Learning from a Crisis

Inclusive education during the first years of the pandemic
“To rise to the challenges of our time, a move towards more inclusive education is imperative. Rethinking the future of education is all the more important following the COVID-19 pandemic, which further widened and put a spotlight on inequalities. Failure to act will hinder the progress of societies.”

Director-General of UNESCO, Audrey Azoulay
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Background

Learning from a Crisis: Inclusive education during the first years of the pandemic

By learning from solutions tested during the COVID-19 pandemic, we can better manage the continued disruption to daily life and education provision caused by the pandemic. This guide, therefore, looks at examples of CBM’s education work during the pandemic and suggests measures that can be implemented now and in future similar emergencies.

The guide highlights issues and constraints in coping with the consequences of the pandemic. It documents ideas shared by CBM partner organisations that will help us reach our goal of providing quality inclusive education for all learners, including those with disabilities.

Many examples are featured, showcasing the work of dedicated staff, practitioners, and volunteers worldwide who sought to support children with disabilities and their families during the COVID-19 pandemic.

The examples illustrate different ways of supporting continued education. They may inspire education practitioners, organisations of persons with disabilities (OPDs), parents, and other institutions involved in providing quality, accessible, inclusive education for all learners. Many of the ideas will be helpful in any emergency affecting educational provision.
Learning from a Crisis: Inclusive education during the first years of the pandemic

Current situation

COVID-19 caused a crisis of unprecedented reach and proportion. It exposed disparities between and among populations. Persons with disabilities, especially girls and boys with disabilities, are among the most vulnerable in this global pandemic. Public aid and support have been directed to the majority and have not been inclusive (a pattern typical before the pandemic too).1

The largest global disruption of education systems in history has amplified pre-existing education disparities and dramatically reduced opportunities for the most vulnerable. The UN Policy Brief, ‘Education during COVID-19 and beyond’, further recognises that as fiscal pressures increase, the financing of education is likely to face major challenges, exacerbating the massive pre-COVID-19 education funding gaps, especially in low-income and lower-middle-income countries.2

Since March 2020, educational institutions in most countries have experienced partial or complete closures to try to contain the spread of COVID-19, relieve pressure on health services, and save lives.3 In April 2020, 1.4 billion pre-primary to secondary students in over 190 countries had their education disrupted.4 On 30 April 2021, the UNESCO website, ‘Education: From disruption to recovery’,5 stated that 174 million learners in 27 countries faced country-wide school closures. A further 740 million learners continued to face some degree of disruption, with schools in their countries being only partially open.

At the time of writing, the pandemic is present in most countries. Governments are still considering how best to maintain learning provision now and in the coming years. Options range from providing access to distance learning to fully or partially re-opening schools. Whichever options they choose, governments are grappling with how to avoid exacerbating inequity.6 However, although this crisis has an economic effect on all countries and impacts all education systems, there is an opportunity to build stronger, more resilient, and inclusive education systems.

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Inclusive education situation

Education is a universal right, but it is not a reality for all. Learners are excluded from and within education for many reasons, including:

- perceptions about their identity, background, and ability;
- societal discrimination and stigmatisation;
- structural deficits and financial gaps in the education system, with insufficient equipment and infrastructure;
- lack of trust and belief in the possibility and potential of education;
- teachers, materials, and learning environments that ignore the benefits of embracing diversity.1
- Technological disruption, climate change, conflict, and now a global pandemic, further widen the inequalities and access to education, especially for children with disabilities.2

COVID-19 exposed the fragility of education systems around the globe, deepening the inequality of access to basic education for children with disabilities from the poorest families.3 Children with disabilities may require additional infrastructure and support, often unavailable when countries are in some form of lockdown. The closure of education institutions has also hampered the delivery of essential support services to children and learners with disabilities, such as access to nutritious food and therapeutic services. During the pandemic, children and learners with disabilities often faced limited or no personalised support with their education plans, where such plans existed. They experienced the loss of school-based resources (such as specialist educators, therapeutic support, and structured learning environments), and loss of access to assistive learning resources and technologies.

Many education systems saw distance learning as a way to minimise disruption. This worked for some, but highlighted the digital divide for learners in low resource settings. They already had limited or no access to digital communication and learning. The lockdowns and restrictions on movement adopted in many countries to reduce the spread of the virus and pressures on health services, increased economic pressure on families who lost their source of income as a consequence of these measures. Where countries could not freely provide digital technology or support the cost of data, such restrictions deepened the economic divide in society. Digital solutions were identified as a suitable way of maintaining access to education. Such solutions do offer many opportunities for accessible learning, but all learners need access to achieve equity in learning.

Schools often provide safe spaces for vulnerable children. Education professionals can monitor children’s wellbeing (health, protection, etc). Lockdowns, school closures, and social distancing measures made it difficult for adults to maintain contact with children and regularly check their welfare.

However, solutions were found, and several are shared in this publication.

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Learning from a Crisis: Inclusive education during the first years of the pandemic

CBM’s Community Based Inclusive Development (CBID) COVID-19 matrix and inclusive education

Early in its COVID-19 pandemic response, CBM assessed the global issues and challenges. It identified an enormous lack of awareness of the need for disability-inclusive COVID-19 responses. CBM also found a pervasive lack of access to information and programmes, and a perceived lack of quality in the initial crisis responses. Seeing the growing importance of local action and response, CBM prioritised its CBID work.

Immediate responses from CBID partner organisations covered psychosocial support, communication and messaging, collaborating in local networks, and supporting access to basic necessities such as food, hygiene articles, and medicine. The initial assessment of challenges influenced the CBID team’s thinking, which led to them developing a COVID-19 Community Action Matrix.

