Report on Baseline Survey

Building a Case for Inclusive Education Targeting Children with Disabilities in Yei, Bor and Tonj Counties in Southern Sudan

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Study Initiated and Funded by Dark & Light from the

DARK & LIGHT BLIND CARE **Netherlands**

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Preface

Tecilien Institute for Empowerment *(TIE)* is a research and development agency operating in the field of disability. The Institute focuses in Organizational Development (OD), Rehabilitation, Education, Career Training and Employment. TIE is pleased to provide Dark & Light Blind Care of the Netherlands this baseline study report. The report presents an analysis of the local situation in Yei, Bor and Tonj counties of Southern Sudan as a first step towards implementation of inclusive education services for children with disabilities. This is a program that would be undertaken in cooperation with Dark & Light, ACROSS, CEAS, SEDA, C&D working in partnership with the Ministry of Education Science and Technology (MOEST) and other participants in the study area.

Services for people with disabilities are virtually non-existent in Southern Sudan. A great opportunity lies ahead for Dark & Light and for other organizations working separately and in various partnerships to play a facilitating role towards inclusive education. This would serve to address the social and economic inequalities of children and youth with disabilities, a section of the population that is among the poorest of the poor in this part of the world.

Dark & Light's gesture of initiating and providing funding for this study is highly admirable. The operationalizing of recommendations contained in this report would go a long way in realizing the noteworthy goals of both inclusive education and Education for All. Dark & Light has played this important catalytic role in addressing disability issues for people with visual impairment in developing countries especially in the Philippines, Indonesia, Cambodia, Laos, Bangladesh, Nepal, Pakistan, Afghanistan, Ethiopia, Nigeria, Tanzania and Sudan.

In establishing the extent and scope of the capacity and gaps in Yei, Bor, and Tonj Counties which are strategically situated in different geographical areas in Southern Sudan, *TIE* brought together key stakeholders who made useful contributions through out the exercise. The range of information received has given the report a comprehensive focus that will contribute towards moving the inclusive education agenda forward in Southern Sudan.

The author wishes to thank everyone involved in the successful completion of this study. Special thanks go to Dark & Light who provided the support for this study in material and logistical terms and to Mr. Matthijs Nederveen, in particular for his guidance throughout the entire process.

My sincere gratitude goes to selected organizations, and staff, namely: The Association of Christian Resource Organizations Serving Sudan (ACROSS), especially Christine Perkins, and her team at the head office in Nairobi and in Yei, The Church Ecumenical Action in Sudan (CEAS) through its Director Mr. Petros Wontamo, Mr. Severino Opio, Programs Coordinator and all the team members in Nairobi and Loki logistical office. My special thanks to Dr. Madthel Malek Agei, Director of the Sudan Education &

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I must thank the County Commissioners and Ministry of Education Science and Technology, County Education Departments in Yei, Bor and Tonj. My sincere thanks go to the teachers in various schools, community members, parents and relatives of children with disabilities, pupils and students in schools and institutions as well as international and national NGO's who kindly participated in interviews and provided information about their respective organizations.

Finally, and most importantly, I thank the children with disabilities who participated directly or indirectly in this study through interviews. We hope that, by listening to their voices and words, this report will bring a positive change in their lives.

Peter M, Muasya
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List of Acronyms

ACROSS   -   Association of Christian Resource Organizations Serving Sudan

ANA   -   Annual Needs Assessment

C&D   -   Church and Development

CEAS   -   Church Ecumenical Action in Sudan

CPA   -   Comprehensive Peace Agreement

COD   -   Cause of disability

CWDs   -   Children with Disabilities

DPO's   -   Disabled Persons Organizations

EFA   -   Education for All

Hh   -   House Hold

Hhh   -   House Hold Head

ICF   -   International Classification of Functioning & Disability

IDS   -   Institute of Development Studies

IE   -   Inclusive Education

ILO   -   International Labour Organization

ISCED   -   International Standard Classification of Education

EBD   -   Education before disability

EAD   -   Education after disability

EADSNE   -   European Agency for Development in Special Needs Education

EMIS   -   Education Management Information System

MDGs   -   Millennium Development Goals

MOEST	-	Ministry of Education Science and Technology
MS	-	Marital Status
N/A	-	Not Applicable
NGO's	-	Non Governmental Organizations
NER	-	Net Enrolment Ratios
NSCSE	-	New Sudan Centre for Statistics and Evaluation
OECD	-	Organization for Economic Co-operation and Development
OLS	-	Operation Lifeline Sudan
RTHh	-	Relationship to house hold head
PHCC	-	Primary Health Care Centre
PHCU	-	Primary Health Care Units
PTA's	-	Parents and Teachers Associations
SBA	-	School Baseline Assessment
SEDA	-	Sudan Education & Development Agency
SEN	-	Special Education Needs
SPLM	-	Sudan People's Liberation Movement
SPSS	-	Statistical Package for Social Sciences
TIE	-	Tecilien Institute for Empowerment
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
WFP	-	World Food Programme - WHO
WHO	-	World Health Organization

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Executive Summary

The major objective of this study was to establish capacities and gaps on the state of inclusive education, particularly as regarding children with disabilities in Yei, Bor and Tonj counties of Southern Sudan. This would then serve as a first step towards implementing pilot projects intended to include and mainstream children with disabilities into the formal educational system. The findings from this study demonstrate unavailability of accurate information on the incidence and prevalence of disability. However, available estimates in the greater Yei (*WHO population estimates of 328,389 in 2004*) indicate that 10% of the population, (or 32, 839) comprise people with disabilities. Of these, 4,926 (or 15%) are estimated to be of school-going age. Bor and Tonj counties with populations of 279,000 and 883,393 respectively (*WHO NID- 2004*) have 4,185 and 13,251 of children and youth with disabilities and special education needs who are of school-going age. The study identified 240 children and youth with disabilities in Yei, 225 in Bor and 127 in Tonj. All do not have access to formal education relevant to their specialized and unique needs.

A positive finding of this study is that a small number of children with disabilities (equivalent to 15% of the total) currently attend general schools voluntarily even though they have to do without the specialist attention from teachers. These children's desire to learn further highlights the EFA's concern on the 98% of children with disabilities in developing countries who do not attend school. **There is an urgent need for proactive interventions to include children with disabilities into formal educational systems. There is also need to ensure that such schools provide adequate life skills, in addition to the formal learning. This is only possible if a structured approach to inclusive education is adopted.**

Because Sudan has been at war for a long time, its situation is unique. Current education standards are way below international benchmarks, particularly for the South. This emergency and post emergency situation has negatively impacted the vision and charter of **Education for All** (EFA). The charter recognizes that children with disabilities (including others with special education) have the right to benefit from the stabilizing and reassuring environment that school provides.

The study observes that emergency and post-emergency situations create greater challenges for children and adults with disabilities compared to those without disabilities. Indeed, in many countries, there is a dramatic differential access to educational opportunities available to children with disabilities and those available to non-disabled children. This access differential makes it nearly impossible to realize the goal of Education for All. It is only by adopting a radical change in the design and delivery of education and training opportunities that this situation can be changed.

Based on the above and recognizing the universal right to education, the study recommends the adoption of the Flagship that seeks to unite all EFA partners in providing access to and promoting completion of quality education for every child, youth, and adult with a disability. Specifically, this Flagship calls for:-

- Full participation of persons with disabilities and families in the design of all Flagship activities;
- Promotion of the full participation of persons with disabilities and families in the development of policies and practices related to their education at the national, regional, and global levels;
- Ensuring that all governmental entities, donors, and NGOs endorse the universal right of education for all children, youth, and adults with a disability;
- Full incorporation of the Flagship Goal into national plans of action and regional policies;
- Working in partnership with all other EFA Flagships to fully endorse and incorporate the right of educating every person with a disability into their efforts;
- Mobilization of resources in support of the Flagship Goal through obtaining commitment of new resources from national and international entities and leveraging existing EFA resources;
- Ensuring that the EFA Monitoring Process includes specific quantitative and qualitative statistics and indicators related to persons with disabilities and documentation of resources allocated to the implementation of EFA for these individuals;
- Identification and dissemination of effective practices and stimulation of research and studies related to the Flagship Goal; and,
- Promotion of the right of every child and youth with a disability to express his/her views pertaining to his/her education and life skills as defined by Article 23.1 of the Convention on the Rights of the Child.

The recommended inclusive education approach in the context of Yei, Bor and Tonj counties sees the whole process as one that is dynamic with all stakeholders participating in a network of relationships. This means that the move towards inclusion in the three counties should be gradual, and based on clearly articulated strategic guidelines and plans.

To create an effective Inclusive Education programme in each of the three counties, the study recommends the application of an inclusive education model that builds on a pre-designed conceptual framework. This framework would act as a guide to thinking about the network of relationships and factors inherent to inclusive education development. The framework builds on the structure for assessing quality in the EFA 2002 Monitoring Report (UNESCO). This report contains a model framework that contains many of the components found in the EFA framework. Additionally, however, it contains value-added factors and insights from the literature review on inclusive education, policy and practice in obtained from Chapter 3 of this report as well as the key findings contained in Chapter 4. The framework (*table 5.1 Input-Process-Outcome Framework for IE*) discusses four domains of **inputs**, **processes**, **outcomes**, and **contextual factors** in an open-system that takes into account the external factors influencing inclusive education (e.g. policy, legislation, cultural and socio-economic conditions) and also the internal factors as integral components of inclusive education development. This open-system has a particular strength for fitting inclusive education into the context of the existing educational systems in Yei, Bor and Tonj counties.

This research recommends that ACROSS, CEAS/C&D, and SEDA link up with other stakeholders in order to implement the proposed model to actualize the setting up of Inclusive Education for children with disabilities in Yei, Bor and Tonj counties. The initiatives identified as supportive of the move toward inclusion are discussed in detail in Chapter 5 of this report. Some of these include the following:

- Establishing pilot projects in individual schools or clusters of schools incorporating best practices and developing local strategies;
- Training a cadre of teachers and school principals so they, in turn, can train others;
- Collaboration with MOEST to pay teachers sufficiently in order to focus on teaching and be held accountable for student success;
- Providing teachers with training in classroom strategies so they can accommodate children with diverse learning needs in regular classes;
- Collaboration with MOEST to encourage staffing schools with support teachers to provide mutual help to classroom teachers;
- Developing information packages on "best practices" and disseminating the knowledge;
- Creating education institutions that prepare new teachers for inclusion;

- Forming partnerships between schools, parent groups, NGOs, and government and professional groups in the promotion of inclusion in schools and the community.

This report also gives specific recommendations for each of the counties in the Chapter on Recommendations. It is recommended that this report serve as a basis for developing proactive interventions for actualizing inclusive education in the study areas. These findings should be fitted into the overall EFA philosophy for inclusive education. By so doing, the inclusive education programs that would arise from the report's actualization would benefit from both the general philosophy of the EFA vision while at the same time taking into account the unique needs and challenges in Yei, Bor and Tonj counties.

1. BACKGROUND

1.1 Introduction

This report is based on a situation analysis study undertaken in Yei, Bor and Tonj counties of Southern Sudan. The major objective of the study is to obtain factual information that would be used as the input material for building a case for inclusive education targeting children with disabilities. This study was initiated and financed by Dark & Light Blind Care of the Netherlands in its effort to uplift lives of people with disabilities living in developing countries. The subsequent inclusive education program will be implemented by the Association for Christian Educators in Sudan (ACES.), an alliance of Christian organizations and churches currently working in the area of education in Southern Sudan.

Members of ACES have been working in the Sudan for many years in the area of providing education and other related services. With time, these members have realized the need to pay close attention to inclusive education that would cater for children with disabilities hand in hand with other children. The move towards inclusive education is not simply a technical or organizational change. It is a movement with a clear philosophy arising from the realization that if inclusion is to be implemented effectively, then a set of inclusive education principles together with practical ideas to guide the transition towards addressing inclusive policies ought to be defined. This philosophy requires that principles of inclusion, as set out in various international declarations, are used as a foundation. These would then be interpreted and adapted to the Southern Sudan context. This report presents a guideline toward this process.

The proposed inclusive education project will be piloted in Yei, Bor and Tonj Counties through ACROSS, CEAS/C&D and SEDA.

1.2 Education in Emergency and Post Emergency Situation

It is imperative to recognize that education in emergency and post emergency situations arising from armed conflict in Southern Sudan has negatively impacted the vision and charter of Education for All (EFA). This charter recognizes that children with disabilities, abused children, child laborers, refugees, displaced persons, migrants, religious minorities, child domestic workers, migrants, poverty stricken children, language minorities, ethnic minorities, children in conflict zones/child soldiers, nomadic children, HIV/AIDS orphans, internal displaced children, returnees or other post crisis persons have the right to education. These persons also have the right to benefit from the stabilizing and reassuring environment that school provides. The post emergency situation in Southern Sudan has not been conducive to children, including those with disabilities, to attend school.

Unfortunately, emergency and post-emergency situations create greater challenges for children and adults with disabilities compared to persons without disabilities. In a majority of countries, for example, there is a

dramatic difference in the educational opportunities available to disabled children and those provided for non-disabled children. This difference in available opportunities makes it nearly impossible to realize the goal of Education for All. Only by adopting a radical change in designing and delivering education and training opportunities would it be possible to change this situation. Bengt Lindqvist, the United Nations Special Rapporteur on Human Rights and Disability, has observed that "a dominant problem in the disability field is the lack of access to education for both children and adults with disabilities". This is notwithstanding the internationally recognized fact that education is a fundamental right for all enshrined in the Universal Declaration of Human Rights and protected through various international conventions.

1.3 Role of Education

The role of education has progressively been recognized in the international development lexicon not only because of its pivotal role in improving the well-being of households and individuals but also because of the positive externalities that it generates for the whole society. There is overwhelming and convincing empirical evidence that consistently indicates the positive impact of education in improving the well-being and reducing poverty and vulnerability of poor households in rural and urban settings. Interestingly, the role of education has also been recognized in the discourse on the causation of civil wars. Some empirical evidence, (for example by Collier, 2000), shows that civil wars are concentrated in countries with little education. Perhaps more importantly, research shows that a country with higher percentage of its youth in schools reduces considerably its risk of conflict. This finding has undoubtedly underpinned the important externalities generated by education and particularly in Africa where civil wars have become more pronounced and endemic.

1.4 The Right to Education

The right to education is a basic human right and the foundation for a more just society. Half a century ago the Universal Declaration of Human Rights (1948) asserted education to be this basic human right. This right has been reaffirmed more recently in the Convention on the Rights of the Child (1989). The Convention also recognizes that there are particular problems to overcome in order to truly ensure educational opportunities for all children. For this reason, this Convention has been followed up in recent years by a movement that has sought to turn the educational rights of the child into a reality.

1.5 Education for All (EFA) and Children with Disabilities

This movement, Education for All (EFA), was launched at the World Conference on Education for All in Jomtien, Thailand in 1990 by the major international and bilateral organizations. It was attended by almost all of the nations of the world. In the year 2000, a decade later, 176 countries gathered in Dakar, Senegal at the World Forum on Education for All to review the progress made towards this goal.

Inclusive Education An EFA strategy for all children.

In general, countries have worked to address the educational rights of children. As a result ten (10) million more children attend school each year. Unfortunately, the tendency of countries to focus on the "easy to reach" and neglect those excluded from basic education for social, economic, or geographic reasons has been noted in reviewing progress made to date. An example is the fact that 98% of children with disabilities in developing countries do **NOT** attend school.

Because of this exclusion, the Forum declared that Education for All must take into account the needs of the poor and the disadvantaged, which, among other concepts includes the assertion that persons with special learning needs must be included in school programs and that Education for All must really mean **ALL**.

The Inclusive School

The fundamental principle of the inclusive school is that all children should learn together, wherever possible, regardless of any difficulties or differences they may have. Inclusive schools must recognize and respond to the diverse needs of their students, accommodating both different styles and rates of learning and ensuring quality education to all through appropriate curricula, organizational arrangements, teaching strategies, resource use and partnerships with their communities. There should be a continuum of support and services to match the continuum of special needs encountered in every school (**Salamanca Framework for Action, 1994**).

Despite the apparent recognition of the positive role of education in human development, improving access to education in general has been elusive across the globe. This has been more so in developing countries and specifically Sub-Sahara Africa. Equally, the 'right' to education that has recently been invoked in the lexicon of many development actors concerned with improving access to education is far from being realized and simply remains a rhetoric rather than tangible reality. The challenges of reaching universal primary education in countries affected by conflicts and/or post conflict situation are enormous.

1.6 The Southern Sudan Situation

Southern Sudan has been in war with itself for a long time. About 40 years out of 50 years of its existence have been wasted in two major wars – 1955-1972 and 1982 to 2005. The Comprehensive Peace Agreement (CPA) signed in 2005 gives opening for a new chapter for Sudan. The agreement formally ended Africa's longest running civil war, a war that has cost the lives of 1.5 million people and displaced another four (4) million. In a country that has known only 11 years of peace since its independence in 1956, there is a renewed spirit of optimism in the air. The major question, however, is whether the Comprehensive Peace Agreement (CPA) will really be comprehensive enough to bring about a lasting peace.

1.7 Purpose of the baseline Study

The purpose of this baseline study was to establish the extent and scope of capacity challenges/gaps in human and other resources in order to design practical intervention benchmarks for enhanced delivery of inclusive education services to children with disabilities in Yei, Bor and Tonj Counties in Southern Sudan.

The results of this study include capacities, gaps and recommended interventions on the way forward in implementing inclusive education services for children with disabilities. The results contain, a description of the present situation in the project locations and national policy regarding inclusion of children with disabilities, distribution of disability by cause, age and gender per location, a model for finding and identification of children with disabilities to be used by the schools; a model for inclusion of children with disabilities in schools and in the project areas with a list of criteria for successful inclusive education. A (draft) curriculum for teacher trainings and training of trainers, Advise on involvement of communities and (national and local) government, Advise for capacity building of schools, involved (local) organizations and government, Advise on the objectives and approach of the pilot projects which are starting in 2007, Assessment of risks for failure of the pilot project and how to avoid these risks; Advise on inclusive education services to be set up by ACES and the strategy to be used by ACES and D&L

Sudan Administration Boundaries
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2. METHODOLOGY

2.1 Description

The data was collected through three main methods, namely: desk review of literature, case finding interviews with children and families of disabled children using open-ended administered interview questionnaires and actual interviews with selected organizations.

