions

1. Show me something that you like to do and you cannot?
2. Show me the place when you feel most comfortable or happy?
3. Why don't you go to school?
4. What can we do to help you go to school every day?
5. Who is your best friend?
6. What is the place where you feel most uncomfortable or sad?

Sample Responses
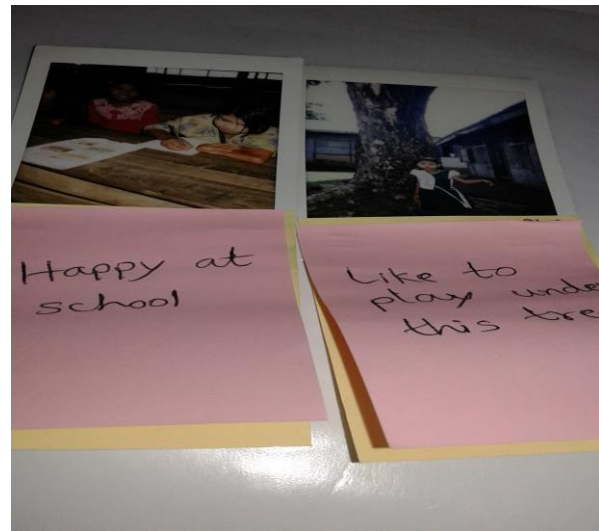
In conclusion their responses echoed the same as the desires of all children. They wanted to go to school, to be with their friends and to be active through activities such as playing or sports. Thus, the goals of the communities as well as the actors involved should be striving for the increased inclusion and participation of CWD in TLSs. The children's voice exercise emphasized to the research team how significant the lack of participation is to the children and how imperative their presence could be.

6. Recommendations

The recommendations in this report are based on ideas and suggestions made by the participants during FGD, IsIs, training as well as suggestions from the research team to make education in emergencies more accessible for everyone, particularly for CWD that are often excluded from learning and participation.

Recommendation 1. **Advocate for policy development.**

- Article 32 of the CRPD assigns specific recommendations for international cooperation; "Development and humanitarian aid measures must actively support the implementation of the rights of persons with disabilities and ensure comprehensive inclusion in keeping with the universal design. These measures must be carried out in cooperation with civil society, particularly with disabled people's organizations.[27]Although such organizations have been found in parts of Myanmar, no dedicated disability organization was found in Rakhine. However, some organizations were able to provide case by case assistance when made aware of needs.

- A strong partnership with the various local civil society organizations as well as international actors such as UN agencies might enhance community consultation processes when developing new assessment strategies related to IE and disabilities. This should include child participation in the research process.

- The sharing information through communication and especially the formation of location databases would assist and support the building inclusivity networks in Rakhine state and Myanmar. The creation of location databases would require extensive efforts to ensure confidentiality and protection of the population.

- Scale up IE for whole Rakhine state by cooperating with State Education Department in order to properly advocate for the rights of CWD to education by making revisions to the National Educational Law.

- Increase information sharing and collaboration between state and non-state education actors about CWD issues and CWD protection.

- Disability is a development issue; because of its strong link to poverty they feed each other. Inclusive education must be considered as a development goal for Rakhine state that goes beyond ensuring access to the basics for survival. It must be considered as an objective that goes beyond access to education but towards quality and inclusive education.

- Share the findings of the report with the MCPD that is going to write an alternative national report for United Nation on the situation of the persons with disability in Myanmar

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[27] Article of UN 32, CRPD

Recommendation 2. **Support assessment of disability**

- Develop Myanmar guidelines and train staff on disability assessment, including the level of disability based on internationally recognized standards defined by the World Health Organisation (WHO). Further research could be conducted in Rakhine State and Myanmar measuring the prevalence and composition of disability and the number of CWD who are out-of-school.

- Empower the youth to establish a youth camp committee to develop door-to-door mapping of the CWD in each camp and village. More emphasis needs to be placed upon mapping the CWD system at local and informal level in order to identify other partners who could be a resource.

Recommendation 3. **Promote and support accessibility and services for CWD**

- Ensure physical accessibility for children with disabilities, including commuting and moving around the TLSs as well as having safe access to water and sanitation facilities.
- The TLS must give welcoming messages, communicates rules and visual aid to support and accept all children.

- In partnership with PTA, Mothers Clubs, Camp Management Committees, Youth Groups, Child Protection Groups, State and Township Education Officials, EiE Sector Partners, Child Protection Sector Partners, Camp Management and Camp Coordination initiate a database system for the CWD and their families in order to offer financial assistance based to the needs of the families of CWD to support school attendance.

- Support local transportation inside camps or villages that can collect CWD and bring it to school and home after school.