All sections and elements of the Disability Inclusive Community Action COVID-19 Matrix are relevant to inclusive education, so it is a valuable guidance tool for all involved in inclusive education.10


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**Fig 1: The Disability Inclusive Community Action COVID-19 Matrix**

- **Compassion**
  - Promote and protect well-being
  - Encourage hope, safety and calmness
  - Be considerate (social distancing)

- **Communication**
  - Share your contacts and stay connected
  - Ensure messages are clear and truthful
  - Ensure messages are accessible to all

- **Networks**
  - Ensure Organisations of Persons with Disabilities play a key role in awareness raising
  - Coordinate with other community groups
  - Support and exchange good practices

- **Participation**
  - Be part of community conversations
  - Ensure persons with disabilities contribute to the outbreak response
  - Ensure inclusive community based organisations lead in communication

- **Access**
  - Ensure accessible and alternative communication is available to all
  - Secure access to necessities (water, food, medicine etc.)
  - Ensure access to services and financial support
Stakeholder engagement

Usually, the education agenda is driven at a national or regional level. However, lockdowns and movement restrictions necessitated the development of local solutions to organise and deliver education. During 2020 and 2021, community-based workers, OPDs, parent groups, and representative organisations played an even greater role in enabling community-level support. ‘Think global and act local’ has been crucial for providing basic education services.

Box 1: Leadership by and with the disability movement for accessible information

Community links and national outreach – a Philippines experience from the efforts of the Deaf community

Before the first nationwide lockdown, a group of persons with disabilities was promoting the use of Filipino Sign Language (FSL) in national media as part of an inclusive approach to accessing information. When the first lockdown came, the group anticipated challenges for Deaf people to access important public information on COVID-19. The group immediately lobbied and advocated for media outlets to use FSL in all such public communication. Within a month, one public national TV station and two major private TV stations included sign language insets in their daily programmes.

The team took the initiative and joined other civil society organisations to lobby for the proposed legislation on COVID-19 recovery to include critical measures for including people who are Deaf. As a result, the Department of Education fast-tracked legislation recognising FSL as the visual language for grades 1 to 3 in all schools. The crisis hastened existing advocacy efforts by several years.

Persons with disabilities are not passive recipients of support but active drivers for change. Engagement with OPDs and parent groups from the start of any intervention, including during an emergency, is vital. Regular and effective engagement in planning, monitoring and evaluation, implementation, budgeting, and resource allocation ensures persons with disabilities have effective and equal opportunities to contribute to decision-making.12

During the pandemic, working with grassroots OPDs, parent associations, and persons with disabilities (whether as active agents, field workers, or mentors) provided a platform for more extensively sharing experience and good practice. CBM’s successful collaboration with OPDs and other representatives was reported as a key lesson from several COVID-19 good practice examples.

By the end of 2020, UK studies indicated higher mortality rates among persons with disabilities, especially people with learning disabilities. The death rate for people with learning disabilities aged 18–34 was 30 times higher than for the same age group without disabilities.13 This is a stark reminder of the additional risks persons with disabilities face during a pandemic.

Box 2: Frontline workers made huge sacrifices to support others

Alvaro Vargas, a 30-year-old with a learning disability, worked in Juigalpa, Nicaragua, as a community volunteer in a CBID project. He was also the leader of the local OPD, and a role model for young children with disabilities in his community. He was a strong advocate for education for all children. During the pandemic he helped distribute food and sanitising packages to everyone in his community. Despite following safety guidance, he contracted COVID-19 and sadly died, showing how easily transmission happens even when taking precautions.

“We will always remember him as a sensitive and affectionate person who worked so well with the small children in the early education programme.”

CBID programme officer

By the end of 2020, UK studies indicated higher mortality rates among persons with disabilities, especially people with learning disabilities. The death rate for people with learning disabilities aged 18–34 was 30 times higher than for the same age group without disabilities.
Good practices in inclusive education during the pandemic

With support from CBM, education partner organisations have adapted their service provision to meet local or national needs.

Different partner organisations have found different ways of responding to a ‘new normal’, enabling CBM to gather evidence of good ideas and practices from various contexts globally.

Recurring lockdowns that cause schools to close and re-open multiple times, make it difficult to suggest one set of ideas or practices suitable for all countries. The support provided by education partner organisations varies greatly. Efforts include:

• provision of information about the virus and how to mitigate its spread;
• distribution of food and dry rations;
• provision of home-based learning activities using mobile phones or hand-delivered learning materials;
• distribution of hygiene kits;
• community-based workers sharing progress with educators via messenger apps;
• provision of psychosocial support.

This chapter looks at six topics:

• access to learning;
• adapted approaches to teacher training;
• infection control and hygiene in education settings;
• psychosocial support;
• access to (re)habilitation therapeutic services;
• back to school and reimagining education.

Each topic:

• highlights examples of solutions from different countries within the context of pandemic-related issues and constraints;
• provides examples of encouraging new ideas and ways forward;
• identifies risks and tips;
• includes a list of useful resources;
• highlights learning from suggestions shared.

The examples should guide future interventions and provide ideas to practitioners, OPDs, and others involved in providing inclusive education during this pandemic and other emergencies.
Box 3: Understanding needs and bridging gaps

Sharing experiences to improve planning
CBM’s Country Office staff in India conducted regular sharing and learning sessions with educational partners to understand their needs and the needs of teachers and learners. This also enabled staff and partners to gain insights into the situation and plan appropriately. The sessions shared innovative programme practices in different parts of the country. The exchanges helped partners adapt approaches to teacher training, enabling them to better support families and children, especially those with limited or no access to educational facilities.