The review of literature consisted of internet, library, and information searches. It also included obtaining information from various organizations and Government department offices in Yei, Bor and Tonj Counties in Southern Sudan.

Information gathering tools were developed, shared with stakeholders and mutually agreed upon before being put into use by a team of 30 enumerators (10 in each of the counties). The enumerators were trained on questionnaire administration prior to involving them in pre-testing (to serve as a practical learning exercise and to test the viability of the questionnaire). This was followed a debriefing session that sought to clarify issues arising from the pre-testing and administration of the questionnaire.

The questionnaire had a number of sections dealing with specific issues: the first section dealt with issues of disability by age, by gender, by distribution, and by cause. The second section inquired into attitudes and perceptions towards people with disabilities (by age, gender, area, and by cause). Data was collected through a combination of open and closed- ended questions.

The selection of local enumerators and mapping out of the areas covered during data collection was a collective venture between the hosting NGOs (ACROSS in Yei, C&D in Bor and SEDA in Tonj) and in collaboration with the County Education Departments. The survey was conducted through case finding where households with disabled children between the ages of between one (1) and twenty one (21) years were targeted. This provided the researcher with the opportunity to interview potential cases and families of children with disabilities, in the process affording a chance to develop an idea of the numbers of persons with disabilities in specific areas.

Data gathering took place in 594 households in a total of 21 days (excluding days earmarked for training of enumerators). Each enumerator was required to cover on average a minimum of 3 households in any given day. This was to ensure data quality was maintained through minimizing undue exhaustion of field assistants. The consultant carried out separate interviews with several organizations, schools, and governments departments in the three counties.

The data were analyzed using the Statistical Software for Social Sciences (SPSS). Descriptive and inferential statistics (frequency analyses, measures of average and dispersion, and cross tabulation

procedures) were used to describe data and to make inferences about the population. Responses from the open ended questions were categorized into themes and the percentage responses calculated for each (content analysis). The statistical outputs were presented using suitable presentation tools such as charts, tables, and comparison analysis of rankings. The information was then crafted into a draft report and shared with stakeholders. The final report was then presented to Dark & Light.

2.2 Limitations

Due to shortage of time and other logistical issues it was not possible to undertake rapid assessment data collection using the cluster sampling method. This type of study would have given an estimate of prevalence of different diseases and the confidence intervals. The low level of education of respondents necessitated the interpretation of each and every question in the data collection instrument, a process which consumed more time than necessary and which introduced possible errors arising from the interpretation.

2.3 Challenges

There were several challenges in conducting the study. Certain areas of the counties became inaccessible for reasons of heavy rain and the general bad condition of roads and airstrips. Much time was wasted, particularly during transit periods from one county to the next due to lack of timely flights. The cost of transport in Southern Sudan was a horrendous highly and the cost of remunerating enumerators equally amazing. If it had been possible to minimize these challenges, there is no doubt that the results achieved would have been doubled for the same period.

3. LITERATURE REVIEW

3.1 General Overview and justification for Inclusive Education, Policy and Practice

Available literature indicates scarcity of material on the subject of disability relating to disabilities in general, and on special or inclusive education in particular for Southern Sudan. This report therefore relies heavily on the general overview and justification for inclusive education, general education policy and practice in Southern Sudan.

3.2 Inclusion in the Context of EFA

Inclusive Education (IE) in the context of the goals of Education for All (EFA) is a complex issue. Unlike health and labour markets, disability includes an array of cross-cutting issues in health, education, social services/welfare, and employment sectors. (*D. Cameron & F. Valentine (2001). Disability and Federalism: Comparing different approaches to full participation. McGill-Queens University Press: Montreal*)

IE can be implemented at different levels, embrace different goals, can be based on different motives, and can reflect different classifications of special education needs. Kobi has identified six levels of Inclusive Education: physical, terminological, administrative, social, curricular and psychological. (*In C. J. W. Meijer, Sip Jan Pijl & S. Hegarty (1994). New Perspectives in Special Education: A six country study of integration. Routledge: London & New York. Pp. 5-6*) Goals of IE may include integration of special education needs (SEN) students in classrooms or on changing societal attitudes to promote societal integration. (*The terms 'special education need' (SEN) or 'special needs education' (SNE) are used quite frequently in the literature on Inclusive Education. Where the terms are used, they should be seen as referring to the broader context and definition of the term; i.e., all forms of support and teaching within separate and 'mainstream' education. Reported in EADSNE, 1999: p. 18.*)

Specific goals may focus either on improved educational performance and quality of education, or on autonomy, self-determination, proportionality, consumer satisfaction or parental choice. Some of these may conflict and produce tensions. Similarly, motives for IE may derive from dissatisfaction with the system, from economic or resource allocation concerns, or from a vision of educational reform. Finally, SEN services may be viewed as a continuum of placement options (multi-track approach), as a distinct education system (two-track approach) or as a continuum of services within one placement—the general education school and classroom (one-track approach-*European Agency for Development in Special Needs Education (2003). Special Needs Education in Europe. A Thematic Publication by EADSNE. Brussels. www.european-agency.org.*)

3.3 Definition of Special Education Needs

A further layer of complexity involves the definition of special education need. Classification systems vary from country to country, and even within countries. Some countries have adopted a definition based on need for special education services, and do not count or label students. The United Kingdom, for example, in its Warnock report of 1978 defined disability on this basis. Other countries apply a two-tier definition based on extent and type of disability. These countries base entitlement to Special Education on two conditions: under-educational performance (observed or predicted), and "objective cause". For countries that use traditional "objective cause" labels to determine special education need, categories vary. For example, Denmark uses two categories, while Poland and the United States have more than 10 categories of disability.

Most countries use the categorical approach with a range of 4-10 types of special needs. In 'traditional' societies, four categories/types of disability are usually recognized: physical disability, blindness, deafness, and mental retardation. Further, countries may also include non-disabled individuals in special education needs categories, e.g., refugee children, gifted and talented children (who may also have impairments), and those with various learning difficulties and disadvantages that result in educational underperformance (e.g., street and working children, children from nomadic populations, children who have lost their parents through AIDS or civil strife, children from linguistic, and ethnic or cultural minorities).

The ISCED-97 (International Standard Classification of Education) definition has been adopted by OECD member countries: "those with SEN are defined by additional public and/or private resources provided to support their education. (*OECD (2000) Special Needs Education Statistics and Indicators, p. 8.)* This resource approach to defining SEN brings together students with a wide variety of learning difficulties. In addition, OECD, based on perceived causes of educational failure, has devised a categorization system used in a growing number of countries in the North and South as follows:

Category A: students whose disabilities have clear biological causes;
Category B: students who are experiencing learning difficulties for no particular reason;
Category C: students who have difficulties arising from disadvantages.

3.4 The Environment and Students with Disabilities

There is a growing realization that the environment plays a significant role in disabling majority of students. The new International Classification of Functioning and Disability (ICF) developed by the World Health Organization (WHO) organizes disability along two dimensions: functioning and disability (including body functions/structures and activities/participation in society), and contextual factors (environmental and personal). This definition shifts the focus from disability as an innate deficit to

disability as constructed through the interaction of the individual and his/her environment. This conceptual model of disability encourages focus on kinds and levels of interventions appropriate to the disablement needs of individuals within specific contexts, and is consistent with the social model of disability that is upheld by disability rights organizations and many disabled people. (*Complete classification information may be found from WHO, ICF www.who.int/icf. See also P. Dudzik & D.McLeod (2000). Including the Most Vulnerable: Social Funds and People with Disabilities. Social Protection Discussion Paper No. 0023, The World Bank, p. 23.*) Ingstad (2001) argues that the ICF distinctions are particularly important in many developing countries, where personhood depends more on social identity and the fulfillment of family obligations than on individual ability.(*B. Ingstad (2001). Disability in the Developing World. In Handbook of Disability Studies. G. Albrecht, K. Seelman & M. Bury (Eds). London: Sage Publications. Pp. 772-792.*)

3.5 Impairment and Disability

It is important to recognize the distinction between impairment and disablement. Disabled Persons International (1981) promotes the following distinction: "Impairment is the loss or limitation of physical, mental or sensory functions on a long term or permanent basis. Disablement is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers." Specifically, the *social model of disablement* focuses on environment. The *medical model of disability* focuses on an individual who needs fixing—either by therapy, medicine, surgery or special treatment.

3.6 Variance and Classification of School Aged Children and Youth with Disabilities

The wide variance in identification and classification of school-aged children and youth with disabilities and SEN makes it difficult to estimate potential demand (i.e., incidence and prevalence rates) for education to meet their needs.(*For an estimate of the total population of disabled people by countries, see Metts (2000), pp.62-67.*) However, a 1991 report prepared by the Special Rapporteur on Human Rights and Disability found that at least 1 out of 10 persons in the majority of countries has a physical, mental or sensory impairment. Because these persons reside within families, it is estimated that at least 25% of the entire population is affected by the presence of disability. (*Reported in: It Is Our World Too! A Report on the Lives of Disabled Children. Published by Disability Awareness in Action, 2001. London. Prepared by Gerison Lansdown.*) Of 500 million disabled people worldwide, 120-150 million are children. Eighty percent reside in developing countries. Further, there is every indication that this number is growing due to global conditions of increasing poverty, armed conflict, child labour practices, violence and abuse, and HIV/AIDS. For example, ILO reports that of the 250 million children working, more than two-thirds (69%) are affected by injury or illness. An estimated 15.6% (78 million) impairments were caused by accidents, trauma, and war. (*Statistics derive from the World Summit on Social Development as reported in It's Our World Too! (2001).* In developing countries, 50% of all disabilities are acquired before the age of 15, which

means that the estimated prevalence of school-aged children and youth with disabilities may be higher than the incidence rate of 10%. When the number of children with "objective cause" disabilities is added to the total number of children identified with special education needs, OECD estimates that between 15-20% of all students will require special needs education during their primary and secondary school years (*OECD 1999, p. 13 as reported in Dudzik, TOR 2003*) Finally, estimates of the percent of disabled children and youth who attend school in developing countries range from less than 1% (Salamanca Framework for Action) to 5% *(Habibi, 1999 as reported in Peters 2003, p. 12.)*

3.7 Operationalizing EFA by 2015

To achieve the major Dakar goal of assuring quality primary education for all by the year 2015 and other more specific goals, a broad international strategy has been put in place. The heart of this strategy is at the country level and embedded in national EFA plans for action (The Dakar Framework for Action, 2000). Each national EFA plan must specify reforms addressing the EFA goals, establish a sustainable financial framework, and be time-bound and action oriented.

Importantly, the Dakar Framework is a collective commitment; countries must be supported by regional and international agencies and institutions to reach EFA goals. To coordinate the commitment of these efforts a structure has been put in place that links national education development plans to regional frameworks for action and to an international structure of multilateral agencies, bilateral donors, lending institutions, and NGO networks. This international structure is coordinated by a Secretariat at UNESCO, an EFA Working Group, and a High Level Group, all playing a role in assuring:

- Planning,
- Communication and Advocacy,
- Financing,
- Monitoring and Evaluation, and
- International and Regional Mechanisms.

An additional resource to countries is the Flagship programs. These are a structured set of activities carried out by voluntary partners to eliminate specific obstacles to achieving Dakar goals through targeted and coordinated actions. These programs assist countries with their national educational plans and provide a focus for a particular aspect of EFA in terms of advocacy, information exchange, advice, and monitoring of progress. Currently there are flagship programs related to girls' education, school health, HIV-AIDS, literacy, emergency situations, early education, quality education, and, most recently, inclusion and disability.

3.8 The Flagship on Education for All and the Rights of Persons with Disabilities: Towards Inclusion.

This *Flagship on Education for All and the Rights of Persons with Disabilities: Towards Inclusion* was established in the year 2002 to act as a catalyst for ensuring that the right to education and the goals of the Dakar Framework are realized for individuals with disabilities. This flagship is based on the principle that the right to education is universal and must extend to all children, youth, and adults with disabilities as articulated in a number of internationally approved declarations, including the *World Declaration for Education for All* (1990), the *Standard Rules on the Equalization of Opportunities for Persons with Disability* (1993), the *UNESCO Salamanca Statement and Framework for Action* (1994), and the *Dakar Framework for Action* (2000).

The *Flagship on Education for All and the Rights of Persons with Disabilities: Towards Inclusion* has been formed by an alliance of diverse organizations, including global disability organizations, international development agencies, intergovernmental agencies, and experts in the fields of special and inclusive education from developed and developing nations. The flagship seeks to unite all partners in its effort to reach out to children, young people and adults with disabilities, and to promote solutions that can translate universal rights into inclusive realities. The Flagship Secretariat is housed in UNESCO.

The Goal of the Flagship has been agreed to as follows: *Recognizing the universal right to education, the Flagship seeks to unite all EFA partners in providing access to and promoting completion of quality education for every child, youth, and adult with a disability.* In order to reach this goal, the flagship will:

- Have the full participation of persons with disabilities and families in the design of all Flagship activities;
- Promote the full participation of persons with disabilities and families in the development of policies and practices related to the education of persons with disabilities at the national, regional, and global levels;
- Seek to ensure that all governmental entities, donors, and NGOs endorse the universal right of education for all children, youth, and adults with a disability;
- Act as a catalyst to fully incorporate the Flagship Goal into national plans of action and regional policies;
- Work in partnership with all other EFA Flagships to fully endorse and incorporate the right of educating every person with a disability into their efforts;
- Mobilize resources in support of the Flagship Goal through obtaining commitment of new resources from national and international entities and leveraging existing EFA resources;
- Seek to ensure that the EFA Monitoring Process includes specific quantitative and qualitative statistics and indicators related to persons with disabilities and documentation of resources allocated to the implementation of EFA for these individuals;

- Identify and disseminate effective practices and stimulate research and studies related to the Flagship Goal to include such areas as:
  - o Quality teacher education;
  - o School organization including adequate and accessible facilities;
  - o Curriculum and pedagogy, and
  - o Assistive devices and appropriate materials.
- Promote the right of every child and youth with a disability to express his/her view pertaining to his/her education and life skills as defined by Article 23.1 of the Convention on the Rights of the Child.

In order to inform planning towards developing strategies for working in the direction of inclusion it is necessary to examine research on policy and practice at schools and community at the education systems and external agency support during the conflict and post conflict periods in Southern Sudan.

3.1.0 Policy and Practice in Southern Sudan
3.1.1 Post-Independence Sudan: Exclusive Education Paradigm

By the time Sudan gained its independence in 1956, the South was sluggishly behind the North in terms of economic and social development. Not to the surprise of most southerners, the successive post-independence central governments and the ruling northern elite adopted the education system to construct a united Sudan with Arabo-Islamism as the sole determinant for national unity (Khalid, 1990). The ruling northern elite saw the religious and cultural diversity of Sudan as a threat to unity and strove to eliminate it through the education system as such diversity was perceived as tantamount to racio-cultural hegemony.

Since independence the missionary schools in the south have been seized by the central government and Arabic has replaced English as the medium of education (Oduho and Deng, 1963). The socio-economic disparity that was scandalously created by lack of development and education in the south during British rule naturally sharply widened between the north and south during the first four years of independence. This is shown in the table below. From the table, it is clear that the disparity between the north and the south with respect to the level of access to education at all levels is staggering. The south has a negligible share of access to education when compared with the size of its population. Interestingly, while the share of children in the south in the primary education facilities was less than 8 per cent, the share of girls in the south was almost zero compared with north's 20 per cent share of girl's education facilities for all primary school streams.

Table 3.1: British Colonial Legacy: Level of Access to Education by 1960

Number of Education Facilities (streams, schools and universities)			
Level of Education	**North**	**South**	**Total**
intermediate Streams (Boys)	194 (91%)	20 (9%)	214
Intermediate Streams (Girls)	55 (98%)	1 (2%)	56
Secondary School Streams (Boys)	49 (96)	2 (4%)	51
Secondary School Streams (Girls)	14 (100%)	0 (0%)	14
Commercial Secondary Schools	2 (67%)	1 (33%)	3
Technical Secondary Schools	3 (100%)	0 (0%)	3
Universities	4 (100%)	0 (0%)	4
Khartoum University students	1,156 (95%)	60 (5%)	1,216
Population Census in 1956 (000)	7,480 (72%)	2,783	10,263

Source: Oduho and Deng (1963)

3.1.2 Inter-War and Peace Period (1972-82): Deepening Inequalities

Even during the brief period of relative peace (1972-82) after the peace agreement that granted self-government to southern Sudan in 1972, the long-standing inequalities between north and south worsened further (Deng, 2002a). The south, ravaged by 17 years of civil war, failed to receive adequate resource transfer from central government, and the average realized budget for the southern regional government during this period barely covered 20 per cent of the planned budget (Deng, 2002c). As a result of inadequate resourcing, social and economic services, particularly access to education deteriorated relative to the north as shown by education statistics in Table 3.2.

Table 3.2: Level of Access to education during inter-war period, 1972-83

Number of Education Facilities and Population of Students			
Level of Education	North	South	Total
Primary Pupils (in 000)	1,349 (90%)	143 (10%)	1,492
Primary Schools	5,343 (87%)	809 (13%)	6,152
Primary Teachers	39,188 (92%)	3,432 (8%)	42,620
Gross Enrolment Ratio	40%	12%	
Pupil Teacher Ratio	34	42	
Intermediate Schools	1,378 (93%)	96 (7%)	1,474
Secondary Schools	199 (93%)	15 (7%)	214
Universities Admissions in 1983	3,499 (99%)	29 (1%)	3,528
Population Percentage	72%	28%	100%

Source: Yongo-Bure (1993).

With a population of 20 million during the inter-war period, the primary school enrolment rate was about 40 per cent in the north but less than 12 per cent in the south. In addition while pupils -teacher ratio was 34 in the north, it was 42 in the south as calculated from Table 3.2. In comparison to its size of population, the inequality in the level of access to education at all levels was significant and striking. This indicates that the central government did not exert effort to narrow this inequality between the north and south during the brief period of relative peace. Besides this apparent inequality, the successive central governments reverted forging the Sudanese identity around Arab-Islamic paradigm with education system becoming an effective vehicle to implement such policy. These profound horizontal inequalities generated a sense of frustration and feeling of injustice and exclusion that eventually led to armed struggle in 1982 (Yongo-Bure, 1993). Garang (1987:21) argued that 'under these circumstances the *marginal cost* of rebellion in the south became very small, zero or negative; that is, in the south it pays to rebel'.