- Fundraise for emergency support for increased school attendance, for the purchase of equipment, assistive devices, extra stationery and hygienic necessities when needed.

- Invite health agencies to asses and provide vision and hearing test for all children in the camps or villages and follow-up providing glasses and hearing resources.

- The development of medical support services is urgently needed. Hopefully this can be strategically planned once the IE is scaled up for the Rakhine state and state coordination structures are established. It is also important to ensure that proactive, early intervention (under 5 years old screening, engagement with medical professional is planned with CWD.

- Organize home base schooling or a non-formal education life skills classes for special cases of CWD

- Entitle volunteer for each TLS to simplified texts or modify materials for CWD based on the age group

- Recruit teacher assistants for each TLS to simplified texts or modify materials for CWD based on the age group.

- Develop self-learner packs for home schoolteachers, teacher assistants and adolescents to use for teaching younger CWD.

Recommendation 4. **Build capacity for parents, teachers and camp leaders**

- Increase capacity of education stakeholders and community leaders providing IE, CRC training, disability assessment, parenting skills, as well as care-giving skills for parents, peers and communities.

- Raise the profile of disability issues amongst the community members, challenging the expectations about the capabilities of CWD and adolescents with disability as a first step to securing shifting attitudes of inclusivity through training and leaflets.

- Develop IE training module for teachers that is designed based on the participatory child-centred teaching methods not only for CWD but also for everybody.

Recommendation 5. **Encourage Improvement on educational practices**

- Investigate mother tongue and bilingual education techniques to bridge language barriers prevalent and develop bilingual supplementary IE materials.

- Most teachers in TLSs still follow traditional instructional teaching methodology. In partnership with UNICEF promote 'inclusiveness' as one of the key principle of child-friendly education. A child-friendly school is one that avoids excluding, discriminating or stereotyping on the basis of difference, respects and celebrates diversity.[28]

- Provide teachers with participatory instructional teaching training including defining different learning styles (ie visual, oral) for CWD

- Raise issues of diversity and promoting inclusion based on CRC and CRPD and introduce strategies to ensure inclusive, psycho-social support and non-discriminatory practices during teaching and learning process.

Recommendation 5. **Empower youth**

- Train adolescent volunteers to deliver IE awareness at community and family level

- Invite and include adolescents with disabilities to mainstream activities, and in decision-making about issues that affect them.

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[28]http://www.unicef.org/publications/files/Child_Friendly_Schools_Manual_EN_040809.pdf

- Build a 'buddy system' (adolescents with or without disability from the youth centers) that are willing to support CWD. These 'adolescents buddies' can help with CWD in general and children with physical mobility problems to carry school bags and move around the camp/village or go to the toilet. Also they can be a buddy/friend for moral and emotional support.

- Increase and improve visual learning techniques that can mitigate language and physical disability barriers. For example, organize youth centers to develop a Photo essay in local language with photos from photo voice archive to raise awareness of inclusivity and make it visible for TLSs and the community.

*Special recommendation***:**

In accordance with articles 9 and 21 of the CRPD, kindly consider making the report available in accessible formats for people with disabilities to eliminate obstacles and barriers to information and allow people with disabilities to access information in the format and mode of their choice. This includes large print, braille, audio version and 'easy-to-read format'.

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Links

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Appendixes

<u>**Appendix 1**</u> TOR

1. Design and conduct research on the prevalence and composition of disability within the Rakhine displaced community. This research should address the barriers children with disabilities face to participation and learning and ways in which such barriers can be minimized. All research should include what the Myanmar Government education system provides children with disabilities as the sector seeks to bridge the gaps between our EiE system and the regular education system. Research should be participatory and is expected to build SCI staff capacity through staff actively assisting in the research process.
2. Provide a final report which includes practical programmatic recommendations for service providers to advance inclusive education, emphasizing the resources needed to support participation and learning, with particular attention paid to cultural prejudices that reduce participation in community activities
3. Develop and lead an inclusive education training for sector implementing partners to enhance sector knowledge and programming and aid the development of an improved inclusive education teacher-training package.