Investing in teachers’ digital literacy skills
Initial discussions revealed that programmes to upgrade teachers’ digital literacy skills were a priority for delivering effective education during the pandemic. Teachers were trained in topics such as: engaging and managing online learning, assessment and management, and designing accessible individual and group activities for online learning. Teachers were introduced to platforms such as Google Classroom, Jamboard, Padlet, Flipgrid, Keep Notes, Google Docs, Google slides, Edpuzzle and Zoom. This was initially challenging for some teachers, but they soon came up with solutions and created their own apps.

Whilst reaching all children remains challenging, much progress has been achieved. Partners report reaching children who had dropped out of education. Children with and without disabilities have been engaged in hybrid or blended flexible educational learning methods.

Supporting partners to develop information videos about the virus
During the pandemic people needed access to information and facts about the virus and how to mitigate its spread. One partner produced the following information videos with sign language and captioning.

• Social distancing: https://youtu.be/gjVwffYPEg
• Home quarantine: https://youtu.be/9cjD4yrkzxA
• What is Coronavirus and its symptom: https://youtu.be/f3M5ho-s95g
• How it spreads and its prevention: https://youtu.be/RXKigbZJGeA
• Myths and facts: https://youtu.be/rgNb_Kzojns
• General awareness: https://youtu.be/kfuy7iO-7Il

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1. Access to learning

The most obvious impact of school closures has been on girls’ and boys’ access to learning. A global learning crisis was evident before the pandemic: 53% of children in low-and-middle-income countries (LMIC) could not read or understand a basic text at age 10.14

The pandemic-induced switch to online platforms exacerbated this problem, as access to digital learning was limited or non-existent for so many. Approximately half the world’s population (3.6 billion people) lacks an internet connection.15

During the COVID-19 pandemic, 65% of lower-middle-income countries and less than 25% of low-income countries have been able to set up remote learning platforms.16 Even where such platforms exist, we know little about their efficacy or ability to cater to the diverse needs of learners.17 Far less is known about whether this provision is inclusive and accessible to all.

Nonetheless, solutions are being found. For example, the provision of hybrid or blended learning or mixed approaches has become a focus for governments, investors, donors, multilateral and international organisations. Some have already found innovative and low-cost ways to deliver provision on a larger scale. In this section we explore some of those ideas.

Box 4: Defining hybrid and blended learning

**Hybrid learning:** is a combination of face-to-face education and offline or distance learning techniques. For example, a group of learners might meet once a week face-to-face and then have four classes using a mix of distance learning methods, such as e-learning online, online assignments, or an online lecture.

**Blended learning:** is the mixture of both online and offline activities. Online instruction is used to supplement or support face-to-face learning, not replace it. For example, learners might meet five times a week face-to-face, but the educator also supplements the learning with online assignments.

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Universal design for learning and supporting distance education

Box 5: What is universal design for learning?
Universal design for learning (UDL) is a set of principles. It provides education personnel with a structure for ensuring every aspect of the learning environment and teaching and learning processes are accessible to everyone and meet the diverse needs of all learners.

CBM’s inclusive education training guide describes UDL as a set of principles providing teachers and other staff with a structure for creating adaptable learning environments and developing instruction to meet the diverse needs of all learners.

It recognises that each student learns in a unique way, and involves:
• developing flexible ways to learn;
• creating an engaging classroom environment;
• maintaining high expectations for all students while allowing for multiple ways to meet expectations;
• empowering teachers to think differently about their own teaching;
• focusing on educational outcomes for all, including persons with disabilities.

For further details and explanations of the UDL Guidelines please visit www.cast.org.

Taking an inclusive approach means that every child, whether they have a disability or not, can access and participate in learning that takes place away from the classroom. During school closures, learning happens at home, and reaching the most marginalised learners has been very challenging. Designing remote learning options using UDL principles can ensure multiple ways for learners to think, develop skills, and grow while at home.

A teacher who is deaf, provides online learning to children who are deaf. (Photo: ADC Hanoi, Vietnam).

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Box 6: Using UDL principles to provide flexible learning opportunities for teachers, learners, and parents via digital media

One CBM education partner organisation in India has been implementing and supporting inclusive education for several years. They recognised that UDL principles would be vital when transferring classroom teaching to online teaching.

Teachers were aware of UDL principles such as individualised learning considerations and preparing different content to suit different learner needs. They used these principles in their classrooms before the pandemic. However, previously they had not applied the principles to digital platforms. First, they received training to become comfortable using online platforms for teaching and developing their own resources, drawing on their knowledge of UDL. Then, parents and children were helped to understand how to access learning using these platforms.

The teaching and learning approach was flexible, focusing on self-paced learning. Teachers prepared work that would meet the different needs of learners and their different learning styles. They provided content at different levels and opportunities for expressing understanding. Teachers then followed up with individual learners and their families to check their understanding and provide support as necessary.

One project director said “By using UDL principles, our teachers have come to learn how to implement inclusive education better. It helped them understand how to plan for a diverse group of learners and helped them to recognise individual needs and strengths. Teachers are delighted to see that students and parents are excited about recording progress. Teachers have a record of the performance of students and give immediate feedback which supports both teachers and students. Focus is not on knowledge acquisition only but developing a love for learning. Information and communication technologies (ICT) can certainly multiply the mission.”

Accessibility for diverse needs

People have diverse ways of learning and diverse accessibility needs. We are familiar with many of these needs, such as:

- access to sign language for people who are Deaf;
- easy-read or plain language text for people with low literacy skills or learning disabilities;
- closed captioning when it is difficult to hear or sign language is unavailable;
- digital programmes like JAWS for people who are blind.