3.1.3 International Assistance during Second Civil War: 'Complex Emergency'

The experience of humanitarian assistance in southern Sudan is very recent. It can be traced to 1972 when some international development agencies started rehabilitation projects following the first civil war (Deng, 1999). Unlike the first civil war (1955-72) when half a million persons died (to a degree because of the absence of humanitarian assistance), international attention was focused early enough (as early as three years) after the outbreak of the second civil war in 1982. The 1988 famine in Bahr el Ghazal region in southern Sudan triggered collective efforts from media, NGOs, western governments and UN bodies to

exert intensive pressure on the government of Sudan (GOS) to allow humanitarian assistance to reach the needy population in the rebel (Sudan People's Liberation Movement (SPLM)) held areas. This international pressure culminated in the formation of UN/NGOs consortium known as Operation Lifeline Sudan (OLS) in 1989, a tripartite agreement between the SPLM, the GOS and the UN that would ensure the flow of humanitarian assistance to the needy civilians. Since its inception, OLS has been able to mobilize and attract considerable international assistance to the needy population in the war-torn south.

Because of the huge amounts of humanitarian assistance it provides, and coupled with the weak SPLM local civil administration, OLS became, within a short period of time, the *de facto* government in the SPLM-controlled areas in the south as it assumed the traditional role of government in providing social services (Deng, 1999:68). The increased dominance of OLS in assuming the role of traditional government has been conditioned by 'neutrality' and 'relief rather than development' discourse in the context of 'complex emergency'. The end result is that the indigenous and local structures in the south have been supplanted by an exclusive parallel and unaccountable system established by the international agencies (Duffield, 1993:132).

3.1.4 Tracking access to primary education during civil war

The education system in the south has suffered during 'complex emergency' as it has been considered developmental rather than relief. This situation has led to limited efforts being exerted by international NGOs to address education needs. Even where these efforts have been undertaken, they have been poorly co-ordinated with no policy guidance. It is only recently when SPLM produced its education policy in 2002. The OLS emergency education programme in southern Sudan started to support community initiatives to rebuild southern Sudan's education system (UNICEF/OLS, 2002) in 1993. Despite these limited resources and the absence of education policy guidance and central organization authority in the 1990s, the local communities, with support from local authorities and NGOs managed to open their own primary schools across southern Sudan. The comparative education statistics are presented in Table 3.3

Table 3.3: Tracking EFA Goals in Southern Sudan during civil war, 1999/2000

Some EFA Goal Indicators	North (GOS)*	South (SPLM)**	Minimum Level*
1. **Universal Primary Education:**			
▪ Gross Enrolment Rate (%)	55.0	30.0	80.0
2. **Adult Literacy:**			
▪ Adult Literacy Rate (%)	57.7	33.0	70.0
3. **Gender Equality:**			
▪ Gender Parity Index	0.82	0.36	0.90

It is clear from Table 3.3 that while northern Sudan under the government of Sudan is far from realizing any of the three minimum levels and subsequently at serious risk of not achieving any of the three EFA goals (UNESCO, 2002:95), the situation in southern Sudan is far worse and precarious not only in relation to northern Sudan but is extremely far away in meeting the minimum levels of the three EFA goals.

While the deteriorating status of education in the war-torn southern Sudan is convincingly understandable, the appalling condition of education in northern Sudan is less self-explanatory particularly after the extraction of oil from southern Sudan. The oil export rose from virtual insignificance in the mid-1990s to US$275.9 million in 1999, and then quadrupled to reach US$1.24 billion in 2000 and moved Sudan from a chronic trade deficit to a position of surplus with an overall growth rate of 5%. Despite such economic recovery, the standard of living of average northern Sudanese has been, paradoxically, deteriorating (ICG, 2002, IMF, 2000; EIU, 2001). Specifically, the unemployment rate has remained steady at around 30% and investment in human and physical capital is low with incidence of poverty ever increasing (IMF, 2000). While a commensurate increase in military spending is neatly matched with oil exports and used to explain the deteriorating economic conditions (Deng and Morrison, 2001; Christian Aid, 2001; Gagnon and Ryle, 2001), corruption and 'rentier state' are real hidden explanatory factors since the oil started to flow (ICG, 2002).

The status of education in southern Sudan during the recently ended civil war will be better understood against the background of structural political vulnerability and exclusion as discussed earlier. Specifically, the education statistics in 1999/2000 for the universal primary education during the second civil war are compared with the education statistics during war periods as shown in Table 3.4.

Table 3.4: Comparing Level of Access to Primary Education in southern Sudan

Number of Education Facilities and Population of Students		
Primary Education	**1980-1* (pre-war)**	**1999/2000** (War Periods)
Primary Pupils	143,000	318,000
Primary Schools	809	1,500
Pupil Teacher Ratio	41.7	33.1
Primary School Age (in 000)	1,153	
Gross Enrolment Rate (%)	12%	30%

It is interesting to observe that the level of access to primary education has paradoxically increased considerably and even doubled during the just ended civil war compared to the level before the eruption of the second civil war as shown in Table 3.4. However, this impressive increase in the level of access to primary education during civil war in southern Sudan should be taken with caution as the quality of such primary education is crucially important to provide a nuanced understanding.

3.1.5 Contextual Factors: School Age Population and National Guidance

The conditions within which the primary education has been implemented are extremely difficult, particularly in the context of civil war. Besides the fact that communities in 'war zone' are exposed to increased insecurity and frequent displacement, the conduct of civil war poses increasing demand for human resource, particularly the primary school age male population. For example Bahr el Ghazal region was the epicenter of counterinsurgency warfare and average household had been displaced more than three times in the 1990s (Deng, 2002). UNICEF/OLS (1999:141) estimates that about 39,000 children under 18 years of age have been conscripted into the army over the past 15 years in southern Sudan and a similar number abducted by the government-led militias for forced labour or slavery. The situation of conscription of children into the national army is even worse in northern Sudan. This increased demand and pressure on the most active male age group resulted in drastic demographic changes as a sharp decrease in the number of males compared with females in the age group 20-39 years has been observed in southern Sudan (UNICEF/OLS, 2002b:9).

Besides insecurity and demographic changes, the primary education system has been run, as discussed earlier, with no or weak central organization authority to provide national goals, policy and standards for education, curricular guidelines and education system management. Most of the schools opened in southern Sudan were initiated by the communities and supported in uncoordinated way by NGOs with their own specific priorities. Besides poor co-ordination of education efforts, the education services for southern Sudanese refugees in the neighbouring countries and even in the internally displaced camps tended to be better.

3.1.6 Conditions of Schools

Most schools opened during the just ended civil war in southern Sudan are 'bush schools' with outdoor classrooms. Only 12 per cent of the classrooms are permanent with bricks or concrete (UNICEF/OLS, 2002a:2). The curriculum context and school syllabus are not standardized across all primary schools. Although the SPLM has introduced its own school syllabus (in 1998), only 54 per cent of schools use the

new syllabus, with the rest using either Kenyan or Ugandan syllabus (UINCEF/OLS, 2002:3). In addition to the challenges posed by different syllabuses, there is also the problem of acute shortage of textbooks. The UNICEF/SRRA assessment shows that only 13 per cent of the school requirements of the four core textbooks were met in 1999. The study also showed that half of primary pupils have no textbooks while only 30 per cent have, at most two textbooks (UNICEF/SRRA, 2002). Children with no textbooks carry a high risk of not attending school. The new syllabus developed by the SPLM, despite its limited coverage, is relatively more inclusive as it recognizes the diversity in southern Sudan.

Most of the primary school teachers in southern Sudan are poorly trained. Only 7 per cent have received college training. The rest have received some in-service training (48 per cent) or untrained completely (45 per cent) (UNICEF/OLS, 2002:4). The female teachers constitute only 7 per cent of all the teachers. Besides the acute shortage of trained teachers, teaching facilities are poorly equipped, and there are hardly any teachers' guide books. Also, teachers work under extremely harsh conditions with a lack of or inadequate incentives. This forces them to look for alternative employment opportunities at the expense of their teaching work.

3.1.7 Student Conditions

Easy access to school is the single most important factor affecting enrolment rates in southern Sudan. Studies show that about 75 per cent of primary pupils travel for at least 30 minutes before they reach their school and half of these children take more than an hour (UNICEF/SRRA, 2002). In addition, the survey further shows that children who take over 30 minutes traveling to school are more at risk of not attending school than those who take less than 30 minutes. Another factor impeding enrolment is disability and impairment. **About 10 per cent of primary school age population had some form of disability or impairment. Of these, children with disabilities have almost three times the risk of not being enrolled in school compared to non-disabled children (UNICEF/SRRA, 2002:15).**

Besides the contextual factors and conditions of schools already discussed,, lack of school fees, domestic chores, productive work, lack of clothes and lack of food have been identified as additional factors increasing chances of school drop-out. More than half of the households surveyed perceive lack of school fees as the most important reason for children dropping out of school, while about 27 and 22 per cent of households respectively consider farming and insecurity as reasons for children dropping out. While school dropping out of female pupils is largely attributed to domestic chores, the major reason for dropping out of school for male pupils is considered to be productive work and lack of clothes (UNICEF/OLS, 2000:87). In relation to domestic chores and productive work such as farming, lack of food has been cited as one of the reasons for school dropping out. Only 8.7 per cent of the children who attend school get meals at school.

3.1.8 Household/Community Conditions

The conditions of households and community in general play pivotal role in determining not only access to education but also quality of education for the children. As pointed out earlier, most primary schools across southern Sudan are initiated, managed and maintained by the local communities. The education baseline survey shows that almost every primary school in southern Sudan has a community or parents' group involved in its management. Besides building schools, local communities maintain schools, cover part of teachers' salaries or incentives, and pay school fees for children.

3.1.9 SPLM Education Policy and Strategies: A step towards inclusiveness

This section reviews the declared policy intentions of the SPLM, as *de facto* government in southern Sudan, in relation to the Education For All (EFA) goals rather than tracking the implementation of its education policy and strategies. The SPLM, despite its formation in 1983, only started to be engaged effectively in economic governance dialogue and education system with the civil population after its first national convention in 1994. One of the resolutions of the SPLM national convention underlines self-reliance as the main objective of education. The outcome of this dialogue was a series of policy measures that have been articulated in 1999 in one of the SPLM key documents – *Peace Through Development*. This new emphasis on peace through development and good economic governance has necessitated various SPLM sectoral departments to initiate further dialogue with civil population to come up with appropriate policies. This engagement culminated in the production of the *SPLM Health Policy* (1999) and the *SPLM Education Policy* (2002) documents, both of which clearly spell out the mission, national goals, guiding principles and implementation strategies for health and education sectors. The education policy is reviewed and compared with the three quantitative EFA goals as shown in Table 3.5.

Table 3.5: Comparing the SPLM Education Goals with the EFA Goals***

Quantitative EFA Goals*	SPLM Education Policy Goals**
1. Universal Primary Education	
...ensuring that by 2015 all children....have access to and complete, free and compulsory primary education of good quality....	Education shall be the right of every child regardless of ethnicity, culture, gender, religion and socio- economic status.
2. Adult Literacy	
...achieving a 50% improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults.	Education shall be accessible to any citizen of the New Sudan.

3. Gender Equality	
...eliminating gender disparity in primary and secondary education by 2005, and achieving gender equality in education by 2015,....	Emphasis shall be placed on girls' education as part of the efforts to achieve equality in education.

Source: *UNESCO (2002), ** SPLM (2002) ***Luka Biong DENG (IDS)

It is apparent from Table 3.5 that the SPLM Education Policy has explicitly provided for the EFA goals particularly in the qualitative goals. Importantly, the policy has made education as a 'right' to be 'accessed' by any citizen with emphasis on 'girls' education' to achieve 'equality' in education. These policy intentions of the SPLM will be reviewed in the context of free education, citizens' rights, and uniformity.

3.1.10 Free Education

The Education Policy as shown in Table 3.5 has run short of making right to education free or compulsory as well as not making any time-frame commitment by which primary education shall be accessed by all children. Also the good policy intention of making education a 'right' has not been made a legally binding right through a legislative enactment. In fact it has been made clearly in the policy (SPLM, 2002:5) that:

> "The civil authority (SPLM) shall devote at least 10% of social service tax (paid by civil population) to education. The communities shall contribute at least 50% of resources necessary to provide basic education and vocational training'.

While it is understandable the difficulties faced by the SPLM in balancing between the pressing priority of waging war and the urgent need for providing basic services to the communities under its control, it is crucially important that GoSS to review its current education policy and to make the right to primary education freely accessible during war and compulsory in the post-conflict periods. One of the survey, as discussed earlier, has clearly indicated that more than 53% of households in southern Sudan imputed reasons for low participation in primary education and high school dropping out to the lack of schools fees.

This indirectly shows that the most disadvantaged groups such as the poor households, female-headed households, households headed by widows and people with disabilities have been excluded in the current primary education programme in southern Sudan. This finding makes a strong case for the GoSS and international agencies to make education free through emergency education programme.

Map 2: Description of the Present Situation in Yei County
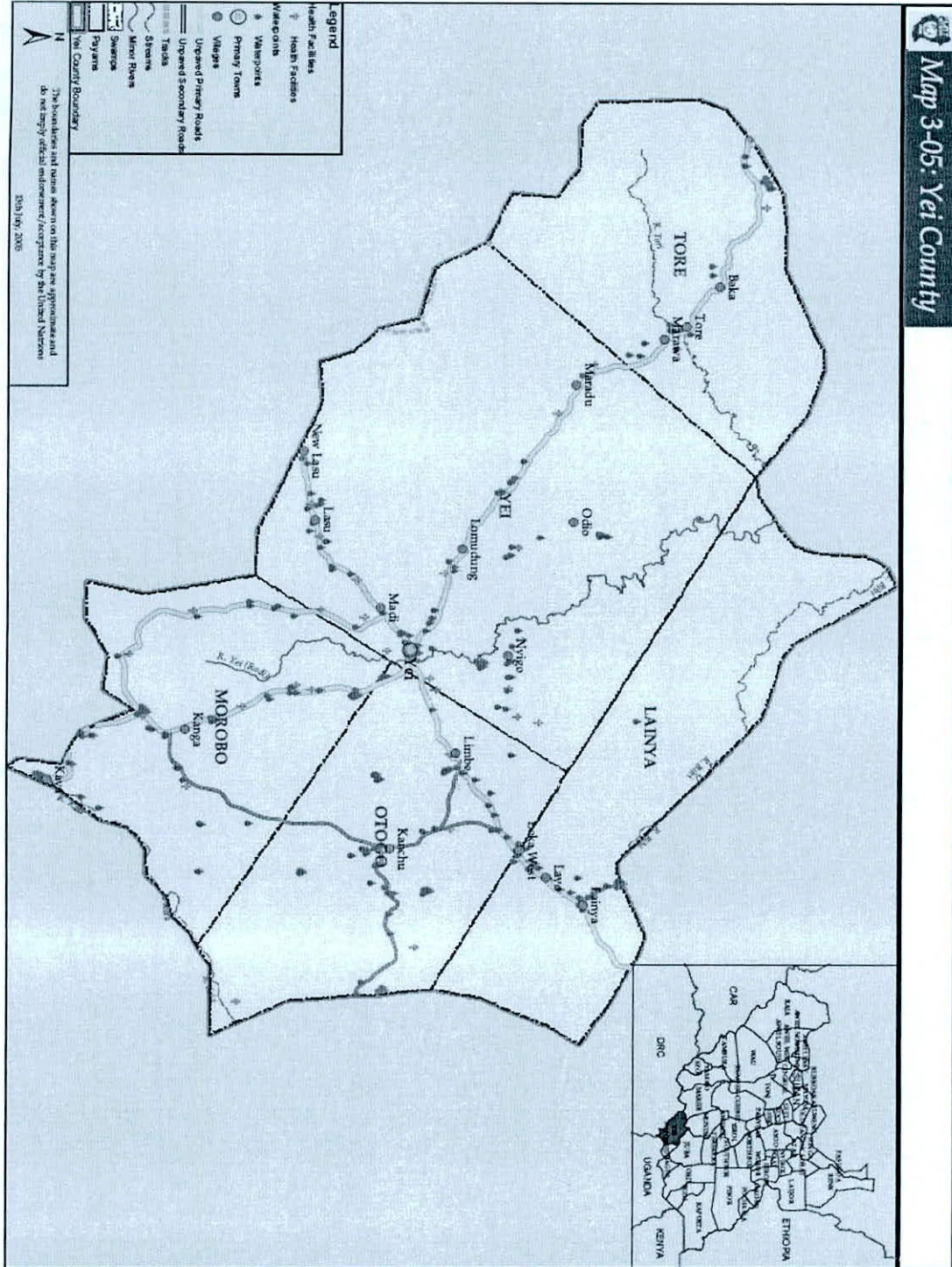
Demographic and Geographical Information

Yei County is located in the far south of Sudan in Bahr El Jabel State of the Greater Equatorial region. The county borders Uganda and the Democratic Republic of Congo (DRC) to the south and west respectively. Mundri and Maridi lie to the north of the county while Juba and Kajo Keji counties lie to the east.

The World Health Organization (WHO) estimated the population of Yei County to be 328,389 in 2004. *(WHO, NIDs Assessment Data, 2004)*. In a 2004 report by the United Nations Children's Fund (UNICEF) and the New Sudan Center for the Statistics and the Evaluation (NSCSE): 'Towards a Baseline: Best Estimates of Social Indicators for Southern Sudan, 2004' derived population estimates based on the National Immunization Days (NIDs) campaign figures for Yei County as 270,529 in 2004. Table 3.6 shows the total population distribution in Yei County between 2002 and 2004 by payam.

Table 3.6: Population Estimates for the Payams of Yei County

PAYAM	NIDs 2003	NSCSE 2003	NIDs 2004	NSCSE 2004
Yei	37,878	31,204	39,014	32,138
Otogo	82,647	68,085	85,126	70,129
Morobo	87,196	71,833	89,812	73,986
Tore	22,880	18,849	23,566	19,414
Lainya	88,224	72,680	90,871	74,862
Total	**312,825**	**262,651**	**328,389**	**270,529**

Source: WHO, NIDs Assessment Data, 2003 and 2004 figures; NSCSE, 2003 and 2004 figures

Administration

Yei County has five administration divisions or payams: Morobo, Otogo, Tore, Yei and Lainya. Each payam is further divided into a number of *bomas* (administrative units similar to districts). A Sudan People's Liberation Movement / Army (SPLM / A) county secretary (formerly called a commissioner) is the administrative and political head of the county. The county has been under the control of the SPLM / A since its liberation from the Government of the Sudan (GoS) in 1997. The headquarters of many of the civil bodies of the SPLM / A are located in Yei. *(NSCSE, Data Monitoring Unit, 2002)*

On 5 May 2004, the SPLM leadership officially declared Lainya a full new county. As a county, Lainya is composed of Lainya, Kenyi, Kopera and Mukaya Payams. *(NSCSE, Data Monitoring Unit, Yei County,*

2005) According to the UN OCHA Sudan's Donor Visit Report, Lainya County has a population of 82,203 out of which 72,091 are residents and 10,112 are Internally Displaced Persons (IDPs) from other areas in Sudan. It is also said that 33,997 people from the county are in exile in refugee camps in neighbouring countries.