<u>**Appendix 2.**</u> List of 36 key informants, 21 males and 15 females;

1. State Education Director
2. Three Members of Myanmar Council of Persons with Disability
3. Two Religious leaders
4. Six PTA members
5. Six Camp leaders
6. Six Teachers CWD
7. Six Parents of CWD
8. Three Siblings of CWD and three CWD
9. Three classmates of CWD

<u>**Appendix 3**</u> Action Plan

Period	Activity	Persons involved
	Preparatory Phase	
May 12-14 Yangon	-Definition of a final research plan; -Consult with EiE Program Director EiE Program Manager, Program Officers, Program Assistants, Monitoring Evaluation Accountability and Learning Program Officer; - Participation on the workshop organize by Institute for Political and Civic Engagement in partnership with the Myanmar Council of Persons with Disabilities (MCPD) drafting the alternative report on the situation of Person with disability in Myanmar; -Meeting and interviewing tree members of MCPD; -Drafting of the questions (grid) for (Su), (IsI), (FGD) and identification of potential problems; -Drafting of the guidelines for the data collection; -Defining the key informants;	Researcher
	Implementation Phase	
May 14-17 Sittwe	-Identification of Field staff -Training of field staff and On-the-job training support if needed; -Start up and implementation of field work; -Testing of the Su, IsI and FGD grid and related requested changes in a selected area;	Researcher team, EiE Program Manager
May 17-28 Sittwe	-Field work; (Su), (IsI), (FGD); -Data entry and coding;	Researcher team, Local coordinators
May 29 Sittwe	-IE training;	Consultant, research team
May 31 Yangon	-Meeting with Education Program Manager and Development Alternatives Incorporated (DAI) for victim assistance and Disability	Consultant

Appendix 4

Parents Survey

Gender _____M_____F_____

Grade   of your child_____

Name of child's school _____

Length of time attended this school _____

Name of current school contact person (teacher, principal, etc.)_____

My child...   (Mark with an X only if <u>statement is true or mostly true</u>.)

1. _____has difficulty with grades and/or study habits.
2. _____has problems with behavior at school.
3. _____dislikes school.
4. _____has difficulty completing homework.
5. _____reverses such letters as b/d, numbers (6/9), or words (was/saw).
6. _____has messy handwriting or avoids written tasks.
7. _____has problem writing and reading (comprehension or understanding).
8. _____has problem in math. (ordering of math functions) division, multiplication tables, carrying and regrouping
9. _____has trouble with days of the week, months of the year.
10. _____does poorly with phonics (sounding out words) in school.
11. _____confuses similar letters, numbers, shapes, or words.
12. _____has more problems during free, unplanned time such as the following: playground, hallways, before & after school (circle)
13. _____has benefited mostly from which of the above resources: community service, school, teacher, health practitioners
14. _____has extreme difficulty at school with the following number of subjects: none, 1, 2, many (Circle)
15. _____fails to attend school regularly; misses many days.
16. _____has failed a grade. If yes, why do you think _____
17. What do you think is the biggest challenge for your your child going to school_____ _____
18. What do you think would be helpful solving you child's school problem?_____ _____
19. About how long has your child had this problem_____

Appendix 5 IsI and FGD questions

1. How many CWD are in your camp/village?
2. How many of them don't go to school? Why?
3. Are you familiar with CRC and CRPD?
4. Do you want CWD to go to school? Why?
5. Are any social/religious/cultural barriers that limit CWD to go to school?
6. Do you think CWD in your community are discriminated? How? Why?
7. What do you suggest can be done to help CWD to go to school

Appendix 6 Photo voice and IsI questions

1. Show me something that you like to do and you can not?
2. Show me the place when you feel most comfortable or happy?
3. Why don't you go to school?
4. What can we do to help you go to school everyday?
5. Who is your best friend?
6. What is the place where you feel most uncomfortable or sad?

Appendix 7

(Out of School and In School – Disability Children Photo Voice 28.5.2015)

ခင်သီတာဦး
ဒီနှစ် ၁ တန်း တက်ရမှာပါ
အသက် ၈ နှစ်
ကျောင်းတက်ရတာကို
ကြိုက်တယ်
သူငယ်ချင်းတွေနဲ့ တွေ့ရတယ်
စာလည်း သင်ရတယ်

အချစ်ဆုံး သူငယ်ချင်းကတော့
ဆိတ်ချေလို့ ခေါ်တယ်။
အိမ်ချင်းတော့ နည်းနည်း
ဝေးတယ်။ ကျောင်းသွားရင်
အတူတူသွားတယ်။ အတန်းလည်း
အတူတူပဲ။ ကစားလည်း
အတူတူပဲ။ ကူလည်း ကူညီတယ်။

ဒီနေရာကို မသွားဘူး သရဲခြောက်တယ်လို့ပြောတယ်
(လူကြီးတွေက ပြောတာ) ကြောက်တယ်။ လက်ဆေးပွဲ
လုပ်တုန်းကလည်း မသွားရဲဘူး။

သူငယ်ချင်း ဆိတ်ချေတို့ အိမ်မှာ စုပြီး အိုးခွက်တမ်း ကစားတယ်
သူငယ်ချင်းတွေ လည်း အကုန်ကစားကြတယ်။