Accessibility requirements for people with psychosocial disabilities or specific learning disabilities, however, are often forgotten.

When governments provide distance education via media and digital learning platforms, they need to think of everyone, especially those most overlooked. This includes people with albinism, autism, cerebral palsy, Downs Syndrome, or spina bifida and hydrocephalus; people who are deafblind or hard of hearing; people with leprosy; people who have low vision; people with psychosocial disabilities; people of short stature; and people who have experienced life-changing injuries or disfigurement.

In order to be inclusive, accessibility efforts need to meet the diverse needs of everyone, not just those groups of which we are most aware.
Box 7: Useful reading on accessibility

Accessibility Go: A guide to Action (WBU, CBM Global) 2021
This resource is for a wide range of organisations, governments and service providers, including small community-based organisations, local municipalities, ministries of education, multi-lateral corporations, businesses, social enterprises, non-governmental organisations and UN agencies. It can be adapted to respond to diverse organisational needs, realities, and contexts, ranging from humanitarian assistance and development cooperation, to city management and development or service delivery. Accessibility is everyone’s business and requires the broad engagement of staff and departments within an organisation, government, or institution.

CBM Digital Accessibility Toolkit
This toolkit contains various tools and recommendations relating to accessibility of ICT. Based on international standards and a scan of available technologies, these tools and recommendations contribute to the social and economic inclusion of persons with disabilities by ensuring that information is equitably accessible.

WHO Priority Assistive Products List (APL)
www.who.int/publications/i/item/priority-assistive-products-list
World Health Organization’s (WHO) Priority Assistive Products List (APL) is the first stage of implementing a global commitment to improving access to high quality, affordable assistive products – the Global Cooperation on Assistive Technology (GATE).

EdTech Hub
https://edtechhub.org/
EdTech Hub is a global non-profit research partnership that empowers people by giving them reliable research-based evidence and advice with which to make decisions about technology in education. Useful EdTech links include:

- Library of evidence and resources: https://docs.edtechhub.org/lib/
- Online tools: https://database.edtechhub.org/tools/
- Supporting diverse learning needs: https://edtechhub.org/special-educational-needs-and-disabilities/
Table 1: Ideas for how education technology (EdTech) can be developed or scaled up in low- and middle-income countries

<table>
<thead>
<tr>
<th>Disability/impairment</th>
<th>Implications for potential development or scaling up EdTech in low- and middle-income countries</th>
</tr>
</thead>
</table>
| Autistic Spectrum Disorders (ASDs)        | • Augmentative and alternative communication (AAC) can increase learning opportunities for children with ASD by expanding on the traditional instructional strategies such as pictures, symbols, flashcards, and videos.  

**Moving forward:**  
• Consider the feasibility of piloting high-tech applications in countries where power supplies and computer hardware are limited or non-existent.  
• Include parents during testing of AAC – this can increase the chances of successful uptake of apps using touch-screen technology.  

| Learners who are deaf and hard-of hearing | • Multimodal approaches to teaching sign language using video, text, pictures, and fingerspelling help learners acquire new vocabulary.  
• Mobile phone apps that help children, teachers, and parents learn sign language together are changing the learning experiences of deaf learners.  

**Moving forward:**  
• Involve parents when introducing a new device to learners to ensure their support and reduce the risk of the device being abandoned.  
• Consider the additional cost of devices such as mobile phones when promoting apps.  
• The strong uptake of mobile phones and apps is positively impacting the revision and delivery of curricula for deaf and hard-of-hearing learners. However, there are considerable cost implications for schools and learners when there are no government incentives to subsidise costs. |

Accessibility solutions to consider

- **Low-tech options – Access to mass media for education through radio and TV**
  Governments have tried to continue education during the COVID-19 pandemic by airing school curriculum content through local and rural TV and radio stations. Transcripts, visual materials, easy reading materials, sign language interpretation, and closed captioning are needed to ensure such programmes are inclusive. There also needs to be recognition that several spoken and sign languages may be used in one country.

  **Box 8: Helping everyone access the same books**

  eKitabu is supporting governments in East Africa, including Kenya, to provide signed books and easy-read books. This approach enables all children to learn sign language and access books and resources in plain language formats. This not only benefits children who are deaf or have learning disabilities, but all children. Hearing children have the opportunity to learn sign language. See: [www.ekitabu.com](http://www.ekitabu.com)

- **High-tech options – access to individual media such as learning pad and smartphones**
  Learning to use mobile devices and tablets not only helps children to access learning, but also prepares them for skills much needed in the 21st Century! In the future, this can only lead to improved job opportunities.

  Educational provision is now increasingly delivered using digital technology. Where ICT and internet connectivity is available, schools and organisations have reacted swiftly. They have established learning platforms that include diverse learners, including those with disabilities. Whatever platform is used, accessibility is a priority. The applications chosen need to be accessible and inclusive to foster effective online learning environments. Several CBM partner organisations have

  **Box 9: Using technology for community-based education support**

  During the lockdown in Guatemala, a CBM partner OPD used mobile phone apps to maintain its existing links with community-based volunteers. Through the apps, they continued assisting volunteers to provide basic educational support to children with complex support needs and children who are deafblind.

- **Localisation – linking education solutions to community structures**
  When schools re-open after closures, they need to adapt and find flexible ways to provide education. The new normal is likely to be a combination of home and school-based learning or a ‘blended approach’. There may be reduced numbers of learners physically present in classes full time. Hybrid and blended provision requires an appropriate mix of learning tools and techniques suited to every child’s situation and needs. Training for all teachers and parents is essential for such approaches to succeed.