Education

MDGs 2 and 3 deal directly with education. MDG 2 addresses achievement of Universal Primary Education with the specific target of ensuring children everywhere will be able to complete a full course of primary schooling by 2015. Specific indicators include the net enrollment ratio (NER) in primary education, the proportion of pupils starting grade one who reach grade five, and the literacy rates of 15-24 years olds. *(SPLM / NSCSE, Millennium Development Goals, 2004)*

MDG 3 addresses gender inequality and targets the elimination of gender disparity in primary and secondary education by 2005 and to all levels of education no later than 2015. This goal led UNICEF to launch the *25 By Initiative:* 25 countries judged to be most at risk of failing to eliminate gender disparities in education by 2005 have been identified: one is Sudan. *(UNICEF, The state of the World's Children 2004, 2003)* For MDG 3, target 4, the indicators are the ratio of girls to boys in schools and the ratio of literate females to males aged 15-24 years.

Of the 24 million girls out of school in sub-Saharan Africa *(UNICEF, The State of the World's Children 2004, 2003.)* 2.5% of these are in southern Sudan. Of a school-age southern Sudan population of 1.4 million *(UNICEF, School Baseline Assessment Report southern Sudan,2003.)* only 82,730 girls are in school. Assuming an even numbers of boys and girls, only 12% of school-age girls are thus in school. Even though female enrolment in schools in southern Sudan is now on the increase, only 27% of the total enrolment is female. Furthermore, only 6% of the 8,655 teachers in the schools assessed in southern Sudan are women. *(UNICEF, School Baseline Assessment Database southern Sudan, 2003)*

Progress on MDG 2 and 3 has generally been encouraging in Yei County. The county has a relatively large number of schools, students and teachers compared to the rest of southern Sudan (Yei County had 209 schools, 61 of which were nursery, 136 primary and 12 secondary, *NSCSE / UNICEF, Towards a Baseline : Best Estimates of Social Indicators for Southern Sudan, 2004),.* However, the figures may be misleading as many of the teachers have not undergone adequate training, and the quality of the school buildings and equipment is generally poor.

The enrollment rate in Yei for children of school-going age is 58%. There are 1,194 teachers, translating to a teacher to pupil ratio of 1:26. There are 136 teachers for the nursery school, 13 of whom are trained. Of the nursery teachers, 39 are male and 97 female. At primary level, there are 952 teachers, of which 113 of the 895 male teachers and 13 of the 57 female teachers are trained. The secondary schools have 106

teachers of which 101 are male and 5 female. The breakdown of their education level shows 2 teachers with degrees, 4 with diplomas and the rest have certificates. *(NSCSE, Data Monitoring Unit, Yei County, 2004)* The schools in Yei County are mainly supported by UNICEF, the United High Commission for Refugees (UNHCR), International Aid Sweden (IAS)), Association of Christian Resource Organizations Serving Sudan (ACROSS) and Jesuit Relief Services (JRS). These agencies provide school materials, teacher support (through clothes) and teacher training. Parent-Teacher Associations (PTAs) run all the schools and are responsible for the construction of school buildings and support for the teachers (through cash and / or food). - *UNICEF, Report of the Education Coordination Committee (ECC) Meeting, May 2003.*

The gender balance in schools in Yei County (60%) – (*UNICEF, School Baseline Assessment, 2003.*) is lower than in northern Sudan and sub-Saharan African, (which had figures of 75% and 79% respectively in 1990). *(World Bank, World Development Indicator database, April 2002)* However, gender balance is encouraging compared to the figures for each of the regions in south Sudan. Generally, 37% of the total enrolled pupils Equatorial Region are girls. This is higher than that of Bahr el Ghazal State with 16% and Upper Nile State with 27%. *(UNICEF, School Baseline Assessment, 2003.)*

Yei County also has a paramedical school and a vocational training college. The paramedical school, known as Yei Medical Training Institute, has over the last ten years, produced around 600 nursing and laboratory workers of various categories. The training curricula are based on practices in neighbouring countries. Due to lack of funding, the school cannot adequately deal with the shortage of dormitories, transport, adequate tutors, teaching materials, tutorial rooms and food for students. The number of students applying to the school has risen substantially over the last few years putting increased pressure on the need for expansion. (*UN OCHA Sudan, Briefing Note for Donor Visit to Yei 16-18 March 2005: NPA inputs, 2005.)*

Yei Vocational Training College (YVTC) is a programme run by the Episcopal Church of Sudan (ECS). The college course offerings include full course in technical trades and a women's empowerment programme. (*UN OCHA Sudan, Briefing Note for Donor Visit to Yei 16-18 March 2005: ESC Inputs, 2005.)*

Yei Teacher Training College (YTTC) is a programme run by ACROSS. Eestablished in 2001, YTTC has already trained 130 previously untrained teachers in 3 x 3 month residential courses. In addition many other shorter training courses have been conducted aiming to build the capacity of the county school supervisors, head teachers, and school PTAs. Textbooks and other school materials have been distributed. During 2005 an ambitious expansion program begun to double the capacity of the college and in 2006 YTTC strives to be affiliated to Kyambogo University (Uganda) to deliver their Pre-service Teacher Training Curriculum as a short-term solution until all the materials are ready to deliver the curriculum from MOEST. A new class of 45 students has enrolled and a second class will start in September 2006.

Map 3: Description of the Present Situation in Bor County

Map 3-05: Bor Counties

Legend

Health Facility	State Capital	Primary Road — Stream — Swamps and Marshes
Waterpoint	Primary Town	Secondary Road — Minor river — Payam Boundary
	Secondary Town	Track — Main River — County Boundary
		River Nile

0 5 10   20   30   40 Kilometers

The boundaries and names shown on this map are approximate and do not imply official acceptance by the United Nations.
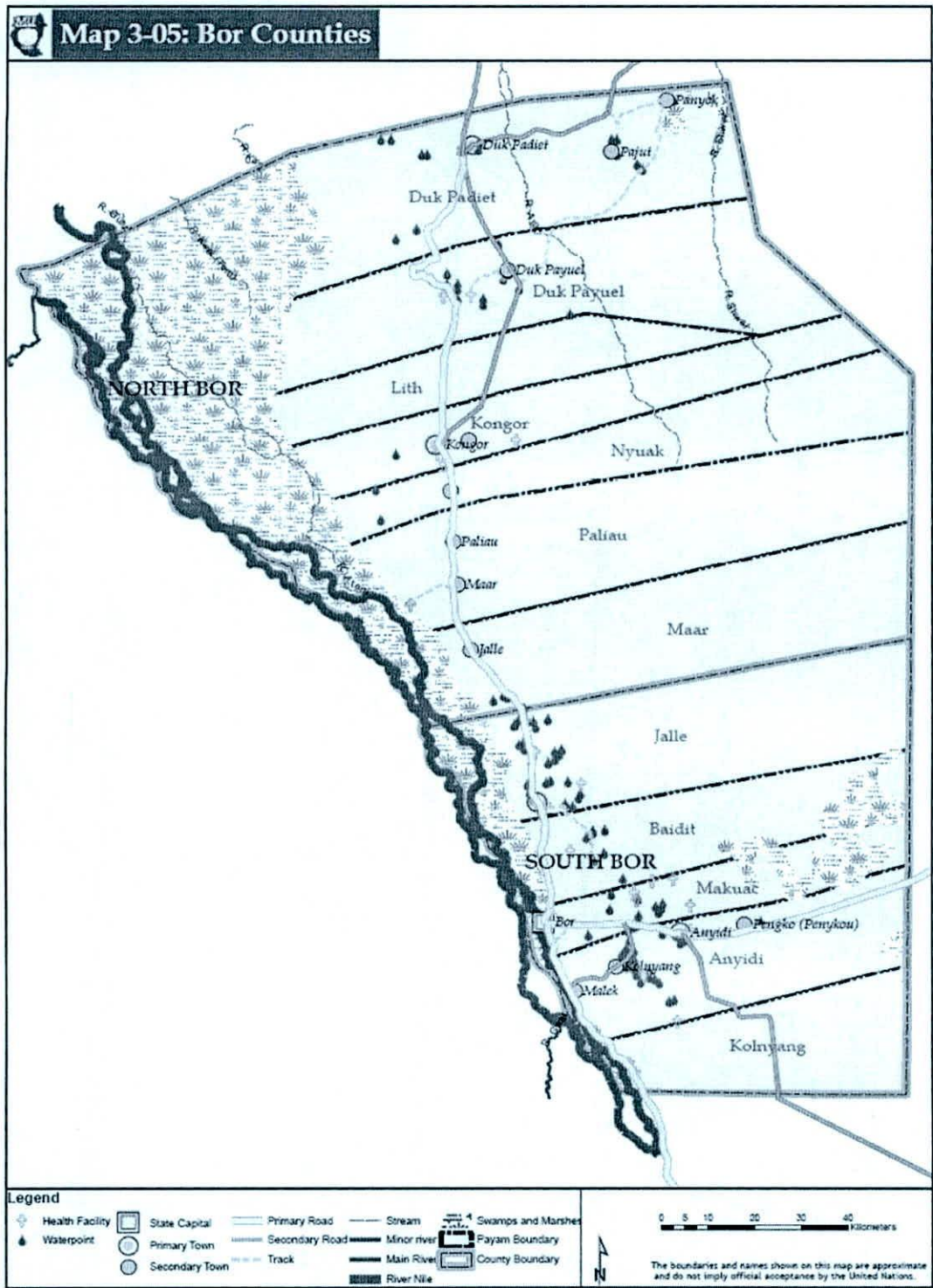
Inclusive Education An EFA strategy for all children.

Demographic and Geographical Information

Bor County is located in Jonglei State. It is bordered by Phou and Bieh states to the North, Pibor County to the east, Kapoeta, Terekeka, Juba and Torit counties to the south, and Panyijar and Yirol counties to the west.

There has not been a population census in the Southern Sudan in the recent past. However, population estimates based on World Health Organization, (WHO), Polio National Immunization Days (NID) indicate that there were 279,000people in Bor County in 2004. *(WHO, NIDs, 2004)*

A 2004 report by the United Nations Children's Fund 9UNICEF0 and the New Sudan Center for Statistics and Evaluation (NSCSE): 'Towards a baseline: Best Estimates of Social Indicators for Southern Sudan, 2004' derived population estimates based on the NIDs campaign figures for Bor County in 2004 was 229,765. Both the NIDs population estimates and NSCSE figures for Bor County in 2003 and 2004 are shown by *payam* (administrative unit) in Table 3.7

Table 3.7: population Estimates for Bor County, 2003-2004

Payam	NIDs 2003	NSCSE 2003	NIDs 2004	NSCSE 2004
BOR NORTH				
Jonglei (Paliau & Maar)	26437	21781	N/A	N/A
Duk Padiet & Duk Payuel	21648	17833	40212	33127
Kongor/Lith	37529	30919	45223	37255
Nyuak	22146	18243	24194	19931
Panyang(Pajut)	26892	22152	17254	14214
Sub-Total Bor North	**134652**	**110928**	**126883**	**104527**
BOR SOUTH				
Athooc (Baidit, and Jalle)	49759	40967	5898	48590
Anyidi and Kolnyang	56223	46319	67549	55648
Makuac	20498	16886	25492	21000
Toic	20808	17143	N/A	N/A
Sub-Total South	**147258**	**121315**	**152023**	**125238**
Grand Total	**281910**	**232243**	**278906**	**229765**

Source: WHO NIDs, 2003 & 2004; NSCSE, 2003 & 2004

There are five Dinka community groups that live in the North Bor region, namely: *Gok, Athooc, Twic, Ghol and Nyarweng*. There are also four sub groups of the *Mundari* group, who were originally from Equatorial,

living in the *tioc* (dry season grazing area) – (*CARE, Root Cause Analysis of factors Undermining Sustainable Livelihood Strategies in Bor Counties for Southern Sudan, September 2003*.)

South Bor is predominantly inhabited by the *Bor Gok Dinka* community. A minority ethnic group, known as the *Manythany*, also lives in the *toic* along the tributaries of River Nile. The *Manythany* make a living from fishing and trading, and have minimal cultivation.

Education

Although there have been some improvements in the education sector, a large gender disparity and a scarcity of trained teachers still remain in Bor. In 2003, only 14,447 pupils were in the 49 schools in Bor County compared to the expected 56,382 children during that period. This represented only 26% of school-going age children, 18% of whom were girls.

There were also 220 pupils with physical disabilities in school. There were 341 teachers, 7 (seven) classrooms of permanent brick structures, 37 made of clay and 113 of local plant materials. A further 42% of all the classes were outdoors. *(UNICEF, School Baseline Assessment, 2003).* The situation is school for 2003 and 2004 is shown in the next table:

Table 3.8: School Statistics for Bor in 2003 and 2004

	2003			2004		
	Males	**Females**	**Total**	**Males**	**Females**	**Total**
Schools	N/A	N/A	**49**	N/A	N/A	**57**
Pupils	11,847	2,600	**14,447**	13,256	5,561	**18,820**
Teachers	330	11	**341**	448	5	**453**

Source: UNICEF, School Baseline Assessment, 2003; WFP, Annual Needs Assessment 2004/2005, Bor County, 2004

There is a major challenge of school dropout rate. In 2004, the dropout rate was 80% *(WFP, Annual Needs Assessment 2004/2005, Bor County, 2004)* , especially among girls. This is mainly attributed to the lack of teachers. Other reasons are lack of permanent school structures and the long distances children have to walk to reach school. Early marriages and domestic chores also contribute to the high dropout rate among girls.

Agencies operating in Bor

Agencies operating in Bor include: Med Air, CARE, SC-S, FAO, UNICEF, WFP, WHO, JARRAD, Church and Development (C & D Bor Dioceses) and Church Ecumenical Action in Sudan (CEAS). Table 3.9 shows the various programmes and activities undertaken by each agency in Bor County.

Table 3.9: Agencies operating in the Bor counties

Agency	Activities
CARE	Food Security, Water & Sanitation
CEAS/C & D	Education, Water and Sanitation and Women Empowerment
Catholic Relief Services (CRS)	School Feeding Program
FAO	Livestock
Islamic African Relief Agency(IARA)	Health, Water, Sanitation & Food Security
JARRAD	Education, Registration of Returnees
MEDAIR	Health
Save the Children-Sweden (SC-S)/ Radda Barnen	Education & Protection
Sudan Medical Care (SMC)	Health
UNICEF	Health
WFP	Food Security
WHO	Health

Source: Various

Map 4: Description of the Present Situation in Tonj County

Map 3-05: Tonj County

Legend
+ Health Facilities
* Waterpoints
☐ State Capital
◎ Primary Towns
◉ Secondary Towns
● Villages
— Main Rivers
— Minor Rivers
═ Unpaved Primary
— Unpaved Secondary
--- Tracks
═ Swamps
☐ Payams
☐ tonj_county

N
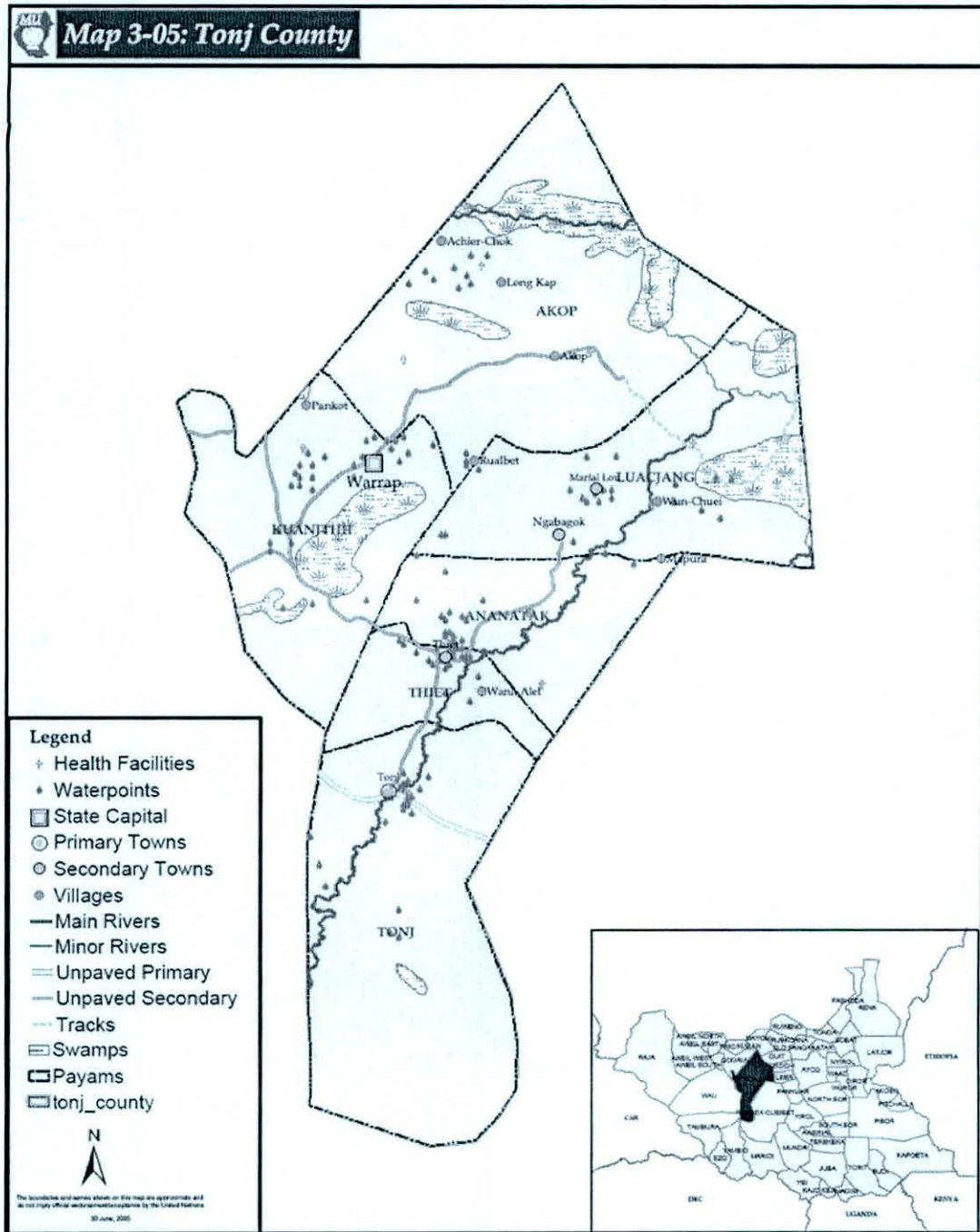
Demographic and Geographical information

Tonj County is situated in Lakes State in the greater Bahr el Ghazal region in Southern Sudan. It borders Wau and Gogrial counties to the west, Cueibet and Rumbek counties to the east, Leech State to the northeast, and Tambura and Yambio counties to the southwest.

The population of Tonj was estimated at 686,918 *(WHO, NIDs assessment Data, 2003)* people in 2003 and 883,393 *(WHO, NIDs assessment Data, 2004)* in 2004, according to estimates made during the World Health Organization (WHO) National Immunization Days (NIDs). This information is shown in the next table:

Table 3.10: Population Estimates in Tonj County in 2003 and 2004

Payams	NIDs 2003	NSCSE 2003	NIDs 2004	NSCSE 2004
Akop	231,144	190,419	222,077	182,949
Ananatak	100,314	82,640	120,011	98,866
Kuanythii	106,666	87,872	152,318	125,481
Luacjang (Makuac)	160,656	132,350	238,635	196,590
Thiet	66,622	54,884	88,523	72,926
Tonj	21,516	17,725	61,829	50,935
County Total	686,918	565,890	883,393	727,747

Source: WHO, NIDs 2003, 2004 and NSCSE.
Note: Due to the lack of reliable census data, several population estimates are used by different agencies in Southern Sudan.

Education

Generally, access to education in Tonj County has been severely hampered by the lack of schools, a shortage of trained teachers, and extremely limited availability of school supplies. Insecurity experienced in Southern Sudan has also contributed to the low education rates. These and other constraints must be addressed for the children to complete a full course of primary schooling by 2015.

According to the SBA conducted in 2003, there were 20,437 children attending 80 primary schools in Tonj County. *(UNICEF, School Baseline Assessment Report Southern Sudan, 2003.)* Of these, 15% were girls and 85% were boys. **There were 170 children with disabilities.** If 20% of the population is of primary school age, then the only 15% of the county's children were in school in 2003.

The same report indicated that schools in Tonj County had 513 teachers (453 male and 60 female), giving a teacher to pupil ratio of 1:40. Of the teachers, only 141 were trained. There were 37 permanent brick classrooms, 191 constructed of mud, 69 of local plants while 174 classes were conducted outdoors. The

schools had no furniture and pupils sat on logs of wood or stones. *(UNICEF, School Baseline Assessment Report Southern Sudan, 2003)*

Church Ecumenical Action in Sudan (CEAS) – in partnership with Sudan Education and Development Agency (SEDA) – supports two model schools and a teachers' training institute in the county. The schools had a population of 747 pupils and 16 primary school teachers in 2003.

CEAS reported that in 2004 an influx of people migrating from Wau into Thiet led to a greater demand on education facilities especially admission into the models schools that it supports. There was a 41% enrolment of girl child in the model schools in 2004 (as opposed to the average for South Sudan), a 38% increment compared to 2003. CEAS conducted an in-service training for 64 teachers. *(CEAS, annual Report, 2004.)*

Table 3.11 gives breakdown of education data in Tonj County in 2003. Comparable data for 2004 covers only Tonj North *(OCHA, Area coordination report, June 2005.)* in which all the primary schools are community / NGO supported with World Vision International (WVI) and Diocese of Rumbek (DOR) as the only NGOs intervening.

Table 3.11: Data for primary schools in Tonj County in 2003

Education issue	2003	2004 (Tonj North only)
No. of primary schools	80	33
No. of class rooms (permanent brick)	37	
No. of pupils	20,437	5,332
No. of teachers	513	
No. of disabled pupils	170	
% of girls	15%	2.5%
Overall Enrollment	15%	

Source: UNICEF, SBA 2003.
OCHA, Area coordination report, June 2005.

4. KEY FINDINGS

4.1 Introduction

This survey involved 594 households drawn from three counties, namely: Yei, Bor and Tonj. The composition of respondents from each of the counties is shown in Table 4.1 below:

Name of County	Number of respondents (N)	Respondents (%)
Yei	240	40.5
Bor	225	38.0
Tonj	127	21.5

Table 4. 1: Composition of respondents by county

Respondents were from the thirty one ethnic groups living in these counties although majority were from the dominant Dinka (31.1%) and Kakwa (29.4%) communities. The list of these ethnic groups is shown in the Appendices.

The majority of respondents (80.8%) are Christian. The rest practice traditional religion. Most of the residents (79.9%) report enjoying a robust cultural and religious life with the well established tradition of relationships, marriage and family (80.5%) taking centre stage in line with ancestral customs and traditions. They also enjoy legal protection (72.8%) services. However, they have not benefited much from sports and leisure (35.8%) or personal assistance initiatives (37.5%).

4.2 Demographic Information

Respondents were split between male (66.6%) and female (33.4%). Over half of those responding to research questions (52.4%) were heads of their households. About one-third (32.9%) were spouses of household heads. The typical household is fairly large with an average of 5.68 members. Also, half of the households have 5.00 members or more, i.e. the average (or median) household has five members. There is also a wide variation in the number of members in the household (standard deviation is 2.79 members). The highest number of members (19) in a household occurs side by side with households having just one (1) member. This shows a big range in the number of persons living in any one household.

Majority of respondents are married (79.8%). The composition for single, separated, and widowed is, respectively, 8.7%, 4.9%, and 4.4%. Thus, respondents are found in all the major family categorizations of marital status. The survey therefore cuts across all important sectors of the family make-up.

The age distribution of respondents is shown in Figure 1 below. It reveals that majority are in the age category comprising 31 years and above.
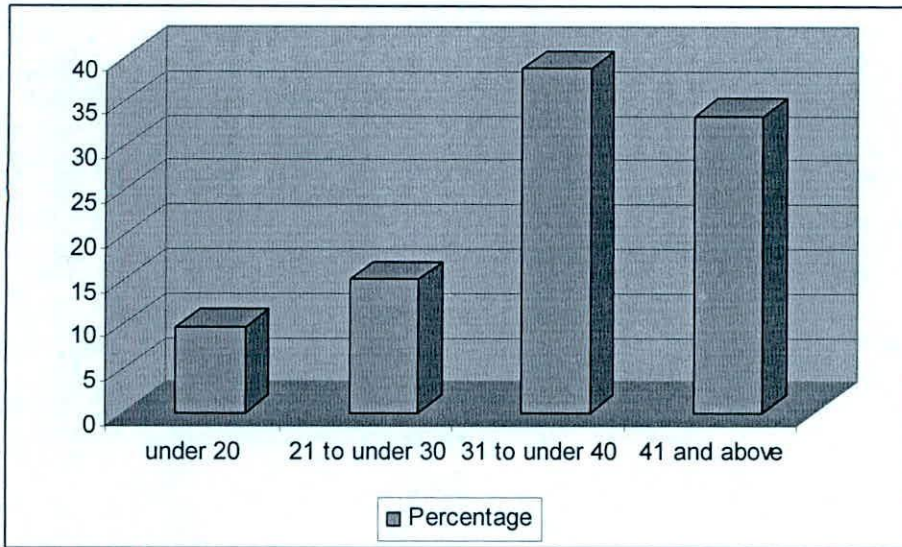
Figure 4.1: Age composition of respondents

4.3 Access to Education

Respondents have a generally low level of education. Most of them (64.6%) have no education at all while only about one-quarter or 23.9% have been to primary school. There is practically nobody who has higher education (secondary or above). Access to education, an essential service, is severely lacking or wholly non existent. The available education does not meet needs of the various categories of learners. The table below shows availability of education (by categories of learners in the survey area):

Category of education	Respondents accessing (%)
Early childhood	3.5
Non-formal	5.7
Formal	19.9

Table 4. 2: Access to educational services in survey area

Therefore, only about one in five of the respondents can access some formal education. The rest are shut out of the educational system. The situation is worse for young children where more than 95% have no opportunity to learn.

Distances to the few available schools are large. A resident has to walk an average of 3 miles to reach the nearest school. There is a wide variation in the distance to reach school (standard deviation is 4.4 miles). This indicates that, whereas some residents are lucky to live near available schools, some others have to walk longer distances.

Inclusive Education An EFA strategy for all children.

The low level of education in this area posed serious challenges to the conduct of the research. Questions had to be interpreted for almost all respondents. In this process, some important information may have been lost. This may be seen as a limitation to the quality of the data obtained.

In line with the low level of education, occupations undertaken by respondents are basically of the subsistence type. Other than those in some type of formal employment (14.4%), the rest of people are involved in occupations that do not call for advanced schooling. The various occupations by respondents is shown in Table 4.3 below:

Nature of occupation	Percentage of respondents (%)
Farming	41.2
Housewife/house duties	16.7
Formal employment	14.4
Student	10.1

Table 4.3: Occupation of respondents in survey area

4.4 Access to Health Services

The survey area has a poor network of health services. There are very few health service points available. Majority of the health facilities (57.0%) are run and maintained by non-governmental organizations (NGOs). The rest are Church-owned (4.8%) or government-run (2.8%). Residents have to travel an average distance of 9.0 miles (or about 4 hours) to reach the nearest hospital. The most common means of transport is by foot (i.e. walking, 58.7%) or by bicycle (40.6%). There is a very large variation in distance covered to reach the nearest hospital (standard deviation is 11.7 miles). This is attributed to the existing poor infrastructure so that some people have to travel long distances to reach hospital. In fact, some respondents have to travel up to 70 miles (28 hours, a distance of about 2 days journey) to reach the nearest hospital. The distribution of available health services is summarized in the table: 4.4

Health service available	Respondents accessing service (%)
Primary health centre	29.2
Preventive	6.9
Curative	1.2
Rehabilitative	2.6

Table 4.4: Health service accessibility to respondents

which?

Some of the services can be obtained within one service point. A resident is therefore able to get primary, preventive, curative and rehabilitative services all within one service point. The major challenge in health service provision is this is almost wholly inaccessible to majority of residents.

4.1.0 SOCIO-ECONOMIC STATUS OF RESPONDENTS

4.1.1 Ownership of Economic Assets

Arising from the low level of education and the general absence of a formal economy, majority of persons are poor as measured by ownership of economic assets. Ownership of assets such as TV (2.6%), radio (40.0%), video set (2.5%) indicates that the respondents are either too poor to afford them or that the existing infrastructure does not support owning of these assets or both. Even in the existence of transportation media, only the most rudimentary machines are available. Majority of respondents have to walk to their destinations since motor vehicles, motor cycles, and bicycles are basically non-existent, possibly due to a lack of suitable road network and the general poverty of residents.

4.1.2 Dwellings and Housing

The typical house is made of thatched roof, mud walls and earth floor. Toilet facilities are very poor with over half of respondents (55.3%) using the bush or field. Only about 40.0% have reasonable toilet facilities which in most cases happen to be traditional pit latrines.

Drinking water is obtained from the public well or borehole and this is available to only about 60.0% of the residents. Slightly over one-third (35.4%) of residents obtain their water from the nearest pond, river or stream. There is no piped water in the survey area.

Wood is the most common source of cooking fuel (used by three quarters of the respondents). Charcoal, used by 21.2% of respondents, complements wood. As a source of lighting, firewood is an important resource and is used by over half of the respondents (56.4%). Kerosene is used by 36.9% of the respondents. There is no electricity or gas fuel.

4.2.0 DISABILITY INFORMATION

The surveyed households had at least one family member having some disability (86.7%). Some households had more than one member with some disability (12.6%). Of those persons with disability, 66.4% were male while female accounted for 33.6%. This shows that the incidence of disability is higher in males than in females. In fact, a male child is twice as likely to be disabled as a female child. Yei County has the highest incidence of mental disability. Bor has the least percentage of persons with mental disability. Tonj County has the least overall incidence of disabilities. This information is shown in the next chart: Figure 4.2
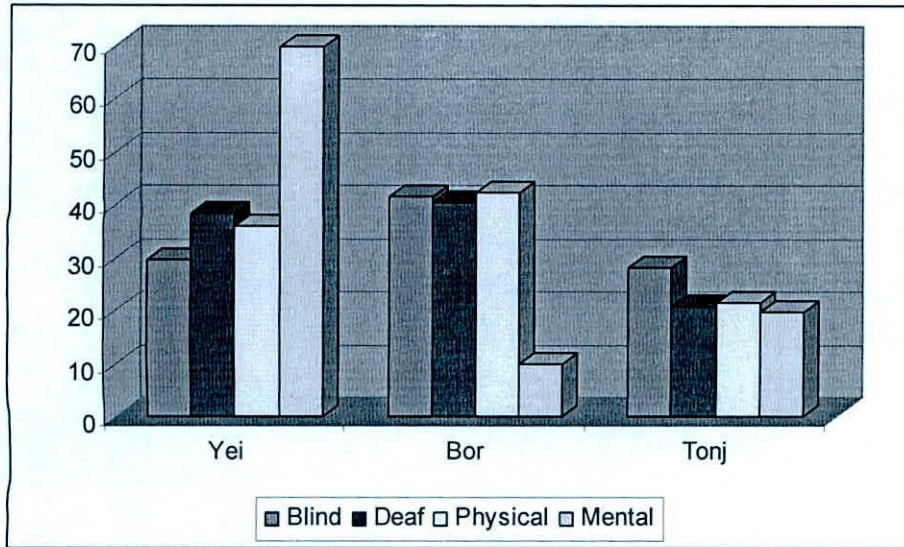
Figure 4.2: Incidences of disability by county

It appears that whereas Yei has the highest percentage of persons reporting mental illness, Bor also has a significant incidence of blind, deaf and physical disability but not mental. Tonj is better off with respect to the four types of disabilities.

4.2.1 Composition of Disabled Persons in the Family

Majority of disabled persons in the household are children (either son or daughter). Spouses of respondents account for 16.7% of household disabilities while respondents themselves account for 13.8% of total disability. This information is shown in Figure 4.3 below:
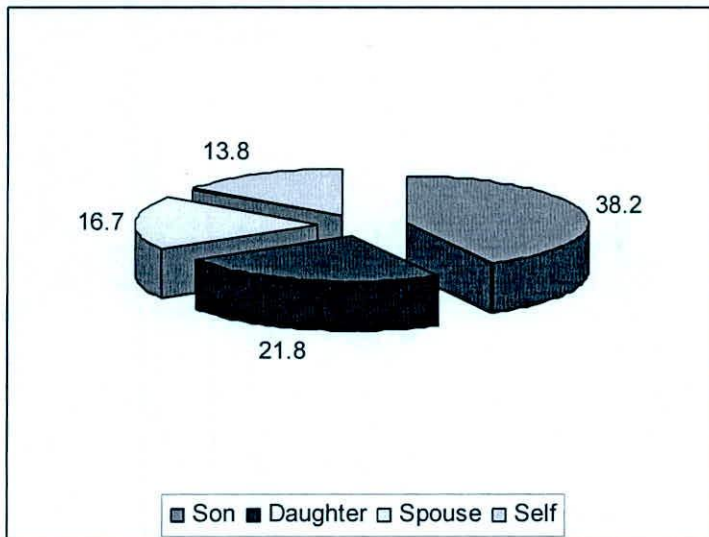
Figure 4.3: Distribution of disability by family members

Disability is spread almost evenly among the categories of deafness (29.9%), physical (28.6%), and mental (27.3%). Blindness accounts for 11.7% of disability types. This is summarized in the next Table:4.5

Disability type	Percentage in household (%)
Deafness	29.9
Physical	28.6
Mental	27.3
Blindness	11.7

Table 4.5: Incidence of disability in household by types

The distribution of disability by category shows that all the disabilities had a major physical component. War injuries account for the largest percentage (72.7%) of physical injuries. This is followed by accidents (63.1%), inherited conditions (51.7%), disease (41.5% and childhood (40.0%).
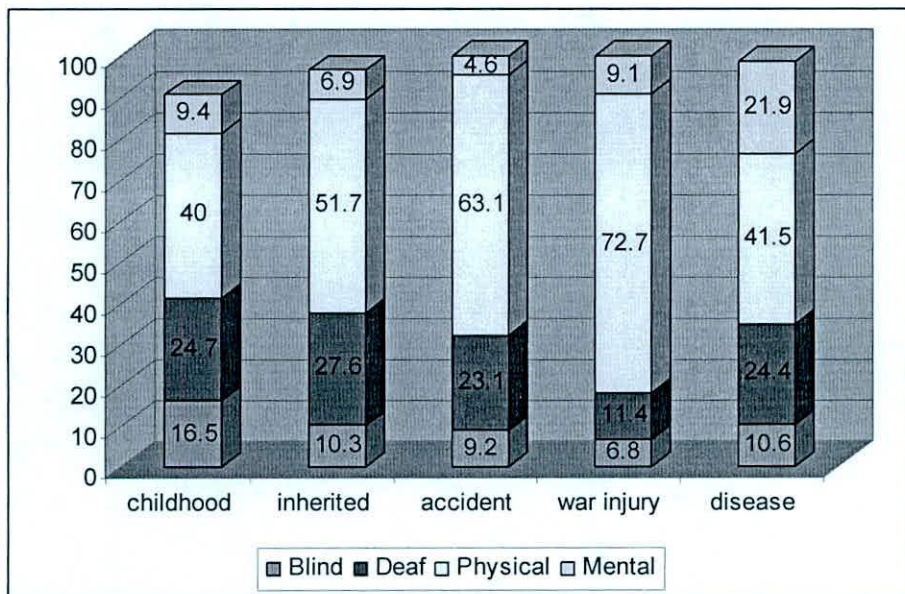
Figure 4.4: Composition of disability origins by category types