**ICT ownership dilemma**

When providing devices such as tablets to children with disabilities, within households that have several other children who need to access education, to whom does the device belong? We need to consider this from the start to avoid discrimination. Who is responsible for the safety and security of the device?
Successful localisation is possible by using existing structures such as community self-help groups and OPDs, and reaching out to organisations CBM has supported in the past. Implementing organisations usually have links with local and national government departments and grassroot organisations. CBM partner organisations have direct access to beneficiaries and have provided them with services despite lockdowns, travel restrictions, and physical distancing requirements. Community workers, volunteers, and parents have supported children with disabilities in their homes. Teachers delivered resources and school work to collection points, from where community workers then delivered the resources door to door. Some partners shared video recordings prepared by teachers via mobile devices and messaging apps. This enabled parents and children to watch the video lessons whenever they had connectivity and time, and meant the mobile device could be shared among several families.

**Box 10: Maintaining offline support alongside high-tech solutions**

CBM partner organisations responded to school closures by using mobile apps to provide online, direct teaching. At the same time they engaged parents and caregivers to support their children’s continued learning at home, and provided COVID-19 prevention guidance in the form of songs, information videos with captioning and sign language interpretation, or leaflets.

However, access to online and mobile communication is not available to all, especially poorer families. In Vietnam, one CBM partner organisation, situated in an urban area, worked with other local organisations that had direct access to communities where children with visual impairments lived.

They shared resources and information with key centres in the provinces, which then delivered the resources directly to individual families. Regular visits and deliveries supported home-based learning. Resources included braille books and materials, audio files, music, and other relevant learning tools.

**Box 11: Parent-led learning videos**

In India, a parent of a child with a learning disability, a teacher herself, set up video lessons to share with other parents. The lessons used readily available resources and materials found in the home to create a home-based learning experience for the family. She shared the videos with other parents via a messaging app. The videos helped parents structure the day for their children with and without learning disabilities. Parents were encouraged to share their ideas and support each other.
Tips and resources

Advocate with ministries of education and other national institutions, asking them to negotiate with private companies for:

• free, low-cost, subsidised, or voucher-based systems for internet access;
• investment in accessible learning applications;
• broader access and availability of technological equipment, such as learning tablets, computers, and other mobile devices.

Education centres, OPDs, and non-governmental organisations should:

• support funding and advocate for provision of and access to mobile devices and internet connection for the most deprived and excluded families (e.g., using pre-paid internet, phone cards, and codes);
• facilitate regular communication between parents, teachers, and learners to create an effective support system that enables continued learning at home. Offer other topics in addition to academic subjects (e.g., run online yoga lessons to increase the quality of interaction between teachers, parents, and learners while reducing stress; share lessons and solutions devised by parents);
• encourage parents and caregivers to find ways of continuing learning by making regular contact via telephone or other means of direct communication;
• encourage parents and teachers to collaboratively track children’s progress by taking photos and videos of their work for reviewing, comments, feedback, and monitoring.

Distance learning tools and resources:

• Box 12 lists online learning resources that CBM’s partners in India consider effective tools and resources for distance learning.
• A regularly updated list of recognised distance learning solutions is available from UNESCO: https://en.unesco.org/covid19/educationresponse/solutions
• Humanity and Inclusion developed a set of tips for digital learning: https://inee.org/resources/guidance-note-1-inclusive-digital-learning

Box 12: Examples of helpful digital tools and applications in use

• The online lesson development platform, NEARPOD, is used for planning and delivering face-to-face and online recorded lessons. Formative assessment is inbuilt and the teacher gets immediate feedback (https://nearpod.com).
• AVAZ and JELLOW can be used by teachers and children and are useful for supporting communication (https://www.avazapp.com and https://jellow.org).
• FORMATIVE is useful for carrying out formative assessment (https://goformative.com).
• READWORKS is used for teaching, reading, writing, and comprehension (http://www.readworks.org).
• PADLET is used for interactive teaching (https://padlet.com).
2. Adapted approaches to teacher training

When schools closed and learning moved to distance solutions, teachers and education personnel had to adapt quickly to provide continued education. However, the delivery of digital learning was totally new to most teachers and they were not prepared.

Most teachers received little or no professional development support for using the newly adopted digital tools, which caused stress and anxiety for many. Others quickly embraced the opportunity to develop their digital literacy skills. The need to improve skills and regain motivation was crucial for teacher confidence. Teachers and education personnel need ongoing access to relevant, quality professional capacity development and support so they can continue to teach effectively during the pandemic.21

Box 13: Keeping training local

Increased funding, provided by CBM, meant community-based education centres (CECs) could be established in some rural areas in North-East India. These CECs train educators and learners at the community level.

Previously, parents and teachers attended trainings and consultations in the main urban centre. Now they can stay local and receive support via these satellite community centres. Capacity development is delivered digitally to teachers from the urban centre to the community centre. Teachers access the training and other resources either live or when internet connections permit. The centres are also used for other community activities.

CBM online training of trainers session in Latin America, using CBM’s Inclusive Education Training Guide.22 (Photo: Miriam Gallegos, CBM).

Massive open online courses

Massive open online courses (MOOCs) are one of many options for providing online professional development for teachers. MOOCs can transform capacity development and learning opportunities. They use platforms for producing and disseminating knowledge and good practices based on teacher experiences.

A MOOC is an online course aimed at unlimited participation and open access via the web. It is open source, providing distant, freely available online learning. MOOCs can provide alternative and appropriate ways to equip teachers with new skills and resources to deliver remote learning using high-, low-, and no-tech technologies.