Overall assessment of cause of disability by origin, however, shows that disease is the most important cause. It accounts for 57.6% of all disability incidences. This is followed by childhood causes (15.7%), accidents (11.6%) and disabilities arising from war injuries (7.9%). The cause of disability by importance is shown in Figure 4.5below:
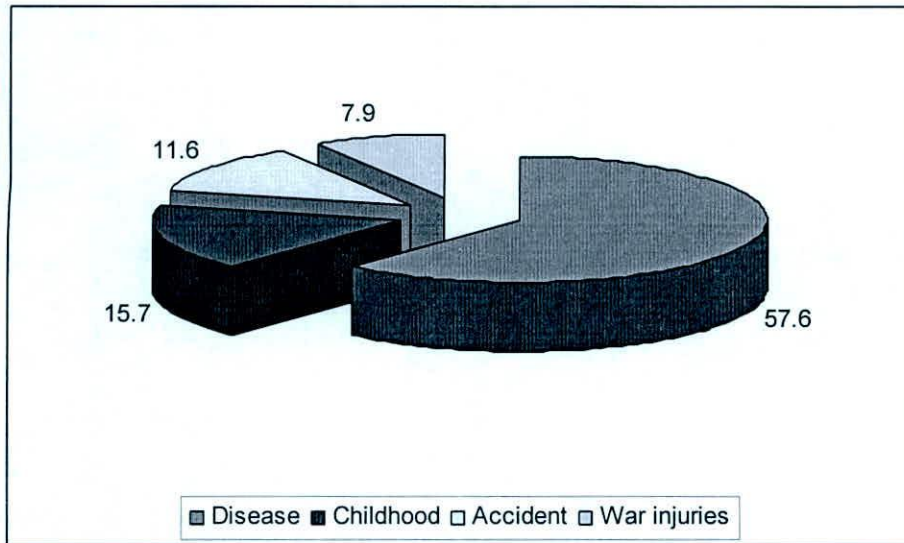
Figure4. 5: Incidence of disability by causes

4.2.2 Health-Seeking Behaviour for Disabled Persons

More than half of persons with disability (52.7%) did not seek treatment in respect of the disability. Of those who sought treatment, various options were explored, among them traditional healers (23.8%), primary health care providers (34.1%) and hospital services (42.1%). The respective importance of these options is shown in figure 4.6 below:
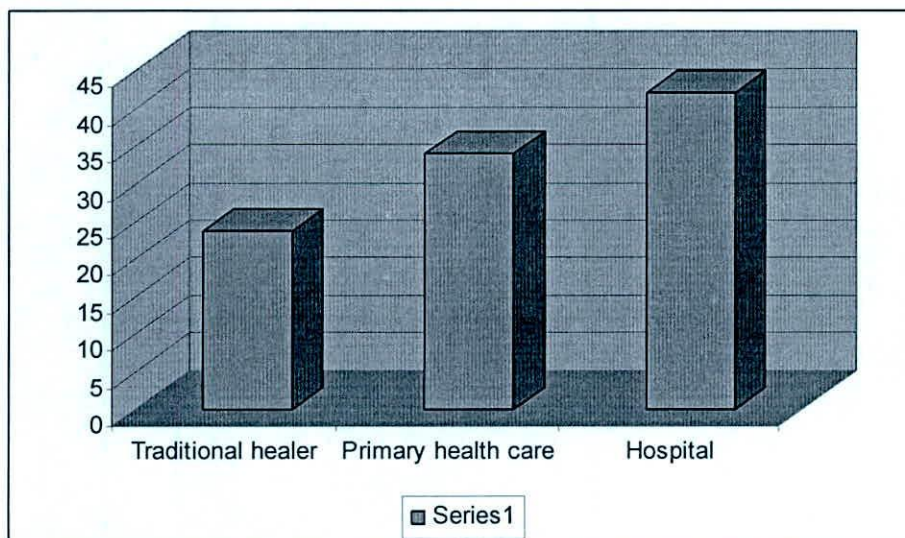
Figure 4.6: Health options sought by persons with disability

The figure shows that whereas respondents consider modern health services important (76.2% for primary health care and hospital services), the role of traditional healers is equally important. This can be understood given that some respondents associate disability with some "magical" or "spiritual" phenomena, a situation which calls for recourse to traditional medicine. Indeed, analysis of how persons with disability view their situation shows that a significant percentage (22.9%) see their condition as a consequence of some curses which can only be undone by recourse to traditional charms and medicines. Another significant proportion of disabled persons (38.9%) perceive their condition as being caused by bad luck. The perception of a combination of "curses" and "bad luck" has an important influence in respondents' health seeking behavior.

4.3.1 EDUCATION AND DISABILITY

The research shows that educational opportunities for persons with disability are very few and far between. Only 15.0% of respondents reported existence of schools providing services to children with disability. And even where these schools exist, the focus is on imparting educational rather than a combination of educational and life skills. Thus, persons with disability are not equipped with capabilities that would make them self reliant, especially in the light of inadequate formal employment opportunities (only 14.0% of people are employed in a formal setting).

Persons with disability have to rely on non-formal arrangements to obtain life skills. Only 2.7% of disabled persons are able to obtain training in life skills from the school system, where this exists. Therefore, a challenge for providers of training skills for disabled persons is to explore which skills can be provided and to make them available within a suitable environment (in terms of accessibility). This would enable persons with disability to earn a livelihood for themselves in the non-formal sector of the economy.

4.3.2 Priority to Education by Disability Type

Children with physical disability are four times more likely to obtain education than those with all other disabilities combined. This can be attributed to the fact that physically disabled children, provided they can get to the school, are able to participate in almost all the aspects of learning. The challenge they face is limited to movement and accessibility. As such, they are not seriously disadvantaged in participating in the all-inclusive environment of learning with other children. Their situation is in contrast to children having other types of disability (such as visual, hearing, and mental) who face greater challenges in accessing education. Such disabilities require more specialized skills on the part of the teachers (e.g. Braille reading materials), skills which are often sorely lacking.

4.3.3 Access to Education Pre and Post Disability

There is no significant negative effect on disabled persons' access to education before and after disability. Part of the explanation for this is the generally low level of education both for the general population (64.6% have no education whatsoever while only 23.9% have attended primary school) and disabled persons. As such, both the general and the disabled sections of the population are almost at par as far as educational services accessibility is concerned.

Unfortunately, it was found that that there are instances where a person (or child) who becomes disabled, drops out of the school system. The reasons for the differential educational levels for before and after disability with respect to access to schooling are summarized in the next table:4.6

Reason for negative variation	Respondents (%)
Prolonged war	33.3
Ignorance	26.5
Family poverty	24.4

Table 4.6: Reasons for negative variation in disabled persons' access to educational services

As the table shows, the continuing war has been a major reason for not accessing greater educational opportunities, a factor much outside the control of the respondents. However, ignorance has also contributed to more than one-quarter of disabled persons failing to continue with their education. Ignorance is compounded by rampant poverty which limits access to education.

As an empowerment tool, education has the potential to uplift disabled persons from their marginalized position in the community. However, this should be complemented by other empowerment services. Services currently available include: self help, language and communication, political participation, social mobilization and disabled peoples' organizations. The extent to which these are available varies. Whereas self help is available to half of the persons in question (i.e. disabled persons), disabled persons organizations are only available to about one out of ten (11.9%). It is therefore important to ensure that efforts are made to upscale currently under-provided services. This information is shown in the chart below: Figure 4.7
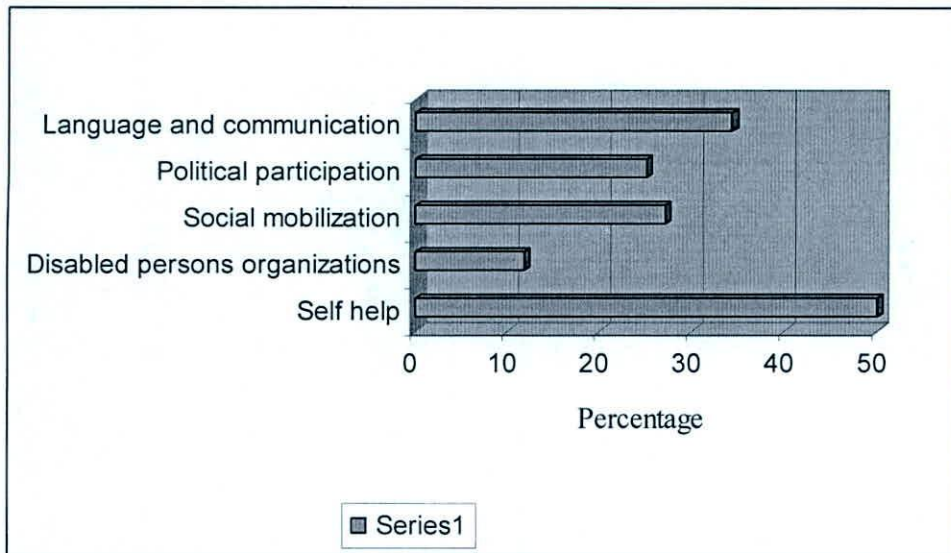
Chart 4.7: Empowerment services currently available

Upgrading of underprovided empowerment services would ensure that disabled persons are better served and their unique challenges are addressed in a better context. For example, disabled peoples' organizations can act as a central point in providing specialized services in language and communication, social and political mobilization, besides coordinating other economic initiatives addressing the needs of disabled persons.

4.3.4 GENDER AND DISABILITY

The study shows a significant difference in the way the community perceives persons with disability on the basis of gender. In the case of a girl child who has a disability, more than one-third of respondents (36.6%) reported they would regard the child to be of lower value compared to a similarly disabled boy-child. The same perception extends to women who have some disability. Over 40.0% of respondents would regard such a woman as being of a lower value compared to a man who has a similar disability.

This differential perception on basis of gender extends to prioritizing essential services. A boy-child who is disabled is more than twice as likely to be taken to school as a similarly disabled girl-child. This situation reveals a deeply ingrained prejudice against female persons who have some disability. The differential priority to education for the boy-child and girl-child, (where both are similarly disabled) is shown in figure: 4.8 below
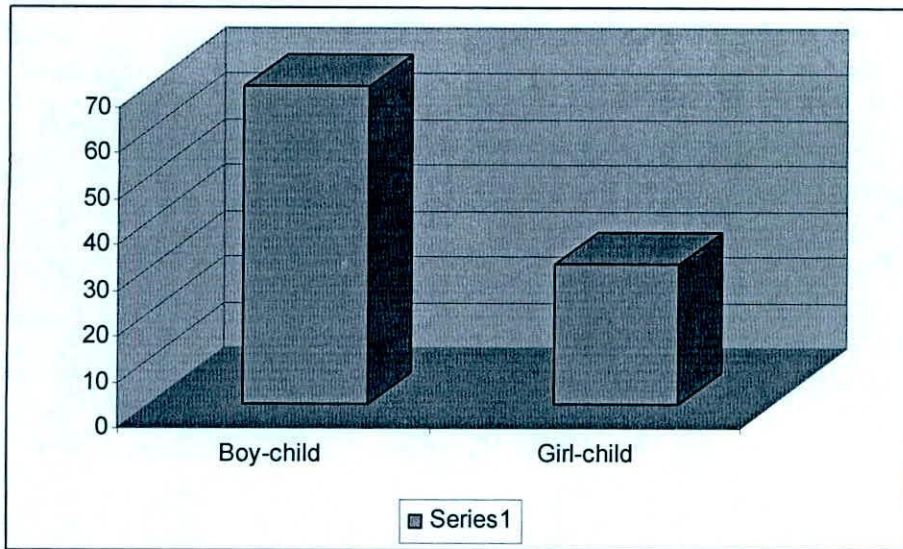
Figure 4.8: Which child would you give priority to attend school where both have a similar disability?

The figure highlights a serious discrepancy in terms of access to essential services on basis of gender. The fact that one child happens to be female immediately disadvantages her in the quest for education. Thus, women and girls are less favourably viewed when they happen to have a disability compared to men and boys.

Female persons with disability also tend to be discriminated against in socio-cultural initiatives such as relationships, marriage and family. Although the study of disabled persons was limited to those under 21 years, the fact that only 13.7% are married indicates that this figure could be higher but for the disability. Almost 80.0% are single. A further 5. % are separated already.

4.3.5 PERCEPTION OF DISABILITY

There is a significant difference in the way disabled persons view themselves and how family members view them. Disabled persons generally have a lower image of themselves compared to how family members perceive them. For example, whereas 38.6% of disabled persons view themselves as unlucky, only 25.6% of family members hold the same view. And whereas only 14.5% of such persons view themselves as equal to the rest of family members, 44.9% of family members consider their disabled kin as equal to themselves.

Thus, there is a significant differential gap between disabled persons' self-perception and family perception. On the whole, the family sees disabled members as equal to themselves yet disabled persons themselves have a different, negative view. The figure below illustrates this differential in perception.
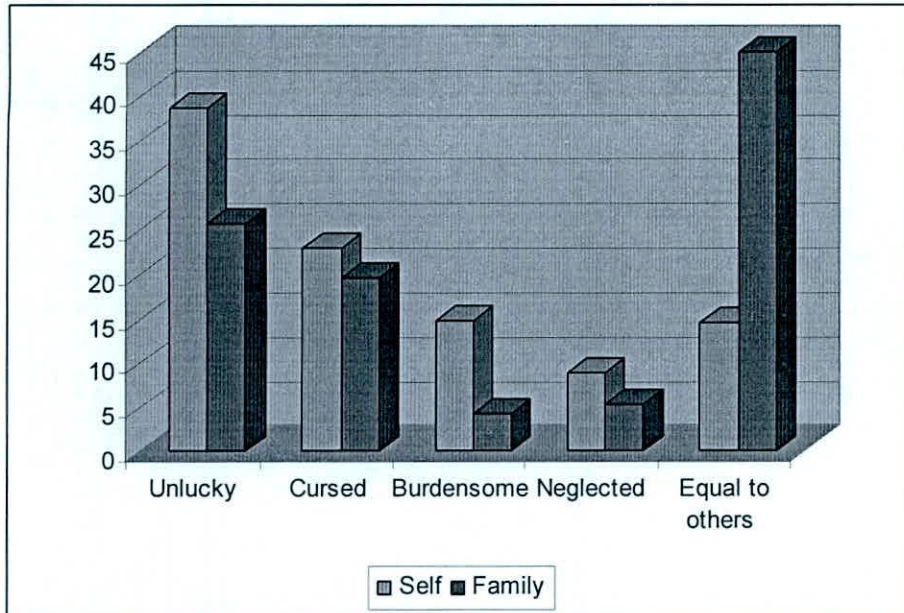
Figure 4.9: How persons with disability perceive themselves compared with family members

This discrepancy, therefore, calls for strategies directed at disabled persons themselves to accept their condition and not indulge in self-pity. Family members (and society) do not see them in the negative light that they see themselves in.

4.3.6 AVAILABILITY OF LIVELIHOOD OPPORTUNITIES

The study reveals a great lack of livelihood opportunities in all the three counties. Opportunities to obtain job-related skills (for example through vocational training) are very few. Where these exist, only a small percentage (27.2%) of residents can access them. Income generation opportunities are also not generally available (only 28.7% of respondents have access). The same is true for access to financial services and general employment.

The importance of these initiatives, by ranking, shows that respondents would improve their livelihoods if they got employment in the formal economy and/ or if they obtained access to financial services. Personal skills that would promote employment are also ranked as an important initiative that should be undertaken. This information is shown in the following table: 4.7

Livelihood initiative	Respondents indicating great/very great extent (%)	Ranking (1=Most important)
General employment	10.5	1
Access to financial services	11.1	2
Skills development	27.2	3
Income generation	28.7	4
Social protection	57.3	5

Table 4.7: Important of livelihood opportunities by ranking

There is need to create a mechanism for loaning seed money to disabled persons to enable them start small businesses and cottage industries. However, this should only be done after these persons have undergone some training in job-creation skills. It is proposed that mall groups be formed, perhaps on a pilot basis and members in these groups be taught some skills. Following evaluation of the project, the concept can then be rolled out to cover a larger number of persons.

Income generation and related skills is a very important area that stakeholders must consider and mainstream in all their programs. Without it, no meaningful change in disabled persons' livelihoods can be realized. It is better to study how to help make them independent now rather than having them on a lifelong charity scheme.

5. DISCUSSIONS AND CONCLUSIONS

5.1 Introduction

This study focused on establishing capacities and gaps as a first step towards implementing pilot projects on inclusive education for children with disabilities. It is anticipated that these children would join others in the general school set up in the study areas. The study shows that educational opportunities for children with disabilities are non existent. Although 15% of general schools provide services to children with disability, this is way below the demand service level. This situation adds emphasis on EFA's concern regarding the 98% of children with disabilities in developing countries who do not attend school. The study has also recognized the dynamism required in establishing inclusive education services especially in post conflict Southern Sudan.

This discussion section looks at the inclusive education model and builds on a conceptual framework for creating an effective IE programme in Yei, Bor and Tonj counties.

5.2 Inclusive Education - A dynamic Process

Inclusive education in the context of Southern Sudan is seen as a dynamic process of people participating within a network of relationships. *(Inclusion in the context of EFA section 3.1)* The move towards inclusion in the study area should be gradual and should be based on clearly articulated principles which address system-wide development. If barriers are to be reduced, policy makers, educational personnel, parents of children with disabilities and other stakeholders need to take certain steps which must involve all members of the local community. These must include political and faith based leaders, local education officers and the media. The participation of these leaders would improve educational and social frameworks and make it possible for all players in inclusive education to cope with the new trends in education structures and governance. The process involves improving inputs, processes and environments to foster learning both at the level of the learner as well as at the level of the system which supports the learning experience.

5.3 Inclusive Education Framework

The framework depicted below is a conceptual guide to thinking about the network of relationships and factors inherent to inclusive education development. It is a conceptual map for educational planning and evaluation in concert with instruments such as the *Index for Inclusion*. This framework builds on the framework for assessing quality in the EFA 2002 Monitoring Report (UNESCO). The figure depicted here includes many of the components in the EFA framework but contains value-added factors and insights from the literature on inclusive education, policy and practice in the preceding sections of this report as well as the key findings contained in Chapter four. The framework includes four domains of inputs, processes, outcomes, and contextual factors in an open-system which not only accounts for external factors influencing inclusive education (e.g. policy, legislation, cultural and socio-economic conditions), but considers these 'external' factors as integral components of inclusive education development as a whole. This open-system has a particular strength for fitting inclusive education in the context of the existing educational system in Yei, Bor and Tonj counties. There has been no mention of special schools existing in Southern Sudan in both the literature review and in key findings within the project area.

5.4 INPUT- PROCESS-OUTCOME FRAMEWORK FOR INCLUSIVE EDUCATION

Table: 5.1 Input-Process-Outcome Framework for IE

(handwritten margin notes: "adequate no of teachers", "supportive stitution systems", "distance to sch- MIS that includes disability-")

INPUT	PROCESS	OUTCOME
School • Curriculum content • Textbook & learning materials • Teacher qualifications, training • Morale and commitment • Accessible facilities • Parent/community support • Braille/Sign Language support • Assistive devices • Action Plans and Needs Assessments • Evaluation Plan	**School climate** • High expectations/respect • Guiding Philosophy/Mission • Participation/choice • Positive teacher attitude • Safe and supportive environment • Flexible curriculum • Incentives for participation • Integrated whole-school system • Collaborative support teams	**Achievements** • Literacy, numeracy • Good citizenship • Personal development • Positive attitude towards learning • Self-determination/advocacy • Self-esteem • Social and Independent Living Skills **Attainment** • Formal completion • Diplomas/qualification • Preparation for Adult Life **Standards** • Official learning objectives(desired outcomes) • School-level objectives • Impact on family and community. • Supportive government policy
Pupil/Student Characteristics • Diverse Characteristics valued and supported • Disability, gender, at-risk, returnee children, minorities, low-income		
Family/Community Characteristics • Parental attitudes/training • Household income • Economic conditions • Cultural/religious factors • Multi-sector coordination and collaboration	**Teacher/Learning** • Sufficient learning time • Active teaching methods • Integrated systems for assessment and feedback • Appropriate class size • Adapted curriculum to meet individual needs • Active student participation • Appropriate supports • Clear roles and responsibilities	

CONTEXTUAL FACTORS

• Macro-economic and fiscal policies • Political stability, decentralization • International coordination • Data collection and analysis	• National goals and standards for inclusive education • Sources of funding and allocation • Systematic knowledge transfer	• Education system management • Parental and community participation. • Community sensitization and awareness.

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5.5.1 Inputs to Inclusive Education

5.5.2 Inclusive Education Demand issues

Demand issues, arguably, provide the predominant challenges to IE. These include, *access, retention, and drop-out rate.* *Access issues* are affected by factors at all levels of inputs: pupil, school, family/community and national. The most influential are probably the socio-economic and cultural factors within the family, i.e. family economic survival needs (e.g., mothers' choices between sending children to school and having children work to generate income needed for family survival), (confirmed *findings in section (chapter) 3 and 4 of this study*), traditional societal attitudes towards disability that may involve shame, guilt, under-expectations, and sheltering/patronization. These factors often combine with distance to school, mobility, school-building accessibility, discrimination, shortage of trained teachers and resource supports for addressing their working conditions, and shortage of school places.

5.5.3 Finding, identifying and encouraging children to go to school

This is a critical challenge. However, this study identifies the household and community members in the project area as key players in determining not only access to education but also assurance of quality education in the neighborhood schools. *(Section 3 of this report – Quality of education, house hold/community conditions).* If parent education and community awareness is combined with child-finding strategies, it is very likely that this challenge would be overcome.

The ISCED-97 and OECD categorization system has been used as the basis of definition and confirmation of the category clientele (Visually impaired, Hearing impaired, physically and mentally challenged.) Disability includes an array of issues in health, education, and social welfare *(as described by D. Cameron & F. Valentine (2001)- section 3.1 in this study)* A multi- level approach in case finding/identification to confirm the extent of disability and the level of intervention services applies. There is an acute lack of accurate statistics in Southern Sudan. During the study, however, 240, 225, and 127 children and youth with disabilities were identified in Yei, Bor and Tonj respectively. Assessment for rehabilitation and education intervention needs is a priority. A comprehensive survey on incidence and prevalence of disability is also necessary and required.

5.5.4 Pupil/Student Characteristics

Pupil/student characteristics are another critical input consideration. *(Sections 3.2 of this study)* In 'traditional' societies, four categories/types of disability are usually recognized: physical disability, blindness, deafness, and mental retardation. In a post conflict country like Sudan other categories, though not having disabilities, may also be included as belonging in the special education needs categories, *(sessions 1.0 of this study).* These are persons with various learning difficulties and disadvantages resulting in educational underperformance.

Successful strategies for addressing pupil/student characteristics in the study area would need to consider economic needs of pupils/students, subsidized costs of school uniforms and adoption of flexible curriculum approaches. The issue of non-disabled pupils dropping out of school due to long distances is cited as a major challenge. Long distances are likely to make the situation more difficult for children with disabilities.

5.5.5 Attitudes

Attitudes constitute a third critical challenge in terms of inputs to IE. Findings in the study indicate that females (children and adults) with disabilities are viewed as being of lower value than males with the same disability. This calls for comprehensive awareness activities towards parents of children with disabilities. The awareness campaigns should also be extended to disabled persons themselves so that they improve their self-perception. (This study found that disabled persons have a significantly lower self-image compared to how family members perceive them).

Empowerment skills development targeting children and youth with disabilities is another priority. This would help build their self confidence besides acquiring important survival skills. Campaigns towards removal of attitudinal barriers should also target teachers both in the classrooms and in the general school environment. Lack of political goodwill also impedes change of attitudes towards persons with disabilities. There is need to train government officials to view persons with disabilities as simply ordinary people, who only happen to have a disability.

In terms of attitudes within local communities, *Avoke, M. (2002)* suggests that "community elders and churches/faith based organizations can play a vital role in exerting effort towards radical change in attitudes". He also suggests that these community leaders must participate in policy development as well as in its practical implementation. The literature on IE cites parental attitudes as significant barriers to disabled children's attendance and participation in school.

5.5.6 Conditions of teachers' work

The conditions under which teachers operate is another critical input in IE programs. Most implementation efforts focus on training teachers on effective instructional strategies. They ignore the conditions within which teachers must carry these out. There is a scarcity of teachers in the study area. Some teachers, therefore, end up overworking themselves. This makes it unlikely for them to provide adequate and quality time to pupils with disabilities. Other conditions that negatively impact on teachers' ability to deliver effective instruction include: high teacher-pupil ratios, classroom physical layout, inadequate administrative support and supervision, poor incentives for participation, and delays in release time for preparation and evaluation. The Teacher Development Initiative in India notes that the "most serious barrier to the (Inclusive Education) project (is) the attitude of administrators who have insufficient time and patience to learn about and understand its [the program's] objectives". It further notes that positive

attitudes toward IE have been directly linked to teacher supports. *(Arbetter, S., & S. Hartley (2002).* Experience with teacher training in Uganda also points to the need to clearly define teachers' roles, not just provide specific skills. Finally, upgrading teachers' skills is a developmental process that goes beyond workshops and other in-service training activities. Teachers need time to develop confidence and coping strategies in the context of continuous support in the classroom.

5.5.7 Retention and drop-out rates

The review of literature indicates that retention and dropout-rates are partly linked to *curriculum and instruction*. If curriculum and instruction are tied to life-skills and a more innovative approach was used in the schools, learners would find the education practical oriented. This would enhance their learning experience in the process improving retention and completion rates. Unfortunately, in most schools the focus is on adapted curriculum and upgrading of teachers' skills. This is done by providing training in child-centered, active pedagogy/instruction. Less often, the curriculum content itself is challenged. Innovative approaches to making the curriculum relevant, tying it to functional life skills, and matching it with cultural beliefs and priorities is directly related to improved retention rates. *(UNESCO (2001).)*

Adapting a curriculum that is not relevant or is not teaching functional life skills does little to motivate pupils and students to stay in school. UNESCO reports that many parents in India cite the irrelevance of the curriculum as a reason for not sending their children to school. Parents complain that the curriculum is not geared to real life, and fruitful years of income generation will be lost even if the child receives only a primary education. Curriculum development is therefore seen as an important input to IE programs as well as process. UNESCO's 2001 in-depth case study of Uganda describes an alternative basic education program that focused on functional life skills, and built on the cultural values of the semi-nomadic Karamojong families. Survival/life skills for children with disabilities have the potential to develop their self esteem. As such, this should be the objective of any education geared towards helping children with disability acquire a competency in life.

5.6.0 Processes of Inclusive Education

The study recognizes the input-process-outcome-context model for IE indicating that *School Climate* and *Teaching/Learning* are two broad domains concerned with process. Within these process domains, a whole-school approach to IE is emerging as critical to effective implementation. Basic principles of whole-school approaches include participation and collaboration. Participation has come to mean more than just professionals and communities. A basic principle of child-to-child programs also emphasizes pupil/student responsibility for learning and participation in whole school initiatives. A personal change process appears to be important for changing attitudes as part of the process of teaching and learning.

In Uganda, teachers have reported that ignorance, fear, and a lack of confidence were root causes of their attitudes towards children with disabilities before these children entered their classrooms. As they "got used to" these children, they reported increased confidence, coping strategies, and positive attitude change. *(Arbetter, S., & S. Hartley (2002).*

5.7.0 Outcomes of Inclusive Education

IE programs are beginning to place more emphasis on continuous evaluations as inputs (e.g., assessments of needs studies), process (both formative and summative evaluations of the implementation activities) and outcomes/impacts. Community level Education Management Information Systems (C-EMIS) improve the quality of the national data by collecting data and statistics at the local level. Community and school involvement are necessary to ensure accurate reporting of the number of children in schools.

This study endorses incorporation of constant assessments in the proposed pilot projects in the study area.

6. RECOMMENDATIONS

This report has discussed many aspects that are necessary for undertaking inclusive education for children with disabilities in Yei, Bor and Tonj County's in Southern Sudan. Overall, the discussions in this report lead to the following recommendations.

6.1 Summary - Demands for IE Services

The findings from this study demonstrate unavailability of accurate information on the incidence and prevalence of disability. However, available estimates in the greater Yei (*WHO population estimates of 328,389 in 2004*) indicate that 10% of the population, (or 32, 839) comprise people with disabilities. Of these, 4,926 (or 15%) are estimated to be of school-going age. Bor and Tonj counties with populations of 279,000 and 883,393 respectively (*WHO NID- 2004*) have 4,185 and 13,251 of children and youth with disabilities and special education needs who are of school-going age. The study identified 240 children and youth with disabilities in Yei, 225 in Bor and 127 in Tonj. All do not have access to formal education relevant to their specialized and unique needs.

6.2 Recommendations

1. Urgent intervention is needed so that children with disabilities can attend general schools. Life skills must be an integral component of the learning experience. This is only possible if a structured approach to inclusive education is adopted in the study areas.

2. Adoption of the Flagship that seeks to unite all EFA partners in providing access to and promoting completion of quality education for every child, youth, and adult with a disability. Specifically, this calls for:

   - A full participation of persons with disabilities and families in the design of all Flagship activities;
   - Promotion of the full participation of persons with disabilities and families in the development of policies and practices related to their education at the national, regional, and global levels;
   - Ensuring that all governmental entities, donors, and NGOs endorse the universal right of education for all children, youth, and adults with a disability;
   - Full incorporation of the Flagship Goal into national plans of action and regional policies;
   - Working in partnership with all other EFA Flagships to fully endorse and incorporate the right of educating every person with a disability into their efforts;
   - Mobilization of resources in support of the Flagship Goal through obtaining commitment of new resources from national and international entities and leveraging existing EFA resources;
   - Ensuring that the EFA Monitoring Process includes specific quantitative and qualitative statistics and indicators related to persons with disabilities and documentation of resources allocated to the implementation of EFA for these individuals;

- Identification and dissemination of effective practices and stimulation of research and studies related to the Flagship Goal; and,
- Promotion of the right of every child and youth with a disability to express his/her views pertaining to his/her education and life skills as defined by Article 23.1 of the Convention on the Rights of the Child.

3. In terms of finding and identifying children with disabilities and making possible their access to educational opportunities, this study identifies household and community members as key players. In view of this, it is recommended that:-

- Parents' education and community awareness combined with child finding strategies be implemented. There should be clear linkages and partnership with schools that promote inclusive education initiatives.
- Initiation of Educational Assessment Resource Centres (EARC) or teams of local professionals in specific schools for coordination of individual needs assessment of children with disabilities. This will help determine the extent of disability, psychological, social and economical effects for necessary intervention and as a necessary condition for placement into the general classroom.
- Promotion of and management of referrals (where applicable) for specialist services in case of serious issues affecting children with disabilities.

4. Proper management of resources intended for inclusive education programs must be applied to avoid risks of failure of the pilot projects. Specifically:

i. The lead organizations must adopt proper governance measures and accountability for projects and work towards achieving results as per planned goals and objectives;

ii. Donor agencies may need to budget for supplementary funds to cover unplanned costs to ensure inclusive education programs are sustained even during difficult times.

5. It is also recommended that ACROSS, CEAS/C&D, and SEDA link up with other stakeholders to set up inclusive education for children with disabilities in schools in Yei, Bor and Tonj counties. This will involve undertaking the following:

- Establishing pilot projects in individual schools or clusters of schools incorporating best practices and developing local strategies;
- Training a cadre of teachers and school principals so they, in turn, can train others;
- Collaborating with the ministry of education (MOEST) to develop an inclusive education framework in specific schools as well as paying teachers sufficiently. This will enable teachers focus on teaching and thereby become accountable for student success;

- Providing teachers with training in classroom strategies to enable them learn to accommodate children with diverse learning needs in regular classes;
- Collaborating with MOEST to encourage adequate staffing in schools;
- Developing information packages on "best practices" and disseminating the knowledge;
- Creating education institutions that prepare new teachers for inclusion;
- Forming partnerships between schools, parent groups, NGOs, and government and professional groups in the promotion of inclusion in schools and the community.

6. ACES as and an umbrella organization under which inclusive education services will be set and coordinated in the study areas with funding from Dark & Light as a partner, stringent roles, responsibilities and strategies will have to be used for success in the promotion of IE in general schools. The study recommends that:-

- ACES sets up itself as a service organization with a full flanged operational office with functional structures in Southern Sudan - may be in Juba.
- ACES undertake the IE of children with disabilities in general schools in a professional way and run it as a separate identifiable programme with clearly defined objectives, activities and resource allocation.
- ACES and Dark & Light take up technical and funding roles and at the same time undertake a dual task of modeling a quality service of its own and harnessing the cooperation of other participating NGO's and the Governments of Southern Sudan. (GoSS)
- ACES sets up a unit responsible for planning and coordinating IE activities.
- ACES should appoint professional personnel in IE at the headquarters and if possible in collaboration with the participating NGO's at the project level. These would be the key technical drivers to empower the local team at all levels, advice, and take lead in all project implementing aspects.
- ACES should develop IE functional structure that connects it with link persons at the participating NGO's, GoSS, schools, and contact persons at the community.
- ACES should have adequate financial, material resources, sufficient means of transport to visit the schools and communities regularly, resources for personnel training, manuals and guidelines for IE workers at all levels.

7. As indicated in the previous sections, Inclusive Education in the context of Southern Sudan is perceived as a dynamic process of people participating within a net of relationships. The move towards inclusion should be gradual and be based on specific issues in each county with clearly articulated strategic guidelines and plans involving all stakeholders.

Specifically, this study recommends the following for each of the respective counties:

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(A) YEI COUNTY

1. ACROSS takes the lead in championing inclusive education for children with disabilities. There should be an emphasis on the pre- and in service teacher training activities utilizing Yei Teacher Training College (YTTC) which is fully under ACROSS management;

2. ACROSS develops a strategic plan articulating the course it would wish to take in the direction of promoting inclusive education. This should take into consideration the flagship issues that seek to unite all EFA partners;

3. On short term basis, ACROSS to encourage visiting/external specialist tutors on IE/SEN to participate in training within YTTC before the college eventually acquires its own residential IE/SEN Tutors;

4. Pre- and in-service curricula for teacher education students be organized around a curriculum that confronts issues of inclusive teaching. There should also be a proactive effort to accommodate diversity in education. Life skills components should be designed and incorporated in YTTC training modules;

5. The whole YTTC personnel be sensitized on disability matters with the aim of encouraging an intake of teacher trainees' and teacher students with disabilities for training;

6. ACROSS to continue partnering with the Ministry of Education Science and Technology (MOEST) to facilitate in IE school adaptations. Where possible ACROSS to be facilitated to support schools with textbooks, teaching and training materials and assistive devices in reference to children with disabilities;

7. YTTC sensitize MOEST personnel, Head and Primary school teachers likely to initiate structured IE activities in their specific schools;

8. ACROSS to design an IE outreach programme identifying some schools and specific areas where a linkage with parents and community members of children with disabilities will be piloted;

9. ACROSS to facilitate needs assessments and provision of necessary intervention of at least 807 children with disabilities (567 already in 82 primary schools and 240 identified in the communities during the study) in Yei River County in the two year pilot project period;

10. ACROSS, with other stakeholders in Yei and outside Yei county, to work towards establishing the actual numbers of children with disabilities in the greater Yei County.

(B) BOR COUNTY

1. C&D/CEAS to take the lead in promoting inclusive education for children with disabilities (CWDs) in Bor County. This will focus on removal of barriers that prevent CWDs from full participation and inclusion into the education system;

2. C&D/CEAS to develop a strategic plan for the organization/s to articulate the course the organization/s would wish to take in the direction of promoting IE in Bor County and/or in its other programmes taking into consideration the flagship issues that seek to unite all EFA partners;

3. C&D/CEAS to develop partnership roles in Makwach Teachers Training College (MTTC) in collaboration with MOEST, Save the Children, Sweden and other stakeholders in order to introduce IE/SEN curriculum and training of teachers on the same within the college;

4. With relevant stakeholders C&D/CEAS to facilitate the design of pre- and in-service curricula for teacher education students organized around a curriculum that confronts issues of inclusive teaching, accommodation of diversity in education, and life skills education;

5. C&D/CEAS to enhance empowerment and development of parents of learners with disabilities who experience barriers to learning to receive priority attention through support for the development and strengthening of parents and teachers organizations;

6. C&D/CEAS to enable at least a minimum of 100 CWDs in Bor county get access to general basic primary education and identify at least 1,000 within a pilot period of two years;

7. C&D/CEAS with other stakeholders/partners in Bor and outside Bor County to collectively work towards establishing the actual numbers of CWDs in the greater Bor County.