Box 14: Examples of online courses

The University of Cape Town (UCT), in partnership with CBM and EU, had already developed four short, face-to-face and accompanying online courses (MOOCs) for educators. These focused on the following areas: disability studies in education, the education and care of learners with severe to profound intellectual disabilities, teaching learners with visual impairment, and teaching learners who are D/deaf or hard-of-hearing. These MOOCs are free online courses, with enrolment open to anyone.

In the past year, over 8,000 persons from different countries and continents enrolled in MOOC courses offered by Teacher Empowerment for Disability Inclusion (TEDI), now known as Including Disability in Education in Africa (IDEA). In response to the need to build the capacity of parents and teachers, IDEA invited parents to join training to learn how to support their child with a disability at home. The training was based on the MOOC using a blended learning approach.

Overview of courses offered by IDEA: www.idea.uct.ac.za/idea/courses/overview

Building parents’ and caregivers’ capacity

Parents and caregivers with and without disabilities are partners in supporting learners, including learners with disabilities. They have always played a role in educating their children, but during the pandemic they became key educators. It is increasingly important to include parents and caregivers in education training provision. Additional support is needed for parent-to-parent mentoring, facilitation, and training. There should be a focus not only on providing moral support and encouragement to parents and caregivers, but also proactively helping them to offer useful and feasible educational activities to their children. This is not to turn parents into teachers, but rather provide support mechanisms for them to understand how they can support their child to learn at home. They also need support for their own wellbeing.

Resources

- Guidance Note 3: Home Support is a set of tips for digital learning from Humanity and Inclusion: https://inee.org/resources/guidance-note-3-home-support
- Guidance Note 2: Teacher Resources similarly is aimed at teachers and education personnel: https://inee.org/resources/guidance-note-2-teacher-resources
3. Infection control and hygiene in education settings

Schools provide more than just education. They help learners develop emotional, social, physical, and creative skills; educate children about hygiene, nutrition, and other health issues; and often provide a daily meal and basic health and other support or screening services.

However, before the pandemic, 2-in-5 schools globally lacked basic hand-washing facilities; 698 million children lacked basic sanitation services at their school; and 1-in-3 schools had either limited or no drinking water, according to data from the WHO/UNICEF Joint Monitoring Programme. Children with disabilities are even less likely to have access to improved sanitation, drinking water, and washing water and soap in their households. This is compounded when they live in humanitarian emergency contexts.

Accessible water, sanitation, and hygiene (WASH), including menstrual hygiene management facilities and practices, are important in education settings generally and vital for mitigating the spread of viruses in schools. Effective infection prevention and control is essential for safely re-opening and running schools during the pandemic. We must keep learners and education personnel safe in schools.

Pupils washing their hands before entering the classroom at a CBM partner inclusive school in Cameroon. (Photo: CBM).


Box 15: Hygiene for all through inclusive WASH facilities

In some rural communities and high-density urban settlements, schools may be among the few places with constant access to running water and WASH facilities. These facilities can contribute directly to improving personal hygiene, and therefore need to be accessible.

Early in the pandemic, CBM partner organisations in many countries – including Cameroon, DRC, Ethiopia and Rwanda – introduced inclusive, accessible WASH facilities in schools, and in some cases, within learners’ communities.

Recommendations for hygiene and daily practices at the school and classroom level

(Check your own country’s specific guidance.)

• Maintain physical distancing of at least 1 metre between individuals. Consider this when spacing desks.
• Promote frequent hand washing practices.
• Promote ways of reducing airborne spread of the virus.
• Use age-appropriate face coverings or masks as recommended by health authorities.
• Put ventilation and environmental cleaning measures in place to limit exposure to the virus.
• Schools should educate staff and students on COVID-19 prevention measures. They should develop a schedule for daily cleaning and disinfection of the school environment, facilities, and frequently touched surfaces. They should ensure the availability of hand hygiene facilities and follow national/local guidance on mask use.

WHO provides regular updates to support mitigation measures in schools. For more information on physical distancing outside and inside classrooms and other recommendations, please see the WHO website.25

Resources (UNICEF)

• Hand hygiene for all www.unicef.org/reports/hand-hygiene-for-all-2020

4. Psychosocial support

Cognitive and psycho-emotional difficulties are the most common disabilities among children and adolescents, according to the UNESCO Global Education Monitoring Report (2020). Schools often provide health and mental health interventions, so their prolonged closure creates difficulties for many children.

Evidence from previous pandemics suggests that prolonged quarantine measures and school closures can reduce children's mental wellbeing and increase anxiety, depression, and post-traumatic stress disorder. These effects are likely to be more widespread with COVID-19. Children face the stress and uncertainty not just of quarantine, social distancing and school closures, but also the death of family members (due to COVID-19) and uncertainty about important school exams.

The strong relationship between socioeconomic deprivation and mental illness, including during childhood, is well documented. The pandemic is likely to increase financial and social insecurity, contributing further to poor mental health for children and caregivers and exposure to stressful situations.

In education, we recognise that psychosocial support is essential for everyone, from parents, caregivers, and teachers to the learners, including those with disabilities. The decision to re-open schools will benefit the social and psychological wellbeing of learners with and without disabilities.

Box 16: Supporting the parents and caregivers of children with learning disabilities

A CBM partner organisation in Rwanda – a special school transitioning into becoming an inclusive education resource centre – provides specialised support in the centre as well as in nearby mainstream schools. The resource centre provides early stimulation programmes, and therapeutic services, including counselling and family accompaniment support.