(C) TONJ COUNTY

1. SEDA to take the lead in championing inclusive education for children with disabilities in Tonj County with a strong component in pre- and in-service teacher education training activities utilizing Kurlueth Institute of Education (KIE) which is fully under SEDA's management;

2. SEDA to develop a strategic plan expressing its direction in promotion of IE in Tonj County taking into consideration the flagship issues that seek to unite all EFA partners;

3. On short term basis SEDA to encourage visiting/external specialist tutors on IE/SEN to participate in training within the college before KIE acquires its own residential IE/SEN Tutors;

4. SEDA, with relevant stakeholders, to design pre- and in-service curricula for teacher education students around a curriculum that confronts issues of inclusive teaching, accommodation of diversity in education, and life skills education and incorporated in KIE training modules;

5. SEDA to build the capacity of KIE personnel on disability matters with the aim of encouraging an intake of teacher trainee and teacher students with disabilities;

6. SEDA to facilitate at least a minimum of 100 CWDs in Tonj county get access to general basic primary education and identify a significant number of 1,000 in the communities within a pilot period of two years;

7. SEDA to enhance empowerment and development of parents of learners with disabilities to receive priority attention through support for parent and teachers' organizations;

8. SEDA with other stakeholders in Tonj County to work towards establishing the actual numbers of CWDs in the greater Tonj County.

The study presents draft curriculums as an initial benchmark for (1) teacher training and Trainers of Trainers (TOT) comprising of twelve modules as indicted in table 6.5. These can be taught independently or together over ten days with follow up training and (2) Head teachers, NGO and Government Personnel

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at Policy Level draft curriculum as indicated in table 6.5 (b) . However it is recommended that the draft curriculums should be reviewed further by stake holders for local ownership and adopted for use as an empowerment tool in the study area.

Table 6.5 (a) In-Service and Pre-Service Primary School Teacher Training

Module	Outline	Description
Module 1	Defining special needs	Enable teachers to understand and identify children with special needs.
Module 2	Disability Awareness	Focus on developing teachers' understanding of disability. It incorporates a field visit.
Module 3	Education for children with special needs	Provide a summary of the international agreements and policies relating to children with special needs, stress the importance of education and explore the barriers to education.
Module 4	Needs Assessment of CWDs	Enable teachers to understand individualized needs assessment in all areas: - medical, psychological, educational, social, career training and placement/referral processes.
Module 5	Responding to diversity	Introduction of eight golden rules for good teaching.
Module 6	Teaching basic skills to children with disabilities	Focus on practical teaching techniques for helping children with disabilities communicate verbally, to read, write and do basic maths
Module 6	Advise for teaching children with disabilities.	Provides specific advice for teaching children with a variety of impairments through case study stories.
Module 8	Creating child centered classrooms	Accessibility and adaptability in lower and upper primary.
Module 9	Creating child centered learning and writing materials	Accessibility and adaptability of appropriate materials.
Module 10	Creating child centered assistive devices	Accessibility and adaptability of appropriate assistive devices.
Module 11	Creating Inclusive Classrooms	An Overview on Creating Inclusive Classrooms.
Module 12	Parental and family members involvement	Mentorship and family/parents role to bring up role models. Creating Family-School Partnerships.

Table 6.5 (b) Head teachers, NGO and governmental Personnel at policy level training modules

Module	Outline	Description
Module 1	Teaching Support	- The impact of teacher training through supportive attitude from the head teacher. - Jointly search strategies for effective ways of stimulating and supporting teachers in their introduction of child-centered teaching methods.
Module 2	Education Equity	- Enhance understanding of equity in the classroom. - Increase head teachers' awareness of inequity in the school and train head teachers in strategies for correcting inequitable situations.
Module 3	Schools Change and Sustainable Development	- Drive for schools self development. - Factors for the school's sustainable development, head teachers role, school development planning, new curriculum standards, school-based training and teacher's capacity development, monitoring and evaluation about school sustainable development.
Module 4	Effective Leadership	- Help head teachers discover which aspects of their leadership role need improvement. - Offer practice in a wide range of effective school leadership strategies. - Focus on the head teacher's role in promoting children's health and sanitation. The head teacher can play an important role in improving hygiene in the school and in the wider community.
Module 5	Whole School Reform	- Introduce the head teachers the principals of educational change. - Practical exploration of how to guide change and overcome resistance and obstacles present in their own schools. - Strategies to make wide-ranging and comprehensive changes throughout the school with the support of teachers, children and parents.
Module 6	Special Education Needs	- Education for All includes with particular attention for children with special needs. - Valuing children with a disability or learning difficulties. - Concentration on giving heads practical skills and approaches for supporting children with special needs in school.
Module 7	Monitoring and Evaluation	- Emphasis of school development planning with monitoring and evaluation methods relevant for quality education.

References

UNESCO, 2002, Education for All: is the world on track? Paris: UNESCO

SPLM, 2002, *Education Policy of the New Sudan and Implementation Guidelines*, Rumbek: Sudan People's Liberation Movement.

UNESCO, 2004/ED/EFA/MRT/P1/17, *Education in Southern Sudan: War, Status and challenges of achieving Education for All Goals* - Luka Biong DENG

D. Cameron & F. Valentine (2001). Disability and Federalism: Comparing different approaches to full participation. McGill-Queens University Press: Montreal.

In C. J. W. Meijer, Sip Jan Pijl & S. Hegarty (1994). New Perspectives in Special Education: A six country study of integration. Routledge: London & New York. Pp. 5-6.

OECD (2000) Special Needs Education Statistics and Indicators, p. 8.

European Agency for Development in Special Needs Education (2003). Special Needs Education in Europe. A Thematic Publication by EADSNE. Brussels. www.european-agency.org.)

B. Ingstad (2001). Disability in the Developing World. In Handbook of Disability Studies. G. Albrecht, K. Seelman & M. Bury (Eds). London: Sage Publications. Pp. 772-792.)

WHO, ICF www.who.int/icf. See also P. Dudzik & D.McLeod (2000). Including the Most Vulnerable: Social Funds and People with Disabilities. Social Protection Discussion Paper No. 0023, The World Bank, p. 23.)

It Is Our World Too! A Report on the Lives of Disabled Children. Published by Disability Awareness in Action, 2001. London. Prepared by Gerison Lansdown

Lindqvist, B. (1999). Education as a fundamental right. *Education Update*, 2(4),7.

UNESCO (2001). Including the excluded: Meeting diversity in education. Example from Uganda. *Combating Exclusion in Education.* Paris: UNESCO.

Miles, S (2000). Enabling Inclusive Education: Challenges and Dilemmas. Paper presented at Symposium on Development Policy entitled, "Children with Disabilities and the Convention on the Rights of the Child" Gustav Stresmann Institute, Bonn, Germany. October 27-29. Source of document: www.eenet.org.uk/theory_practice/bonn_shtml

B. Ingstad (2001). Disability in the Developing World. *An Handbook of Disability Studies. P. 774*

UNESCO (2001). Including the excluded: Meeting diversity in education. Example from Uganda. *Combating. Exclusion in Education.* Paris: UNESCO.

Arbetter, S., & S. Hartley (2002). Teachers' and Pupils' Experiences of Integrated Education in Uganda. *International Journal of Disability, Development and Education.* 49(1). Pp. 61-78.

(UNESCO (2001) Inclusive Schools & Community Support Programmes: Phase II)

Appendix I:

Sources for Information on Disability, Inclusive Education and Human Rights

A. Organizations working for the Rights of Disabled Children and Youth

Disability Awareness in Action www.daa.org

Inclusion International www.inclusion-international.org

Disabled Peoples' International www.dpi.org

International Disability and Development Consortium www.iddc.org.uk

Child Rights Information Network

Save the Children Alliance Task Group on Disability & Discrimination

UN High Commissioner for Human Rights www.unhchr.ch

European Disability Forum www.edf-feph.org

B. Sources for International Documents

Centre for Studies on Inclusive Education www.inclusion.uwe.ac.uk/csie

United Nations: DESA www.un.org/esa/socdev

Save The Children www.savethechildren.org.uk

The Danish Council of organizations of Disabled People www.disability.dk

Swedish DPI Association www.shia.se

UNESCO

www.unesco.org/education/efa/know_sharing/flagship_initiatives/disability.shtml

C. Sources for Training Materials related to Rights and Inclusive Education

EENET—Enabling Education Network www.eenet.org.uk

Disability Awareness in Action www.daa.org

Inclusion Press International www.inclusion.com

Training Resource Network Disability Update www.trninc.com

Save The Children www.savethechildren.org.uk

Institute on Independent Living www.independentliving.org

UNESCO Teacher Education Resource Pack: Special Needs in the Classroom

www.unesco.org/education/educprog/sne

D. Sources for News and Updates related to Inclusive Education

UNICEF, Education Update

EENET-Enabling Education Network

Inclusion Press International www.inclusion.com

Disability World (bi-monthly web-zine) www.disabilityworld.org

World Institute on Disability www.wid.org

Centre for Studies on Inclusive Education www.inclusion.uwe.ac.uk/csie

DISABILITY.DK

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APPENDIX I1 - QUESTIONNAIRE

BASELINE RESEARCH ON LOCAL SITUATION PREPARATORY TO IMPLEMENTING INCLUSIVE EDUCATION IN COPERATION WITH DARK & LIGHT, ACROSS, CEAS, SEDA, C&D AND PARTNERS IN YEI, BOR AND TONJ COUNTIES, SOUTH SUDAN

1. DEMOGRAPHIC INFORMATION

Date checked_____/_____/_____ (dd/mm/yy)   Questionnaire No:_____

Date of Interview_____ _____ ___ __ (dd/mm/yy)   Hh No: _____

Name of Interviewer_____   Village _____

Name of Respondent_____   Relation to Hh head_____

*Ethnicity (tribe) of Respondent*_____   Ethnicity of Hh_____

(Hh=House hold)

Household Composition

Kindly let me know the names of the people who are living with you

No.	Name	Relation to Hh head	Sex	Age (years)	Marital Status	Education level	Occupation	Religion

Codes

Relation to Hh	Sex	Age	Marital	Education level	Occupation	Religion
1. Self	1. Male	(1) 0 - under 10	1. Married	1. None	1. Student	1. Christian
2. Spouse	2. Female	(2) 11-under 20	2. Separated	2. Primary	2. Formal employment	2. Muslim
3. Son		(3) 21-under 30	3. Divorced	3. Secondary	3. Casual Labour	3. Tradition
4. Daughter		(4) 31-under 40	4. Single	4. College/Tech	4. Business	4. Other
5. Other relation		(5) 41 & above	5. Widow (er)	5. University	5. Farming	
6. No relation			6. N/A	6. Other	6. House wife	

2. SOCIO-ECONOMIC STATUS OF RESPONDENT HOUSEHOLD

a. Which of the following items are owned in the household? *(1= Owned; 2= Not owned)*

Televisions _____   Cattle _____   Land _____   Radio _____

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Goat _____	Motorcycle _____	Sofa set _____		
Sheep _____	Bicycle _____	Video cassette _____ ___		Chicken_____
Vehicle _____				

b. If cattle, goat, sheep, chicken are owned, how many?

     i.   Cattle_____

     ii.   Goats:_____

     iii.   Sheep:_____

     iv.   Chicken:_____

c. If land is owned, what is the size of the land in acres?_____

d. How much of the land is used for food production?_____

e. Observe and indicate how the main house is constructed: Walls made of _____ Roof made of _____ Floor made of _____

f. How many rooms are in the main house?_____

g. What type of toilet does the house have?_____ *(choose from code options)* Codes:1. Flush toilet, 2. Traditional pit latrine; 3. Ventilated improved latrine; 4. Bush or field; 5. Other_____

h. What is the main source of drinking water for the household? (_____) Codes: *1. Piped inside house; 2. Public tap; 3. Public well/borehole; 4. Rain water; 5. Pond/river/stream; 6. Other* (specify)

_____

i. What is your main source of lighting?(_____) Codes: *1. Kerosene; 2. Candle; 3. firewood; 4. Other (specify)* _____

j. What is your main source of cooking fuel? (_____) Codes: 1. Kerosene; 2. Wood fuel; 3. Charcoal; 4. Gas; 5. Other (specify)_____

3. DISABILITY INFORMATION

a. Do you have somebody with any form of disability in this household? 1. Yes___ 2. No_____

b. Kindly let me know the name/names of person/persons with disabilities who are living with you.

Serial No	Name	RTHh	Sex	Age	Disability	COD	EBD*	EAD*	Reason on difference *	MS

RTHh = Relationship to household head   *COD = Cause of disability*

EBD = Education before disability   *EAD = Education after disability*   *MS=Marital Status*

Codes

Relationship to Hh	Sex	Disability	Cause of disability	Education before disability*	Education after disability*	Reason on variation*	Marital
1. Self	1. Male	1. Blindness	1. Childhood	1. None	1. None	1. ignorance	1. Married

2. Spouse	2. Female	2. Deafness	2. inherited	2.Primary	2. Primary	2. Prolonged war	2. Separated
3. Son		3. Physical	3. Accident	3. Secondary	3. Secondary	3.Educated outside SS	3. Divorced
4. Daughter		4. Mental	4. War injuries	4. College	4. College	4.Educ. not a priority	4. Single
5. Other relationship		5. Other	5. Disease	5. University	5. University	5.Family Poverty	5. Window(er)
6. No relationship			6. Other	6. Other	6. Other	6.Other	

c. Has/have the affected member/s ever received treatment in respect of the disability? 1. Yes____ 2. No____ (tick where applicable)

   i.   If yes, what kind of treatment _____ (1.Traditional healer, 2. Medicines from Primary Health Care Units/Centers, 3. Treatment from hospital.

   ii. Please describe the treatment and the effect:_____

   iii. If no, why?_____

d. According to you, how do **majority** of persons with disabilities see themselves? (self perception) (please tick where applicable)

   1. As cursed (a cause of evil) _____

   2. As unfortunate(unlucky)_____

   3. As burdensome (troublesome) to community_____

   4. As neglected (ignored) _____

   5. As equal member of community_____

   6. Other_____(please specify)

e. How do you see children/persons with disabilities within your family (please tick where applicable)

   1. As cursed (a cause of evil) _____

   2. As unfortunate (unlucky)_____

   3. As burdensome (troublesome) to society_____

   4. As neglected (ignored) _____

   5. As equal member of community_____

   6. Other_____(please specify)

f. According to you how do the **majority** of people see (perceive) girls and women with disability in the community in relation to boys and men? (Please tick where applicable)

   i.   Girls with disability. 1. Equal to boys with disabilities_____ 2. Lower value compared to boys with disabilities _____ 3. Other (please specify)_____

ii.   Women with disability. 1. Equal to men with disabilities _____ 2. Lower value compared to men with disabilities _____ 3. Other (please specify)_____

4. ACCESS TO ESSENTIAL SERVICES

a.   Which health services are available to the general population in your area? (Tick those available)

    1.   Promotive (primary health care services)_____

    2.   Preventive (protect from disease) _____

    3.   Curative (helping to heal) _____

    4.   Rehabilitative (restoring to normal)_____

b.   Which education services are available to the general public in your area (Tick those available).

    1.   Early childhood (nursery school)_____

    2.   Non-formal (adult education) _____

    3.   Formal school (official/recognized)_____

    4.   Higher education (college and university)_____

    5.   Integrated (including specific groups of disabled children in general school)_____

    6.   Special/transitory (individual needs attention) _____

c.   If a girl child and a boy child have similar disability, who is likely to be taken to school first? (please tick where applicable) 1. The girl child_____ 2. The boy child_____

d.   Which of the children with disabilities are likely to be send to school in form of priority (1. First priority, 2. Second priority, 3. Third priority. 4. Fourth priority) (please write the number where appropriate)

    1.   The physically disabled_____Why?_____

    2.   The visually impaired_____Why?_____

    3.   The hearing impaired_____Why?_____

    4.   The mentally impaired_____Why_____

e.   To what extent would you say the following livelihood initiatives are available in your area? Use the following key: (1= Very great extent; 2= great extent; 3= don't know; 4= little extent; 5= Very little extent)

    1.   Skills development_____

    2.   Income generation activities (individual or group small businesses) _____

    3.   Access to financial services_____

    4.   General employment _____

    5.   Social (community) protection_____

f.   To what extent would you say the following advocacy/empowerment initiatives are available in your area? Use the following key: (1= Very great extent; 2= great extent; 3= don't know; 4= little extent; 5= Very little extent)

    1.   Self help groups (community members grouping to do a common activity) _____

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2. Disabled Person's Organizations _____

3. Social (community/public) mobilization_____

4. Political participation for disabled persons_____

5. Language and communication services for disabled persons_____

g. To what extent would you say the following socio-cultural initiatives exist in your area? Use the following key: (1= Very great extent; 2= great extent; 3= don't know; 4= little extent; 5= Very little extent)

1. Legal protection (by law) _____

2. Culture and religious participation_____

3. Sports and leisure (activities done when people are free)_____

4. Relationships, marriage and family_____

5. Personal assistance_____

5. ACCESSIBILITY TO HEALTH SERVICES

a. Who is the **major** provider of health services in your area? (Tick one only)

1. Central government:_____

2. Local government:_____

3. Church:_____

4. Private sector provider:_____

5. NGO's:_____

b. What health facilities are available in your area? (Tick those applicable).

1. Hospital_____

2. Primary Health Care Centre (PHCC)_____

3. Primary Health Care Units (PHCU)_____

4. Traditional healing services_____

c. How far, in miles, is the hospital from your home?_____

d. What is the most common means of transport you use when visiting the hospital? (Please tick were applicable)

1. Walking_____

2. Bicycle_____

3. Motor Cycle_____

4. Animal transport_____

5. Vehicle transport_____

6. Plane_____

7. Other_____

6. ACCESSIBILITY TO EDUCATIONAL SERVICES

a. How far is the nearest school from your home (distance in miles)?_____

b. Will a child or person with disabilities be able to follow lessons at this school? (Tick where applicable) 1. Yes: _____   No:_____

    1. If yes, on what disability:

        i.   Physically disabled? Why?_____

        ii.   Hearing impaired? Why?_____

        iii.   Visually Impaired? Why?_____

    2. If no, why not_____

c. Is there a school in your community that provides services for disabled persons only?

    1. Yes____2. No_____

    1. If yes, what distance is it from your home_____(distance in miles)

d. Which services are available for persons with disabilities in the nearest school or training centre? (Please tick where applicable)

    1. Educational only _____

    2. Skills training only _____

    3. Both education and Skills training:_____

    4. Other (please specify)_____

7. SERVICE DELIVERY ORGANIZATIONS

a. Approximately how many non-governmental organizations (NGO's) are in your area? _____ (number)

b. Approximately how many of these provide services to people with disabilities?_____(number)

Thank you for your help in answering these questions (Thank the respondent and move to the next household)