However, when the centre closed during lockdown, they became aware that many families could not cope. With no welfare support available, many parents and caregivers lost their livelihoods, leaving families poor and unable to buy food. This added to family anxiety and concern about child malnutrition, and families lacked access to the usual support offered by the resource centre. Even the health messages broadcast on radio and TV were not accessible to all.

Centre staff soon mobilised, contacting parents to find out what kind of support they needed. In response to the immense psychological concerns expressed by family members, a psychological helpline was established for caregivers and their children.

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Resources

Wellbeing of learners, teachers, education personnel, parents, caregivers

• Ensure regular communication and keeping in touch, for example, using mobile applications.
• Provide information about wellbeing and support services and facilities (places to go) in times of stress.
• Give additional consideration when welcoming children back into schools, clubs, or other activities. They will have experienced different emotions and reactions during COVID-19. A guide by IFRC Reference Centre for Psychosocial Support – Back in school during COVID-19 28 – suggests sessions to help with the adjustment. This includes assisting children to reflect on their experiences of the pandemic and the skills acquired from these experiences. The sessions suit different age groups, and facilitators can run full sessions or adapt them to the context.

At-risk learners

• Build trust and listen by offering telephone helplines and counselling services.
• Provide information and education about at-risk support.
• Education can offer learners a safe, stable environment during a crisis. It can help restore a sense of normality, dignity, and hope by providing routine and structured, supportive activities that help build children’s cognitive, social, and emotional skills. See INEE’s Psychosocial Support and Social and Emotional Learning. 29

Resources to help educators incorporate psychosocial and other activities in the curriculum when schools re-open

• Safe Back to School: A Practitioner’s Guide (The Global Education Cluster): 30 This provides guidance on how to plan an integrated, participatory process for safe school re-opening. The advice is applicable in all humanitarian and development contexts in response to the global COVID-19 pandemic. The guide includes two back-to-school checklists. They present key actions for thematic areas to ensure sectoral integration throughout the school re-opening process, and top-line actions for head teachers, school management committees or other school structures to follow. A second section provides detailed technical guidance and resources for specific activities mentioned in the checklists.
• Framework for re-opening schools (UN): 31 This framework informs decision-making on when to re-open schools and how to support national preparations. It guides the implementation process as part of overall public health and education planning processes. Contextualisation and continuous adaptation are necessary to respond to local conditions and meet each child’s learning, health, and safety needs.

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5. Access to (re)habilitation therapeutic services

COVID-19 is disrupting access to therapeutic support at a time when children with disabilities and their families are adjusting to big changes in their daily lives. Children with disabilities often receive therapeutic (re)habilitation services at school. These services include physiotherapy, occupational therapy, speech, language and communication, and/or social-emotional skills therapy. They help children cope better and develop skills to navigate their daily lives.

During a lockdown, how can children access these essential services? Many children with disabilities now need further help to build and maintain new routines, along with calming and coping skills. At the beginning of the pandemic, families lacked guidance and information about available services and the types of assistance they were eligible for. This was particularly problematic in a period of widespread confinement.32

Therapeutic services need to be provided regularly using different creative, adapted, and innovative approaches. Many CBM partner organisations recognised this need during lockdown and created innovative online ways of delivering such services (see an example below in the resources section below).

Box 17: Parents join support efforts for their children

In India one education initiative has been following a hybrid model of supporting communities since March 2020.

Before the pandemic, only centre-based training was provided. The training was delivered over 6-8 months. Parents learned skills to support their own and other children with disabilities in the communities alongside the work of specialists. This approach equips parents to support children with basic care, first aid, therapeutic interventions, and daily living activities.

Some of these parents became ‘mentor parents’, who facilitate specialist training efforts with other community members. This approach helped to mobilise volunteers from the villages. They provide support classes to all girls and boys, including those with disabilities and engage parents and other community members to support children’s learning. Volunteers from the community include village volunteers, parents, and teachers.

In the middle of delivering the second module, the pandemic hit, leaving the training in jeopardy. To ensure that training continued, the centre selected ‘mentor parents’ (from the first training) to conduct sessions in person with the parent groups at the village level. The ‘mentor parents’ were facilitated and supported by centre staff virtually. This helped the parenting module to continue, gave a new hybrid model of working with parents within their communities, and supported children even during the lockdown. The approach ensured that the module could be delivered and support maintained. Providing ongoing virtual supervision from the centre ensured the quality of course delivery.

Resources

Guidance, therapy, and supervision need to be provided regularly. Here are a few creative solutions:

1) Providing therapy
   - Record the instructions on video and send them to parents and caregivers (using mobile phone applications, etc.).
   - Provide a specific schedule and plans and make telephone calls to check progress and provide ongoing support. (See example in Table 2.)

2) Supervision and guidance
   - Provide regular online supervision sessions to discuss upcoming therapy and issues.
   - Where possible, accompany these sessions with face-to-face meetings, following the national and regional physical distancing and hygiene requirements.
   - During virtual or face-to-face supervision meetings, provide the space, time and opportunity for parents and caregivers to talk about other issues, such as stress (see also Section 4 Psychosocial Support).
   - Remember that education and programme staff also need to be supported.

Table 2: Sample extract from a therapy plan.

<table>
<thead>
<tr>
<th>Day</th>
<th>Work planned</th>
<th>Activity</th>
<th>Implemented</th>
<th>Tool, method, strategy</th>
<th>Timing</th>
<th>Reporting on what was implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Improve oro motor skills</td>
<td>Improve strength, movement of lips, tongue, jaw, mouth</td>
<td>Yes. Demonstrated activities with videos with materials like honey, ice stick, tongue cleaner</td>
<td>Blowing games, modelling was done</td>
<td>45 mins</td>
<td>Parents had some doubt. Spoke via phone. They have sent videos of child doing oro motor activities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>Improve pre-linguistics (eye contact, attention span)</td>
<td>Rhymes, object tracking, audio and visual stimulus, colouring, matching objects, thread and beads</td>
<td>Yes. Explained activities to parents and showed videos</td>
<td></td>
<td>1 hour</td>
<td>Parent sent a video of eye contact activity. One did attention span activity.</td>
</tr>
</tbody>
</table>
Box 18: Creative solutions for delivering regular therapeutic services at a distance

CBID partner organisations in many countries switched from providing face-to-face interactions to delivering support at a distance, using available mobile applications and software. Important health education services were provided online, such as speech and language therapy or physiotherapy. Training was conducted using mobile applications and follow-up sessions, health consultations, and psychosocial counselling. These were delivered live with direct supervision by therapists, as far as possible.

Lockdown measures, movement restrictions, and reprioritisation of health services made it more difficult for people to access therapeutic services. This is especially true for specialist services in an institutional setting (e.g., hospital, rehabilitation centre, school, or care facility).

In Guatemala, despite the lockdown, a CBM partner OPD used existing links with community-based volunteers. Using mobile phone applications, they continued to assist the volunteers to provide basic educational support and therapeutic services to children with complex needs and those who are deafblind within the community settings.

In India, a similar approach was used to communicate directly with parents and caregivers. The therapist would connect via a mobile phone application and supervise the therapy session. Sessions were followed up by sending written instructions for providing intervention at home and through ongoing telephone sessions to monitor progress and give support. In addition, therapists developed short instructional videos which they shared with parents and caregivers as appropriate to ensure safe practice.

In South-East Bangladesh, a CBM partner organisation continued therapeutic service provision and added some educational activities for children with disabilities and their siblings in the Rohingya refugee camps. All other educational facilities in the camps, including child-friendly spaces and schools, had closed due to the pandemic.
6. Back to school and reimagining education

What is the trend?

'Reimagining education following COVID-19', 'digital divide', 'back to school' and 'distance or remote learning' are familiar keywords these days. The world faces a newly deepened digital divide. Access to telecommunication, technology, electricity, and materials remains desperately unequal, at a time when these facilities are needed most. The pandemic has highlighted that almost half of all learners worldwide face barriers to online learning and receive limited educational support at home. In 2020, 50% of all learners (826 million) had no access to a household computer, and 43% (706 million) had no household internet connection.\(^{33}\)

The global crisis is stimulating a wealth of innovations to ensure we ‘leave no one behind’ and reach the furthest behind first. We have a real opportunity to generate a new view of education, and use innovative universal design to build inclusive school systems.

What do we see so far?

In the short term, most countries addressed the pandemic by shifting learning to remote schooling and alternative learning approaches. Education ministries tested and used different and multiple delivery channels, including the internet, TV, radio, SMS, mobile phones, social media, and take-home packages. They are now planning for full or partial re-opening, dispersal re-opening (different grades on different days), or remaining closed until further notice. Digital technology will continue to be vital even after the pandemic. Accessible hybrid or blended learning solutions have the potential to include more learners. However, educators, parents, and learners need opportunities to maximise the use of accessible digital and mobile technologies as part of their inclusion, learning, and livelihood.

What is there to do?

Ongoing implementation

- As COVID-19 vaccines become available globally, governments will re-open schools, with more learners attending schools in person or via hybrid or blended provision. For children who need to be away from school for extended periods, this could help them continue to learn from home.
- Schools will be working with public health officials to prepare and install safety measures that can help keep students, teachers, and staff safe (see topics 3, 4, and 5).
- We need to be mindful of safeguarding children, including those with disabilities, who are at risk of being groomed online (see topics 1 and 4).
- Ongoing psychosocial support is needed for all learners, including those with disabilities, teachers, education personnel, parents, and caregivers. School systems need to protect learners’ physical and mental wellbeing (see topic 4).
- Schools need to mitigate the spread of the virus (see topic 3).
- Curricula and extra-curricula activities, face-to-face and remote support and supervision needs to be done in close collaboration with parents and caregivers (see topics 2, 4, and 5).
- Training (including ICT skills) is needed for teachers, education personnel, parents, and caregivers (see topics 1 and 2).
- Curricula and assessments need to be reviewed so that learners with diverse needs are provided the best opportunity of reaching their potential (see elements in all topics).

Strategically

- We have an opportunity to rethink and reorient education. We can address key questions to overcome weaknesses in our current education systems. We can continue and more intensively harness innovations, improve accountability,

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• ensure that accessibility is considered from the design stage and not as an afterthought, reinforce capacities and resilience, promote inclusion, and provide inclusive solutions.\textsuperscript{34}

• Successful re-opening of schools means consulting, coordinating, and communicating to build stakeholder trust and support. Communication within the school community and back-to-school campaigns can target children most at risk of dropping out of education permanently. There is increasing evidence that school closures have worsened educational inequalities, jeopardising the attainment of the Sustainable Development Goal 4.\textsuperscript{35} All countries have a duty to ensure that a temporary break in schooling does not become permanent, especially for learners from marginalised groups.

Resources


A student with low vision learning to read braille at the German Church School, Addis Ababa, Ethiopia. (Photo: CBM)


\textsuperscript{35} See: \url{https://sdgs.un.org/goals/goal4}
Christian Blind Mission (CBM) is an international Christian development organisation, committed to improving the quality of life of persons with disabilities in the poorest communities of the world. Currently, CBM has been supporting more than 460 projects in 46 countries.